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**UNCLASSIFIED**

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

**HAITI  
PROJECT PAPER  
AIDS CONTROL**

**AID/LAC/P-638**

**PROJECT NUMBER: 521-0224**

**UNCLASSIFIED**

**AGENCY FOR INTERNATIONAL DEVELOPMENT**  
**PROJECT DATA SHEET**

1. TRANSACTION CODE: **A** (A = Add, C = Change, D = Delete)      Amendment Number: \_\_\_\_\_      DOCUMENT CODE: **3**

COUNTRY/ENTITY: **Haiti**      3. PROJECT NUMBER: **521-0224**

4. BUREAU/OFFICE: **LAC**      5. PROJECT TITLE (maximum 40 characters): **AIDS CONTROL**

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): **03/31/09**      7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4):  
A. Initial FY: **91**      B. Quarter: **3**      C. Final FY: **95**

8. COSTS (\$000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY <b>91</b>			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AD Appropriated Total	639	850	1,489	2,827	3,873	6,700
(Grant)	639	850	1,489	2,827	3,873	6,700
(Loan)						
Other U.S.						
1. FHI/PSI	133		133	735		735
2.						
Host Country		125	125		1,000	1,000
Other Donors)						
<b>TOTALS</b>	<b>772</b>	<b>940</b>	<b>1,747</b>	<b>3,562</b>	<b>4,873</b>	<b>8,435</b>

9. SCHEDULE OF AID FUNDING (\$000)

A. APPROPRIATION	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) AIDS	510	550				1,489		6,700	
(2)									
(3)									
(4)									
<b>TOTALS</b>				<b>-0-</b>		<b>1,489</b>		<b>6,700</b>	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): **530 560 700**

11. SECONDARY PURPOSE CODE: \_\_\_\_\_

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each):  
A. Code: **BU**      B. Amount: **PVON**

13. PROJECT PURPOSE (maximum 480 characters):

To introduce and reinforce HIV preventive behavior in at risk populations.

14. SCHEDULED EVALUATIONS: Interim **06/09**      Final **11/05**

15. SOURCE/ORIGIN OF GOODS AND SERVICES:  000       941       Local       Other (Specify) \_\_\_\_\_

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

I have reviewed and approved the methods of implementation and financing for this project paper.

*I. Nesterczuk*  
I. Nesterczuk, Controller

17. APPROVED BY: **David Cohen**      Title: **Director, USAID/Haiti**      Date Signed: **10/11/09**

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

PROJECT AUTHORIZATION

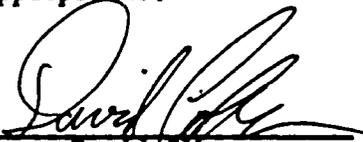
Name of Country: Haiti  
Title of Project: AIDS Control Project  
Number of Project: 521-0224

1. Pursuant to Chapter 1, Part 1 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the AIDS Control Project (the "Project") for Haiti. The Project involves planned obligations of not-to-exceed Six Million Seven Hundred Thousand Dollars (\$6,700,000) in grant funds over a five year period from the date of initial authorization, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project. The planned life of the project is five years from the date of authorization.

2. The project includes two major types of activities: (a) support to the public sector in coordinating AIDS-related activities in the public and non-governmental sectors; and (b) support to non-governmental organization (NGO) efforts in AIDS control through community outreach education in urban slums, work with high risk populations, and sentinel surveillancing.

3. Goods and services financed by A.I.D under the project shall have their source and origin in A.I.D. geographic code 000 or in Haiti, except as A.I.D. may otherwise agree in writing.

4. The project agreements, which may be negotiated and executed by the officers to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority, shall be subject to such terms and conditions as A.I.D. may deem appropriate.

  
\_\_\_\_\_  
David Cohen  
Director  
USAID/Haiti  
4/16/91  
\_\_\_\_\_  
Date

Drafted : PPS: GSpence *JS* Date 4/5/91  
Clearance: PPS: RFanale *RF* Date 4/6/91  
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          CONT: INesterczuk *IN* Date 4/14/91  
          D/Dir: FHerder *FH* Date 4/19/91

- w'

**AIDS CONTROL PROJECT PAPER**

**ABA SIDA**

**PROJECT NUMBER 521-0224**

- b'

AIDS PREVENTION AND CONTROL PROJECT: ABA SIDA (521-0224)

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F.	SOCIAL SOUNDNESS ANALYSIS

## ABBREVIATIONS

ACDI	Canadian International Development Agency (Fr.)
A.I.D.	Agency for International Development
AIDS	acquired immune deficiency syndrome
AIDSCOM	AIDS Communications project
AIDSTECH	AIDS Technologies project
BCPNLS	Coordinating Office for the National AIDS Program, MSPP (Fr.)
CDS	Centres pour le Developement et la Sante
CHASS	Centre Haitien de Service Social
CIDA	Canadian International Development Agency
CMPP	Centre Medico-Psycho Pedagogique
CNLS	National AIDS Commission (Fr.)
CPFO	Centre de Promotion des Femmes Ouvrieres
CPS	Contraceptive prevalence survey
CSW	Commercial sex worker
DA	Development assistance
EEC	European Economic Community
EUHS	Expanded Urban Health Services project
FAC	French Agency for Cooperation
FHI	Family Health International
FIOP	Form for Identification and Operation of Project
FONHEP	Haitian Foundation for Private Education
FP	family planning
FRLC	Federal Reserve Letter of Credit
FSN	foreign service national
GHESK10	Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunists
GLAS	Groupe de Lutte Anti-SIDA
GOH	Government of Haiti
HIV	Human Immunodeficiency Virus
HRO	Human Resources Office, USAID
HUEH	University Hospital, Port-au-Prince (Fr.)
IBESR	Institute du Bien Etre Social et de Recherche
IEC	Information, education, communication
IMPACT	Implementing Agency for Cooperation and Training
JHU	Johns Hopkins University
KAP	Knowledge, attitudes, practices
MSPP	Ministry of Public Health and Population (Fr.)
MTP	Medium Term Plan
NGO	Non-governmental organization
OEF	Overseas Education Fund
ORS	Oral rehydration salts
PAHO	Pan American Health Organization
PIO/T	Project Implementation Order/Technical
PMT	Medium Term Plan (Fr.)
PSI	Population Services International
PVO	Private voluntary organization
SAPR	Semi-annual project review
SIDA	AIDS (Fr.)
SOMARC	Social Marketing project
STD	Sexually transmitted disease
TA	Technical assistant
TB	Traditional birth
TBA	Traditional birth attendant
TOT	Training of trainers
UCPP	Coordinating Unit for the Priority Programs, MSPP (Fr.)
UNESCO	United Nations Economic and Social Council
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID/PAP	United States Agency for International Development/Port-au-Prince
WHO/GPA	World Health Organization/ Global Programme on AIDS

## 1. INTRODUCTION

### 1.1. Summary

The AIDS Control Project (Aba SIDA) is a five year project with a budget of \$6.7 million in development assistance funds plus \$1 million in local currency counterpart funds. The project will be implemented through an add-on to the AIDSTECH Project (936-5972) which is a centrally funded cooperative agreement with Family Health International (FHI).

The goal of Aba SIDA is to reduce the sexual transmission of HIV in Haiti. The data indicate that upwards of 10% of the urban population of reproductive age is already infected and, based on comparative data over the last 6 years, the rate of increase of infected individuals is around 1% per year. The primary mode of transmission in Haiti is through heterosexual contact. The project purpose is to introduce and reinforce HIV preventive behavior in at risk populations.

The project is designed to change behavioral norms through selective interventions that have been identified as the most effective in reorienting populations to practice HIV preventive behavior. Since the use of condoms is the only known means of preventing transmission among sexually active individuals, the distribution and promotion of condoms will be a major focus of project activity. Through carefully planned training and educational efforts, Aba SIDA will reach large numbers of people in target populations with messages that are designed to improve their knowledge of HIV and motivate them to change their practices.

The project has five components:

#### Support to the Public Sector

Aba SIDA will strengthen the role of the Coordinating Office for the National AIDS Program (BCPNLS) to coordinate AIDS-related activities in the public and non-governmental sectors. A long term technical advisor will assist the BCPNLS to coordinate the development and implementation of AIDS training activities, including a major effort to educate adolescents, a basic module on the nature and prevention of AIDS, and training in counselling. The project will finance HIV and STD sentinel surveillance, develop an AIDS model, and, with local currency counterpart funds, provide grants to groups at regional or community levels to carry out AIDS prevention activities.

#### Support to Non-governmental Organizations (NGOs)

Five NGOs working in AIDS control are presently supported by USAID through a buy-in to AIDSTECH under the Expanded Urban Health Services (EUHS) project.

This will continue under Aba SIDA although there may be some reorientation in the activities of the NGOs to conform to the priorities defined by Aba SIDA. NGO activities that will be supported include community-based outreach education in urban slums, work with high risk populations including commercial sex workers, factory workers, and STD patients, counselling of HIV infected persons and their families, and sentinel surveillance.

### Social Marketing

AIDSTECH will sub-contract to Population Services International (PSI) who will contract with a local company to implement a condom social marketing project. The condoms will be purchased by PSI and distributed at a low price through an existing commercial network and through participating NGOs. The local distributor, with technical assistance from PSI, will be responsible for planning and implementing a major promotional effort.

### Technical Assistance

Three long term technical assistants will be supported by the project: a resident coordinator (5 years), a financial manager (5 years) and a technical advisor (3 years). Short term technical assistance will also be provided.

### Research

Operations research will be designed to study project interventions with the purpose of increasing the effectiveness of the activities in contributing to reducing the transmission of HIV.

## 2. PROJECT RATIONALE

### 2.1. Background

#### 2.1.1. Epidemiology of HIV in Haiti

AIDS was first recognized in Haiti in 1982. Prior to the discovery of the HIV virus which causes AIDS, being Haitian placed a person in the same category of high risk as being homosexual or using intravenous drugs. It is now known that behaviors rather than group membership constitute a person's risk for contracting HIV and developing AIDS. Sexual contact is the most frequent mode of HIV transmission throughout the world, followed by parenteral or blood contact through needle sharing or transfusion of not screened blood. Transmission from mother to child is a special case of parenteral transmission that is still being defined.

While some of the first cases of AIDS in Haiti were found in bisexual men, the primary mode of HIV transmission in Haiti is believed to be through heterosexual contact with an infected individual. This is borne out by a male to female ratio among HIV-infected persons and among actual cases of AIDS that

is approaching 1:1. In addition, intravenous drug use appears to be virtually non-existent, strict homosexuality is relatively uncommon and the blood supply has been screened for HIV since 1986.

Numerous serologic studies have been conducted to determine the level of HIV infection in specific sub-populations throughout Haiti. According to data presented in the National Plan of Action for HIV Sentinel Surveillance (BCPNLS, 1990) blood donors screened in Port-au-Prince have shown rates of HIV infection at 6 - 7% for the past three years. A three-year study of pregnant women in one slum area of Port-au-Prince, started in 1986, has revealed rates rising from 8.9% to 10.3%. The rate of HIV infection among adults in Gonaives is estimated at 10%. It is also believed that the rate of increase of HIV in the urban areas of Haiti is approximately 1% per year.

Rates of HIV infection among newly diagnosed cases of tuberculosis range from 15% in rural areas to 37% in urban areas. Urban women identified as commercial sex workers generally have HIV infection rates over 40%. Rates of HIV infection among adults in rural areas, 0 - 2%, are generally lower than those seen in urban areas.

A study, conducted by Pape *et al.*, (J Acquired Immuno-Deficiency Syndrome, 3:995-1001, 1990) of the friends and relatives of known AIDS patients in Port-au-Prince revealed prevalence rates of 9% among female friends and relatives of female AIDS patients and 22% among male friends and relatives of male AIDS patients. From this same study, heterosexual partners of the AIDS cases had rates of HIV infection averaging 55%.

These epidemiologic data place Haiti squarely in the upper ranks of countries dealing with HIV. There are a number of countries in Africa which have rates of infection that are much higher than Haiti's, Uganda and Zambia for example. Many more, including Kenya and Zaire, have urban infection rates very similar to Haiti, albeit in much larger populations.

The available means of preventing sexual transmission of HIV are well-defined, but less than universally popular. People can avoid infection with HIV by maintaining complete abstinence from penetrative sex, by being in a mutually monogamous sexual relationship with a non-infected partner (determined by sequential HIV tests over a period of 6 - 12 months), or by using condoms correctly for every sexual contact.

#### 2.1.2. History of AIDS Programs

In 1982 the Centers for Disease Control in Atlanta classified Haitians as a "high risk group," along with homosexuals, hemophiliacs, and drug addicts. That same year a collection of concerned physicians in Port-au-Prince created the Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) to study the mysterious disease that had not yet been

given the name AIDS. In 1983, HIV was discovered and in 1985 a test to detect its presence was made available. GHESKIO, in conjunction with the Haitian Red Cross, began screening the blood supply in 1986.

In April 1987, the Haitian Government formed the National AIDS Commission (CNLS). The CNLS is an interministerial and intersectoral body comprised of 13 members from the public and private sectors. The CNLS heeds the directives of and reports to the National Interministerial Council on Health, which is comprised of six Ministers including the Chairman, the Minister of Public Health and Population. Shortly after its formation, the CNLS drew up a one-year or Short Term Plan for combatting AIDS which was funded by the WHO Global Programme on AIDS (GPA). The \$532,418 provided by WHO was used to: equip five blood transfusion centers; train lab technicians, social workers, nurses, and physicians; conduct two knowledge, attitudes, and practices (KAP) studies; and carry out IEC activities.

In 1988, the Coordinating Office for the National AIDS Program (BCPNLS) was established. The BCPNLS, with six full time staff, oversees and coordinates the implementation of plans drafted by or in consultation with the CNLS. Donor involvement in the national AIDS program is coordinated by WHO/PAHO. The BCPNLS is the newest addition to the Coordinating Unit for the Priority Programs (UCPP) in the Ministry of Public Health and Population (MSPP). The other priority programs are: diarrheal disease control; immunization; nutritional surveillance; family planning; tuberculosis control; and malaria control.

In September 1988, a five-year Medium Term Plan (MTP) for AIDS prevention and control was developed with technical assistance from the World Health Organization/ Global Programme on AIDS (WHO/GPA). The goals of the MTP are to minimize the impact of HIV infection and AIDS, and to reduce morbidity and mortality associated with HIV infection. The MTP designates six strategies designed to attain these goals:

- o prevention of sexual transmission
- o prevention of transmission through infected blood
- o prevention of perinatal transmission
- o provision of care to HIV-infected persons and AIDS cases
- o promotion and coordination of research
- o epidemiological surveillance

WHO/PAHO held a donors meeting in April 1989. Donors pledged eleven million dollars to support public and private sector activities over five years. Types of assistance pledged, by donor, are as follows:

The Canadian Agency for International Development (CIDA)  
- technical assistance and funding for KAP studies, partial funding for IEC, and formal evaluations of the MTP

The European Economic Community (EEC)  
- support to the Haitian Red Cross

**The French Agency for Cooperation (FAC)**

- support to set up an AIDS laboratory and 11-bed clinical unit at the University Hospital (HUEH) and to supply the regional and district blood transfusion centers with ELISA chains and reagents

**PAHO**

- provide funding to the BCPNLS and NGOs for AIDS control program activities
- provide the MSPP with an epidemiologist

**UNICEF**

- incorporate AIDS information and education into its program focusing on "street kids" and women

**UNFPA**

- provide funds to train Haiti's 10,000-12,000 traditional birth attendants (TBAs) in AIDS prevention

**USAID/Haiti**

- support, through cooperating agencies and PVOs, efforts to reduce sexual transmission and provide condoms
- local currency for modest support to the BCPNLS

**The World Bank**

- fund training of health and other professionals, tuberculosis prophylaxis and control among HIV-infected persons, and HIV testing of TB patients in the West and Southeast departments

In June 1989, USAID/Haiti signed a buy-in agreement with the AIDSTECH project to fund AIDS prevention and surveillance activities implemented through five non-governmental organizations. \$200,000 in local currency counterpart funds monies were allocated to support MTP activities in 1989/90.

## 2.2. Conformity with GOH Strategy and Programs

The Aba SIDA project is very much in accordance with the objectives of the national AIDS control program as stated in the MTP in that most of the activities programmed support the highest priority, the prevention of sexual transmission, with lesser but important support programmed for research and epidemiological surveillance. The project also conforms to the GOH policy of involving PVOs in the provision of health care services.

More than half of the 25 detailed strategies in the Medium Term Plan will be directly supported through Aba SIDA interventions, including: promoting the use of condoms; establishing a social marketing program; IEC with high risk groups such as prostitutes, individuals with STDs and factory workers;

educating adolescents in the schools and in the community; counselling; community outreach; sentinel surveillance; and media presentations to decision makers.

### 2.3. Conformity with USAID Objectives and Strategy

Since the beginning of the AIDS pandemic, A.I.D. has supported the international community in the fight against AIDS worldwide, primarily through the WHO/GPA. Since WHO/GPA's inception, A.I.D. has provided approximately one quarter of the annual operating budget. In 1987, A.I.D. initiated direct intervention in AIDS prevention through the AIDS Technical Support Project, the major components of which are the AIDSTECH and AIDSCOM projects.

In its Strategy Paper FY 1989/1990, USAID/Haiti recognized AIDS as a special problem area that has strong support from PAHO, WHO/GPA and other donors for priority public health intervention to lower AIDS transmission. USAID chose to complement these activities by supporting, as part of its Expanded Urban Health Services (EUHS) project, four PVOs to implement innovative AIDS education and condom distribution programs with high risk populations such as prostitutes and the urban poor. In addition, USAID is supporting epidemiological surveillance and the development of an interactive model to assist in estimating the impact of AIDS and the potential effects of various interventions on controlling transmission of the disease.

In its FY 90/91 Strategy, USAID/Haiti stated its intention, owing to the growing importance of AIDS as a health problem and the inadequacy of donor support for the Medium Term Plan, to augment AIDS prevention activities by initiating a new AIDS prevention and control project. Recognizing the importance of the growing HIV/AIDS problem in Haiti, overall funding in the new project will be more than twice current annual budget levels. The project plan is consistent with the USAID strategy to support the Medium Term Plan and to coordinate closely with other donors.

## 3. PROJECT GOAL, PURPOSE AND OUTPUTS

### 3.1. Project Goal

The goal of the Aba SIDA Project is to reduce the sexual transmission of HIV in Haiti.

The data indicate that upwards of 10% of the urban population of reproductive age is already infected and, based on comparative data over the last 6 years, the rate of increase of infected individuals is around 1% per year. The primary mode of transmission in Haiti is through heterosexual contact.

Prevention of HIV infection is the only viable approach to controlling AIDS. Unfortunately, there is no known cure; nor is there medical prophylaxis available. Given that heterosexual transmission is the most important mode in Haiti, prevention requires that individuals protect themselves and behave

responsibly to protect others. The project will focus on target populations that are at greatest risk of becoming infected and transmitting the infection to others: adolescents, sexually active men, commercial sex workers, and other sexually active women. The first geographic priority for project activities will be the major urban areas where infection is highest and population concentrations greatest; the next priority will be secondary urban centers.

The project will support the national sentinel surveillance program which will be fully implemented during 1991. This will provide a measure of seroprevalence trends. As project support for surveillance will be focused on areas of major project activity, it is anticipated that gross indicators of project impact will be available.

### 3.2. Project Purpose

The purpose of the Aba SIDA project is to introduce and reinforce HIV preventive behavior in at risk populations.

The project is designed to introduce and reinforce HIV preventive behavior in at risk populations by providing training, education, condom promotion and distribution. Since the use of condoms is the only known means of preventing transmission among sexually active individuals, the promotion and distribution of condoms will be a major focus of project activity. Through carefully planned training and educational efforts, Aba SIDA will reach large numbers of people in the target populations with messages that are designed to improve their knowledge of HIV and motivate them to change their practices.

Recent research in Haiti indicates that although most people know of the existence of AIDS, the ways in which the infection is spread are not well understood. A large part of the population believes that the illness is spread by supernatural forces and that it is virtually impossible to protect oneself against it. Research has also found that high risk behavior is deeply rooted in the culture. Changing these attitudes and practices will be an important challenge for Aba SIDA, especially as AIDS and sexual mores are sensitive issues.

Attitudes toward healthy and symptomatic HIV+ individuals indicate both a lack of understanding of the disease and a fear of the infection. The project will support the development of approaches to counselling HIV infected persons and encouraging community acceptance and support of infected and ill individuals.

One of the highest priorities of the project is to make condoms readily available to all at risk populations through social marketing. Social marketing is an effective and cost efficient method of ensuring that condoms are available where and when people need them and of increasing the likelihood that they will be used. With a commercial incentive to the distributors at every level and a network that will include non-traditional outlets, such as

bars and hotels, the distribution will be widespread. The associated promotional efforts will help to boost sales of the socially marketed condom and to motivate people to adopt preventive behavior. The social marketing activity will facilitate the development of a sustainable commercial distribution system for low-priced condoms.

The prevention and control of sexually transmitted diseases is incorporated into the project strategy, given that STDs are a significant co-factor in the transmission of HIV, and the use of condoms is the primary means of protection against the transmission of STDs. A reduction in STDs within sexually active populations is an indicator of increased condom use and a proxy indicator of decreasing HIV incidence.

The project will strengthen the capacity of the MSPP to coordinate and provide AIDS and STD prevention and control services, especially training, and to integrate activities relating to these services into family planning and other primary prevention and control programs. The project will also strengthen the capacity of at least five NGOs to reach high risk target groups with education and supportive services, and to sell low-priced condoms, enabling them to generate income.

### 3.3. Outputs

The outputs anticipated by the end of the project are:

- (1) Training modules in AIDS prevention and counselling developed
  - general AIDS education module
  - in-school adolescent education module
  - non-formal education of adolescents module
  - counselling of HIV+ persons and their families module
- (2) AIDS preventive education delivered to target groups
  - 240,000 adolescents
  - 200,000 sexually active males
  - 50,000 commercial sex workers
  - 300,000 other sexually active females
  - 9,000 symptomatic individuals
  - 1,000 health workers, teachers and community leaders
- (3) Condoms promoted and distributed/sold
  - 3,000,000 people exposed to mass media promotion of condoms
  - 15,000,000 condoms distributed/sold
- (4) Operations research studies conducted
  - 5 research studies completed

(5) Increased HIV and STD surveillance coverage

- 5 geographic areas annually providing sentinel surveillance data

4. PROJECT ELEMENTS

4.1. Introduction

4.1.1. Strategies

Aba SIDA will support activities that are within the realm of either primary or secondary prevention of HIV and other sexually transmitted diseases (STDs). Primary prevention in the case of HIV consists of: (1) the promotion and distribution of condoms, the only device that is available at the present time to prevent transmission of HIV; (2) the provision of basic HIV prevention information, including how the HIV virus is and is not transmitted and how individuals can protect themselves; (3) the demystification of HIV and AIDS, enabling individuals and communities to deal with the reality of HIV and not with irrational fears of the disease and those infected with it; and finally, (4) the provision of individual and group education and counselling to support behavior change to prevent HIV, as well as fostering changes in the norms of community behavior vis-a-vis HIV and AIDS.

The HIV primary prevention activities described above will also have a direct primary prevention effect on other STDs, which have been implicated as a co-factor for the transmission of HIV. However, STDs will also be addressed directly in a secondary prevention mode. Secondary prevention of STDs, the rapid and appropriate treatment of STD infections as well as efficient tracing and treatment of sexual contacts of the index case, is generally believed to provide an effective means of reducing the spread of HIV. Since there is not, at this time, a cure or treatment for primary HIV infection, secondary prevention of HIV consists of reinforcing behavior changes in the infected individual which will reduce further transmission of the virus. Support for these changes again needs to come from interactions between individuals and at the community level.

The Aba SIDA project will not be addressing the issue of blood-borne or transfusion-related HIV transmission, as there are other donors and organizations that have undertaken that role and responsibility.

4.1.2. Target Populations

The Aba SIDA project has defined a hierarchy of populations which are to be targeted:

- (1) adolescents

- (2) sexually active men
- (3) commercial sex workers, both regular and occasional
- (4) other sexually active women
- (5) symptomatic individuals - AIDS, STDs, TB
- (6) community leaders

Adolescents are the priority target population of the Aba SIDA project. This group as a whole will have to deal with the reality of HIV infection for the rest of their lives. A recent national survey in Haiti found that approximately half of adolescents 15-19 years old are sexually active. A number of specialists in adolescent behavior believe that intervening early in the formation of sexual behavior patterns is a more effective approach than trying to change established sexual norms later in life. Thus, it is critical that programs addressing this population be implemented as soon as possible.

Sexually active men are given the next priority because in general the man is the partner who controls the degree of risk for HIV transmission in a sexual contact. The only physical barrier against HIV available at this time is the male condom. The male is in an even greater position of power in commercial sexual contacts as he controls the money associated with the act and has the option of moving on to another partner if he wishes. Data from a recent study by Pape *et al* suggest that men in Haiti have higher rates of partner change than their female counterparts, and the data indicate that men in general are more efficient transmitters of the HIV virus than women when infected.

Women who engage in commercial sex on either a regular or occasional basis are very much at risk for infection with HIV, and for subsequent re-transmission of the virus. An important linkage between this group and Aba SIDA's primary target population exists as commercial sex workers (CSW) often provide the first sexual experience for adolescent males. While many of these women are relatively easy to identify, they can be difficult to reach. As mentioned in the previous paragraph, they are often not in control of the sexual contact with their clients. Therefore prevention efforts with CSWs need to focus not just on increasing condom use per se, but also on the intervening steps: increasing the proposition of condom use; improving negotiating skills for condom use; and identifying innovative means to empower CSWs to require condom use by their clients.

Other sexually active women are the next target population of this project for two reasons: their own risk of infection due to the relatively high rate of HIV infection in their partners, the general male population, and the potential for transmission of HIV to children born to infected women. It is currently estimated that 30 - 50 % of pregnancies among HIV-infected women result in children who are also infected. At the present time, the only way to prevent perinatal transmission of HIV is to keep women of child-bearing age free of HIV infection, or prevent pregnancy in women already HIV positive.

HIV-infected individuals who are symptomatic with STDs, tuberculosis and

AIDS are likely to be more infectious than asymptomatic individuals: those with AIDS or tuberculosis because the existence of these disease states is generally associated with late-stage HIV infection resulting in decreased titers of HIV antibody and increased titers of infectious particles; and those with STDs because it is generally believed that the presence of an STD, particularly an ulcerative one, facilitates transmission of HIV. However, their relatively small numbers and their relatively lower level of sexual activity will place them lower on the priority list for this project.

Community leaders, the last population mentioned on the list of target populations for Aba SIDA, are not there because they are necessarily at greater personal risk for HIV infection, but because in their role as leaders they can influence the community as a whole. Leaders in this context might range from formal, elected officials, to teachers, religious leaders and other respected men or women of the community.

The Aba SIDA project will give priority to intervention activities in large urban centers and provincial capitals, due to population density and higher levels of HIV infection in those areas. Secondary towns are the next target. While the project does not plan to ignore rural areas of Haiti, it is felt that the investment needed to reach those populations in a concentrated manner is not possible at this time. However, the rural population has considerable interaction with urban populations due to short or long term migration, for economic reasons or availability of services, such as schools. Thus, many rural residents will have access to intervention activities.

#### 4.1.3. Project Interventions

##### Condom distribution

A condom is the only physical intervention available at this time to prevent the transmission of HIV and AIDS in sexually active individuals. In the Aba SIDA project, condom promotion will be implemented through a variety of mechanisms and distribution will focus on the social marketing of condoms. Non-governmental organizations involved in Aba SIDA activities will be trained in the skills needed to participate in a national condom social marketing effort. This effort will eventually promote and distribute condoms through non-traditional outlets and networks such as bars, hotels, gas stations, lottery booths, etc.

##### Personnel training and support

The Aba SIDA project will support the training of a variety of personnel to enable these individuals to protect themselves and to prepare them to participate in HIV prevention activities, e.g. condom promotion, individual or group education and/or individual counselling. Persons to be trained include: health care and social workers from both the public and private sectors,

traditional and informal providers of health care, community outreach workers, and peer educators/counselors. These individuals may be associated with governmental or non-governmental organizations, or be independent of a formal institution.

Given that Aba SIDA has placed a high priority on adolescents, teachers and others with involvement in adolescent programs will be a particular target for training. The training of community leaders, political, social, religious or military, will also be supported under this project. As mentioned in earlier sections, if any changes in the norms of a community are to be effected and maintained, those changes must be supported by the leadership structure of that community. Also, community leaders, by their very nature and wide range of contacts, can be extremely effective agents of change.

Aba SIDA, through grants to both the public and private sectors, will support organizations, institutions and groups wishing to conduct HIV prevention activities. Preference will be given to interventions in priority populations in a primary prevention mode. Ideally, the activities will become integrated into the community in which the implementers live or work.

#### Materials development

The Aba SIDA project will support the development and production of educational, promotional and support materials for training and other project needs. It will support efforts to coordinate standardization of content and the consistency of key messages delivered by the public and private sectors. It is likely that many of the interventions supported under this project will have need of low-literate materials in particular. It is essential that all materials be consistent with the national educational campaigns and appropriate to their target audiences. By coordinating development and production of these materials, the process will become more cost-effective.

Coordination for training-related materials will be supported through the provision of long term technical assistance to the BCPNLS. The AIDSTECH resident coordinator will facilitate the coordination of materials development for the non-governmental sector with the national IEC program.

#### Clinic-based activities

The Aba SIDA project will support counselling within clinic-based programs serving symptomatic HIV or STD patients that are integrated into primary health care and/or community-based services. Counselling activities will emphasize preventive behavior among infected individuals and their families and social support by both the family and the community.

#### Research

The Aba SIDA project will support a variety of research activities,

including HIV and STD sentinel surveillance, an AIDS mathematical model for Haiti and behavioral, evaluative and operations research in specific intervention issues such as condom brand and pricing preferences and current STD treatment-seeking behavior.

#### 4.2. Support to the Public Sector

During FY 90, very small amount of PL-480 local currency counterpart funds were programmed to finance activities described in the Medium Term Plan. Under Aba SIDA, significant dollar and local currency counterpart support will be programmed to intensify public sector activities. The project will help to strengthen the roles of the Coordinating Unit for the Priority Programs (UCPP) and the Coordinating Office of the National AIDS Program (BCPNLS) within the UCPP. Support will also be provided to implement activities at the local level that are designed to help achieve the project's primary objective of reducing the sexual transmission of AIDS.

##### 4.2.1. Strengthening the Role of the BCPNLS

###### Coordination

Coordination of AIDS-related activities in Haiti is the responsibility of the BCPNLS, with PAHO providing the mechanism to facilitate communication and effect coordination among the donors, the GOH and non-governmental organizations. The project will provide technical assistance and financial support to the BCPNLS to strengthen this effort.

In collaboration with PAHO, Aba SIDA will support efforts to establish procedures for BCPNLS review of AIDS activities in the public and non-governmental sectors and to institutionalize inter-agency and donor coordination of: condom distribution, training, IEC, epidemiology, research, STD control, and liaison with other UCPP programs, especially tuberculosis and family planning. The project will also support in-service training in time and information management for staff of the BCPNLS.

With project support, a quarterly bulletin will be produced by the BCPNLS which will be comprised of a covering letter from the director and reports submitted by every organization working in AIDS. In order to simplify the work involved, the BCPNLS will develop and distribute a form to each of the participating organizations which will elicit: name of the organization, contact person, geographic area/s of AIDS activities, technical areas, summary of achievements in the previous quarter, plans for the upcoming quarter, findings or activities of special interest, special needs for which they might get assistance from other organizations. The BCPNLS may produce an edited newsletter or simply collate, copy and redistribute the completed forms.

### Supervision

AIDSTECH/Haiti will assist the BCPNLS to develop simple protocols and filing systems for monitoring field activities so that the BCPNLS is continually informed about the status of AIDS activities in Haiti. Project funds will enable the staff to visit field sites in order to provide supportive supervision, to observe strengths and deficiencies of AIDS activities and to identify local groups that require technical and/or financial assistance and merit support.

### Policy dialogue

AIDSTECH, in collaboration with the Futures Group, will assist the BCPNLS to adapt a generic AIDS mathematical model for use in Haiti which will be periodically updated. Using Haitian data, the model will present the effects of HIV/AIDS on selected sectors and project future scenarios depending on the potential impact of preventive measures. The Haiti model will be designed to be used as a practical tool for planning within the UCPP, as an effective aide for stimulating policy dialogue at all levels in Haiti, and for presentation outside of the country.

An adaptation of the model will be developed which will show costs of providing HIV preventive education relative to the losses due to HIV infection among employees. It will be designed primarily to demonstrate to employers the value to them of supporting AIDS prevention activities in the workplace. It will also be made available for use by non-governmental organizations.

### Conferences

Funds will be available to finance local meetings and to send participants to local, regional and international conferences. Participation in international conferences will be coordinated with PAHO and the other donors and approved by USAID. It is anticipated that two national seminars will be held during the life of the project to provide national forums for exchanges of technical and programmatic information.

### AIDSTECH local support fund

AIDSTECH/Haiti will have a small fund available to finance activities in the public or non-governmental sectors that are relatively short term and low cost and can be approved quickly. Priority will be given to innovative activities. Awards will be made on the basis of a brief description of the planned activity, indications that the organization is capable of implementation, a detailed budget, and USAID authorization.

#### 4.2.2. Training

##### Coordination and planning

Aba SIDA will provide a long term technical advisor to assist the BCPNLS to plan and execute AIDS training activities, to integrate AIDS training with other BCPNLS activities, and to coordinate with the other priority programs, especially family planning. He/she will participate in UCPP efforts to coordinate the participation of the priority programs in each others' training activities, as appropriate, and facility financing from multiple sources for joint training. He/she will help define long term training needs for the BCPNLS.

Within the first six months of the project, the BCPNLS, with assistance from the technical advisor, will prepare a training strategy. The strategy will articulate training objectives and specify implementation plans that will enable the public sector to reach 190,000 adolescents and 1000 health workers, teachers, and community leaders, in order to fulfill its contribution toward achieving overall project targets. Detailed annual work plans will be developed that include a schedule and concomitant budgets for producing training materials and executing training activities.

Since teaching young adolescents about STD and AIDS prevention will be such an important component, a special committee will be established to develop and monitor the adolescent training activities. The committee will be assisted by the technical advisor, in collaboration with the UCPP and the BCPNLS, and include representatives of the UNESCO/UNFPA program on sex and population education in the schools, the Ministry of Education, the FONHEP project, and other organizations that work with adolescents. This group will meet at least twice a year to assess progress and update the plan. Short term technical assistants with specialized expertise in adolescent behavior modification may be called on to assist with the planning and implementation of this component.

##### Implementation

During the first part of the project, the major emphasis will be on the design and development of training materials. Local public and/or private sector institutions that have the appropriate capabilities will be identified to develop and reproduce training modules, training of trainers (TOT) manuals, teaching guides, other training aides and related IEC materials. Since there are institutions in Haiti that have experience in relevant training programs, this activity should move forward relatively quickly. For some of the materials required, it may be possible simply to adapt existing materials and reproduce them for use by the BCPNLS.

The technical advisor will assist the implementing agencies with the

design, pre-testing and modification of training materials and the pedagogical approach. S/he will coordinate and work closely with the IEC unit of the BCPNLS, which is supported by CIDA, with technical assistance from McGill University, to ensure that the information in all of the training materials is accurate and that the messages are consistent. S/he will ensure that the materials are appropriate to the levels of literacy and the language used by the groups for which they are prepared.

The training will be implemented in stages. Initially there will be training of trainers (TOT) at national level; subsequent TOTs will be done at the regional or local level. National and regional training of trainers will be supported by Aba SIDA project funds; most of the local training activities will be funded by local currency counterpart funds.

Training of groups like health professionals and teachers may involve institutions such as the Haitian Public Health Association and the Haitian Medical Association. The training of health professionals may be carried out in conjunction with other UCPP training, and will include non-governmental and MSPP personnel. Teachers, who will be introducing curricula into private and public schools, may be trained in collaboration with the Ministry of Education.

The channels for training people who will be involved in community-based and non-formal education of adolescents and others will be more dispersed. The training of trainers will involve various organizations that are active in the community, e.g. churches, SODEC, MUCI, and the Rotary Club. These organizations in turn will work with districts, communes, neighborhood associations, sports clubs, NGOs, and other groups that are able to reach people locally.

#### AIDS training modules

Training for priority groups will include the development, at a minimum, of four modules: (1) a basic module for training health workers and others who will be educating the general population; (2) a module for educating adolescents in school; (3) a non-formal module for adolescents, and others who are less literate; and (4) a counselling module.

The basic module will be designed to inform people about AIDS, to "demystify" the disease and to change people's attitudes and behavior. The content will include:

- the nature of AIDS
- the modes of transmission
- reducing risk behaviors
- the use of condoms
- basic protection for health providers
- control of STDs
- personal and community attitudes and behavior toward HIV+ cases
- the prevention of opportunistic infections

The project will support various approaches to adolescents: developing a module to be integrated into public and private school curricula; training religious and other community leaders, outreach workers and community volunteers who are in contact with adolescents; and developing informal educational activities, including local theatre group shows, youth and sports club activities. In collaboration with the IEC unit of the BCPNLS, messages will be developed that are designed to appeal to adolescents by enlisting adolescent idols and using popular music, art, or drama. Recognizing that sex education among young people is a very sensitive issue, all programs will be carefully screened and monitored.

Training in counselling will be a major focus of the project. Approaches to counselling will be adapted for each type of group trained -- health care providers, outreach workers, peer educators, and community leaders. At a minimum counselling training will include:

- pre-test and post-test counselling and follow up of cases
- counselling of relatives and friends
- fostering and enlisting community support for AIDS patients

The development of approaches to counselling will draw on GHESKIO and the CDS/JHU efforts funded by the World AIDS Foundation. It may also require some additional research on Haitian attitudes and behavior toward AIDS, the sick and dying, community dynamics and other related issues. External technical assistance may be solicited as there has been considerable experience in developing AIDS counselling programs for Haitian populations living outside of the country; for instance, there are groups currently working with Haitian AIDS patients in Miami and Montreal.

Other training programs will be developed as needed. It is anticipated that Aba SIDA will support the development and implementation of training in STD prevention and control, including the introduction of diagnostic and treatment protocols currently being developed in Haiti, follow up and contact tracing of STD cases, prevention of STD transmission, and surveillance.

Support will be provided to the BCPNLS to coordinate and finance the adaptation and production of a WHO/PATH low literacy condom instruction brochure which AIDSTECH is currently adapting for the Africa region. The project will also support other IEC activities planned by the IEC unit, especially those that complement project-funded training activities.

#### 4.2.3. Sentinel Surveillance

##### HIV sentinel surveillance

Aba SIDA will support the national HIV sentinel surveillance program planned and coordinated by the Epidemiology, Research and Evaluation unit of the UCPP. This surveillance plan, developed with the assistance of a PAHO-funded

epidemiologist, has drawn on the expertise and historical involvement in HIV testing of a number of organizations, and will serve to pool information on a national level for the first time. Funds will be provided directly to organizations executing designated activities, according to the national plan, in the geographic areas of Port-au-Prince, Gonaives, Cap Haitien, Fort Liberte, Ouanaminthe, Leogane, and Cayes. These areas include, but are not limited to, regions in which the project will be funding a number of NGO activities. The populations to be tested with Aba SIDA support will primarily be women seeking prenatal care, and blood donors. Test results will provide a means of monitoring the spread of HIV infection in groups that are proxies for the general population. Aba SIDA will be supporting approximately 30% of national HIV surveillance testing each year.

#### STD sentinel surveillance

Support will also be provided to implement sentinel surveillance of STDs in accordance with the national plan, which is currently being drawn up by the Epidemiology, Research and Evaluation unit of the UCPP. The geographic areas will be selected from among those designated by the plan but not financed by other donors. To the extent possible, the areas will again include those in which Aba SIDA will be funding other activities. The data collected through this activity, as well as the HIV sentinel surveillance, will feed into the modelling activity described above.

#### 4.2.4. Grants for AIDS Prevention Activities

Grants funded by local currency counterpart funds will be provided to entities at departmental or community level to carry out AIDS prevention activities that conform to the priorities of the Aba SIDA project. This will enable a well organized district or commune, for example, to execute activities that are designed to help prevent the transmission of AIDS among key target groups locally that otherwise would not be reached. Although preference will be given to public sector projects, a public sector grantee may have an NGO collaborator or the grantee may be a non-governmental organization.

The criteria for selection will be that: (1) the activity will reach one of the target groups designated by Aba SIDA, with adolescent projects given highest priority; (2) the strategy is in accordance with project priorities, with preference given to training activities because of the technical support Aba SIDA is providing in that area; (3) the project does not duplicate any existing public sector or NGO activity and there is evidence of real collaboration with other organizations involved in complementary activities; (4) the number of beneficiaries relative to the project cost is reasonable; (5) the group demonstrates the administrative capability to manage the activity proposed; and (6) the group either has the technical capability or proposes an acceptable plan for acquiring the necessary technical support

The AIDSTECH/Haiti technical advisor, in collaboration with the BCPNLS, will encourage and help local groups to develop proposals. AIDSTECH will develop a

standardized proposal format which will meet the established requirements for utilization of local currency counterpart funds, and that will provide sufficient project information to judge the proposal on the above-mentioned criteria. A regular cycle of proposal review will be established. Proposals will be submitted to the BCPNLS. The BCPNLS, in collaboration with the AIDSTECH resident coordinator, PAHO and USAID, will review the proposals and recommend their disposition. Final approval will be given by the GOH.

#### 4.3. Support to Non-governmental Organizations (NGOs)

Non-governmental organizations (NGOs) have a long history of provision of health care services in Haiti. It is estimated that 40-50% of health care is provided by the non-governmental sector. In some areas of Haiti, public and NGO infrastructures have created a hybrid health care system, where staff or physical facilities may come from one sector and support for operating costs from another. The Aba SIDA project will use these existing systems to reach a substantial proportion of the target population.

A number of NGOs have begun HIV/AIDS prevention activities through grants awarded under a previous buy-in to AIDSTECH funded by the Expanded Urban Health Services (EUHS) project. This support, which began in June 1989, was designed to function as bridge funding until the Aba SIDA project was approved. It is anticipated that the monies will be completely expended early in the first year of the Aba SIDA project.

The NGOs funded by AIDSTECH under EUHS are expected to remain active under Aba SIDA. However, future funding will be contingent on an assessment of the fiscal management and administrative capabilities of each organization and a technical and programmatic review of their activities. Although these grants are all very recent and the interventions have not yet reached a point at which impact can be evaluated in a meaningful manner, they appear to have been effective, for the most part, in generating the outputs expected.

Assuming there are no unforeseen problems, Aba SIDA will continue support of current activities. However some shifts will occur in funding mechanisms. Firstly, NGO surveillance activities will be funded in conjunction with the national plan rather than as part of program grants. Secondly, Aba SIDA will support a separate fund for educational materials development.

This educational materials development and production fund will foster collaboration among the AIDSTECH-funded NGOs with respect to support materials, flyers, posters, radio spots, etc., resulting in unified messages and more efficient production. Under Aba SIDA, representatives of participating NGOs will meet twice a year to develop joint plans of action with respect to educational materials, with input from the IEC unit of the BCPNLS. This meeting will facilitate the joint development process, and encourage the participating groups to use each other's materials, adding specific organizational identification or logos. It may also be possible that the organizations can generate income by

selling their joint materials to others involved in HIV/AIDS prevention.

The NGOs will receive a one-time only credit, proportional to their current condom distribution levels, to provide them with a consignment of social marketing condoms from PSI/DOBACO. Some cost recovery for the NGOs can be expected from the sale of the condoms.

Specific NGO activities to be funded under Aba SIDA must be assessed in light of the population and programmatic priorities established by the project, in conjunction with a review of the data, to determine if there have been any significant shifts in the epidemiologic picture. Some of the currently supported NGOs have already begun to address the issue of adolescents, for example, through targetted outreach activities in the communities surrounding their primary target population. The AIDSTECH resident coordinator will continue efforts to identify NGOs reaching underserved priority populations that might be appropriate additions to those already working in HIV prevention. The results of the HIV sentinel surveillance activity of the BCPNLS will also be instrumental in directing the project toward emerging geographic areas of need.

The initial activities undertaken by Aba SIDA will follow the pattern of involvement set up by the EUHS AIDS-related activities, and the following sections describe the NGOs that will be supported in the first year of Aba SIDA.

#### 4.3.1. Centres pour le Development et la Sante (CDS)

The Centres pour le Development et la Sante (CDS) is a Haitian PVO that was founded in 1974 in Cite Soleil, a large slum of approximately 150,000 inhabitants in Port-au-Prince. CDS has developed a community-based approach to health services, combining centralized preventive and curative services with a network of community health workers who make household visits and provide health education and follow-up services. CDS maintains a registration system which enables the program to monitor the major health indicators of the population served, providing a wealth of data for research and evaluation purposes.

In 1986, CDS expanded its program to Gonaives, which has a population of approximately 50,000, most of whom live in urban slums with high rates of unemployment. The economy of the region is precarious and in recent years the rate of rural to urban migration has been over 20% per annum. CDS operates two health centers in the city, and under the EUHS buy-in to AIDSTECH, an STD clinic employs 40 community health workers, each of whom is responsible for approximately 1000 people within the catchment area. There are 6 AIDS outreach workers who follow up high risk individuals referred by the community health workers. In addition, each health center has a social worker/educator who provides health education to clients while they wait at the centers.

CDS has adapted the Gonaives model to three additional urban centers: Cap Haitien (pop. 87,000), Ouanaminthe (pop. 46,000), and Ft. Liberte (pop. 34,000). While the model varies somewhat to reflect local characteristics and resources,

each of these programs will use the community-based approach and will include basic primary health care services. STD services and AIDS education are integrated into health center and community education programs.

USAID support to CDS began in 1980 with a four-year grant of \$1.2 million. In 1984, USAID/Haiti authorized a \$2.1 million five-year Cooperative Agreement and added \$1.0 million in an amendment in 1986. In 1989, USAID authorized the five-year Expanded Urban Health Services Project (EUHS), which includes a Cooperative Agreement with CDS with an estimated budget of \$10 million. Although USAID has provided more than 50% of the CDS budget over most of the last 10 years, CDS has a diversified financial base which includes a number of other donors, user charges, and revenue generating activities.

The share of operating costs covered by user payments and sales revenues over the last several years rose from 8% in 1985-86 to a projected 14% in 1988-89 (Wong and Makinen, 1988). These cost-recovery efforts are most efficient in sites that do not provide hospital services, covering over 20% of operating costs. The financial analysis team found that two CDS strategies were particularly innovative and promising: a donor-funded prepayment system for Cite Soleil residents and a prepayment insurance scheme for factory workers.

The outreach model which CDS has developed represents the type of community-based action that Aba SIDA will support; however, CDS will have to make a few modifications in the program. CDS needs to expand their activities as they relate to adolescents. CDS must also find a means of destigmatizing STD services. CDS is exploring possibilities to incorporate STD diagnosis and treatment into a reproductive health approach with family planning.

This approach would also serve to emphasize the dual protection provided by condoms -- prevention of pregnancy and STD/HIV transmission. AIDS-related activities are actually a minor part of the total program at CDS, and with social marketing of condoms added to their improving cost-recovery efforts, some degree of sustainability should be possible.

If CDS is supported by Aba SIDA at a significant level throughout the life of the project, it is anticipated that the organization will make a major contribution to reaching project target levels. Given the large population base served by the extensive outreach program of CDS, it is estimated that they could educate 190,000 sexually active women, 100,000 sexually active males, 40,000 adolescents, and 10,000 commercial sex workers. In conjunction with the STD services, it is estimated that CDS could reach 4,000 symptomatic individuals.

#### 4.3.2. IMPACT/IBESR/CHASS

IMPACT (Implementing Agency for Cooperation and Training) is a PVO headquartered in California that has been supporting AIDS prevention activities among high risk populations in Port-au-Prince, Gonaives, and Cap Haitien for several years. Initially, funding came from The Public Welfare and Ford Foundations. AIDSTECH began support of the activity in April 1990.

The IMPACT program is implemented by IBESR (Institute du Bien Etre Social et de Recherche) and by CHASS (Centre Haitien de Service Social). IBESR, part of the Ministry of Social Affairs, carries out project activities in Port-au-Prince, Gonaives and Cap Haitien. CHASS, a non-governmental Haitian association, works exclusively in the district of Carrefour, in the southern section of Port-au-Prince. The IMPACT director in Haiti is responsible for the management and overall direction of the program; an IMPACT coordinator supervises the IBESR and CHASS teams. The operational unit is an IBESR technical team which plans and schedules activities and conceives and produces the messages and materials that are used. Technical advisors include representatives from the Public Health Department and from the BCPNLS.

With support from AIDSTECH, this tripartite collaboration is providing outreach education and condom distribution to commercial sex workers and their clients in Port-au-Prince, Gonaives and Cap Haitien, reaching over 20,000 men and women at very high risk and distributing over 800,000 condoms in the past eighteen months. Outreach workers interact with the women in bars and other entertainment sites, as well as providing neighborhood-based education to the entire population.

IMPACT/IBESR/CHASS is the only group that is known to be working with CSWs, and as such will be a primary conduit under Aba SIDA for promoting and distributing condoms to persons at very high risk of HIV infection. It is estimated that IMPACT could reach 40,000 CSWs and 10,000 sexually active males over the life of the Aba SIDA project. The intervention's linkage to a governmental entity, combined with the potential revenues from high volume condom sales, suggests that improvements in cost recovery and progress toward sustainability is possible. The role of each of the collaborating institutions may require reassessment to make the program more cost-effective in the future.

#### 4.3.3. Groupe de Lutte Anti-SIDA (GLAS)

GLAS (Groupe de Lutte Anti-SIDA) is a consortium of private sector companies whose goal is to reduce the risk of HIV infection among employees by disseminating AIDS information in the workplace using trained peer educators and educational materials. GLAS was founded in 1988 by a group of businessmen who recognized a need to do something about the problem of AIDS at a time when there were few organized prevention activities in Haiti. The board determined that the role of GLAS would be to intervene in the private sector. Funding for the first two years of activity was provided by USAID through a cooperative agreement with GLAS under the Urban Health and Community Development Project, with technical assistance provided through a buy-in to AIDSCOM. AIDSTECH support began in August 1990. GLAS activities have thus far been limited to Port-au-Prince.

GLAS has a staff consisting of an executive director, hired in February 1990, an assistant who is responsible for condom distribution and logistic support for training activities, and a part time accountant. GLAS has contractual agreements with PubliGestion, a Haitian advertising agency, to produce posters and brochures,

and with the Centre Medico-Psycho Pedagogique (CMPP) to develop a training methodology, training manuals, and to facilitate workshops for peer educators.

Aba SIDA will support a training methodology for peer HIV education and condom promotion and distribution in the workplace such as the one that GLAS, in collaboration with CMPP, has developed and implemented. To date, using that training methodology, nearly 120 peer educators in 51 enterprises, reaching both male and female workers, have been trained and given follow-up. GLAS and CMPP have developed support materials ranging from flyers and posters to video and radio spots.

The serious economic problems in Haiti over the last few years have apparently inhibited many businessmen from making direct contributions to GLAS. Only the Shell Company, which financed the new GLAS offices, provides direct support. Enterprises that participate in the GLAS program do contribute time and transport costs for employees to be trained as peer educators, and release workers for in-house training by the peer educators.

GLAS has incurred high start-up costs, but has developed quality materials and a solid training methodology. Future training should therefore have a much lower cost per trainee or ultimate beneficiary. The responsibilities of the GLAS staff need clearer definition, and they must seek financial support from the businesses they serve more aggressively. Access to an appropriate version of the Haiti AIDS model could give GLAS an effective tool to elicit the support it needs from employers. It is anticipated that, through Aba SIDA, the incorporation of condom social marketing into the GLAS project will also start the organization down the road to sustainability, although it's current monofocus on AIDS and complete dependence on USAID funding makes sustainability problematic.

If the recommended changes are made in the GLAS organization, and the economy remains strong enough to support a sufficiently large worker population, it is envisioned that, through Aba SIDA, GLAS will be able to reach 30,000 sexually active women and 80,000 sexually active men.

#### 4.3.4. Centre de Promotion des Femmes Ouvrieres (CPF0)

The Centre de Promotion des Femmes Ouvrieres (CPF0) was founded in 1985 as an OEF International project. It became an autonomous institution and was officially recognized in Haiti as an NGO in 1988. CPF0 is dedicated to promoting the empowerment of female factory workers through self-determination in their roles as both women and workers. Their efforts are focused on upgrading and improving workers' living and working conditions. CPF0 is located in the heart of the industrial zone of Port-au-Prince, in close proximity to scores of factories and small commercial outlets.

Women account for 70% of the approximately 40,000 workers employed by light assembly industries in Haiti. Most are categorized as urban poor. A survey conducted by CPF0 found that 38% of women workers are the sole income earners in their households, which average six members, including their own children as well

as other members of the extended family. Nearly three-fifths of these women, who range in age from 25 to 34, are single or have unsteady relationships with the fathers of their children.

Despite the unstable political situation that has paralleled its evolution, thousands of female workers have benefitted from training programs developed and implemented by CPFO. The training programs cover topics including: personal and human development, literacy and post-literacy, women's and reproductive health, family planning and AIDS prevention. In addition, CPFO has recently opened a clinic providing family planning, STD detection and other preventive health services. All of these activities are offered at times convenient to employed women, after working hours or on the weekends.

CPFO has attracted funding from a number of donors. The Ford Foundation provided the major support when CPFO became an independent organization in 1988. The 1990-91 budget includes funding from IPPF, Ford Foundation and Bread for the World, with low but increasing support from fee-for-service revenues. CPFO has also begun selling training services and technical assistance in administrative and financial reporting systems to other PVOs.

CPFO launched an AIDS prevention program in 1988 with support from the Ford Foundation. Using the participatory approach, CPFO trains worker promotors. Then CPFO training staff, together with the trained promotors, conduct round table sessions in the factories and communities in which the promotors work and live. Slide and video presentations supplement the round table discussions. To date, sessions have been held in 30 factories; many of these sessions have been followed by requests for additional training within the communities of participants, multiplying the effect of the factory-based activity. In addition, CPFO provided assistance to AIDSCOM and to GLAS in the development of their materials. AIDSTECH, under the EUHS buy-in, will pick up support of the AIDS outreach activities when Ford Foundation support terminates in 1991.

CPFO serves the factory-employed population of Port-au-Prince in a different fashion than GLAS. First, they focus only on female workers and initially address HIV and AIDS prevention in the context of a more global health and empowerment approach. They have developed a supplemental training activity after working hours for workers wishing to be HIV/AIDS peer educators. Second, they also provide community outreach education upon request from program participants. With support from the Aba SIDA project to continue AIDS outreach activities, it is anticipated that CPFO will reach 80,000 sexually active females, 10,000 sexually active males, and 10,000 adolescents.

CPFO should benefit considerably from the incorporation of condom social marketing into its system, especially given their integrated approach to HIV prevention. As with GLAS, utilization of the Haiti AIDS model could greatly improve the cost-recovery opportunities from employers.

#### 4.3.5. Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunists (GHESKIO)

The Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunists (GHESKIO) was founded in 1982 by a group of Haitian physicians who were the first to become concerned about AIDS in Haiti. It is the second oldest group of AIDS specialists in the world after the Centers for Disease Control in Atlanta. The mission of the organization is to improve understanding of the clinical and epidemiological aspects of AIDS, to care for those who are symptomatic, and to develop strategies to fight the epidemic. Most of what is known about the clinical presentation and the epidemiology of HIV infection in Haiti comes from the work of GHESKIO. GHESKIO had the first on-site testing facilities for HIV in the country. Since 1986, 60,000 tests have been performed.

Members of GHESKIO are leaders in national AIDS control activities and are active members of the National AIDS Commission. The staff includes approximately 15 full-time professionals, including doctors, social workers, computer specialists, laboratory technicians, and nurses. The MSPP has been providing space for GHESKIO at the Institute National de Laboratoire et de Recherche since 1982 and recently renewed its commitment for another ten years.

GHESKIO has received support from Cornell University since its inception and has been very successful in diversifying its support base. Three consecutive grants have been awarded by the National Institutes of Health for AIDS-related research activities, the Fogarty International Center has provided support for specialized training, the French and Canadian development agencies have provided equipment and renovation support, and the World AIDS Foundation and PROFAMIL are supporting research on STDs and family planning, respectively. The University of Miami is providing technical assistance with behavioral research, and USAID, through AIDSTECH, is financing sentinel surveillance and HIV counselling activities. Through the current AIDSTECH-funded activity, GHESKIO is testing systems of support to persons with AIDS which are more community-based. USAID plans to continue to support GHESKIO's surveillance and counselling activities through Aba SIDA. It is anticipated through the latter efforts GHESKIO will reach some 5,000 symptomatic individuals.

GHESKIO has approached the problem of preventing the spread of HIV from a very clinical direction. Their diversified support is mainly in the area of their research activities, not for interventions. As long as GHESKIO can continue to link interventions to research activities, they will be able to sustain themselves. With GHESKIO's focus on persons with AIDS, many of whom are destitute, the possibilities for cost recovery from the population served are slim. Revenues from condom sales will not make a significant impact on operating costs. However, it is possible that following, with the new government, there will be more resources invested in health and social services.

#### 4.4. Social Marketing

##### 4.4.1. Background

Condom social marketing is an effective and cost efficient method of supplying condoms to both the general population and high risk groups. Given the seroprevalence among the general population in urban areas, a market place approach is absolutely necessary. Social marketing is the only delivery method that makes condoms available to people where and when they need them. Health care facilities tend to be geared toward curative services, may have limited or inconvenient hours, and all too frequently are out of stock.

When users become consumers, that is, when they are required to purchase condoms, albeit at a "social" price, they make an investment in their own health. This investment translates into a greater motivation to use the product, and use it correctly. Therefore, sales figures are better process indicators than free distribution numbers. A condom bought is in most cases a condom used. The same can not be said for condoms given away free of charge. The better the processes, the more likely the impact.

A.I.D. can not afford to continue free distribution of condoms given the demand being generated by the AIDS epidemic. Moreover, A.I.D. public sector condoms (SULTAN and no-name "Made in U.S.A.") are poorly perceived by recipients. The A.I.D. condom image problem, while it can not be entirely corrected through social marketing, can be greatly reduced. There are several basic complaints that can be mitigated: breakage; lack of expiration date (the manufacturing date on A.I.D. condoms is often mistaken for the expiration date); bad quality/not well packaged.

Attractive packaging and pricing are automatic image-boosters. Operations research in Nigeria demonstrated that branded or over-packaged condoms outsell non-branded condoms, sold singly or in strips, 2 to 1. People, and particularly Haitians, associate price with quality. Improvements/ changes may be made to the packaging of the newly launched PANTE social marketing brand through technical assistance from PSI and/or AIDSTECH. With respect to breakage, a packaged condom is better protected from sunlight and heat than those distributed in strips. Lastly, the condoms that will be provided by PSI for the Aba SIDA project will not have a manufacturing date on them and may well have the expiration date.

A social marketing project is an excellent and even essential complement to existing public sector health product delivery systems. It helps create demand, and in the case of curative products such as ORS, satisfy an existing demand. Social marketing projects shape consumer needs and satisfy them, thus transferring a share of promotion and distribution from the already over-burdened public sector to the private sector.

The long term aim of any social marketing project is to bring together, or bridge the gap between, consumers and suppliers. Once consumers come to view condoms as an essential commodity, they will become willing, provided price increases are gradual and rationalized, to pay a bit more. Meanwhile suppliers

see that a demand has finally been created such that they are willing to reduce their price based on projected volume of sales. In short, both demand for the product and the social marketing price increase over time, thus making the product more interesting to commercial marketers.

A social marketing approach to the distribution and promotion of condoms in Haiti is in accordance with the Medium Term Plan. Strong interest in social marketing was expressed by twelve PVOs brought together in a USAID/AIDSTECH meeting in early 1990 to discuss programmatic priorities in AIDS prevention. Participants identified a "need for assistance in the area of condom social marketing." CIDA/McGill University technical assistance personnel, in recommendations based on the results of the KAP survey, stated that "a plan for a condom social marketing program should be developed." All PVOs being considered for AIDSTECH support under Aba SIDA have expressed an interest in selling or experimenting with the sale of a low-priced, branded condom.

The return on the Aba SIDA investment in social marketing will be very high. For a relatively low cost, Aba SIDA will: provide an attractively packaged product; use the mass media and produce promotional items to create brand name recognition and, by what is known as the "halo effect," increase generic recognition and use of condoms; assure that an affordable product is widely available when and where it is needed; eliminate or cut back on waste; reduce the frequency of stock-outs; better measure actual use; research and correct problems in the distribution system as well as flaws in educational and promotional messages; introduce or increase NGO capacity for cost recovery; and, establish a systematic and potentially self-sustaining method of delivering low priced condoms, other essential health products, and perhaps even health education materials.

#### 4.4.2. Condom Procurement

Fifteen million condoms will be purchased by Population Services International (PSI), a U.S. non-profit organization with expertise in social marketing and IEC. They will be imported to Port-au-Prince and distributed by DOBACO S.A., a local distributor of pharmaceutical products, medical supplies, and dry and canned food stuffs, under a contract with PSI.

DOBACO began social marketing of condoms in April 1989 when PSI negotiated a deal whereby in exchange for cutting the price of PRIME condoms in half, PSI agreed to finance mass media brand promotion. Average monthly sales of PRIME for the six months prior to PSI involvement were 12,406; monthly sales averaged over 29,000 between April and September 1990. PRIME maintained or even improved its quality image, in spite of the price reduction, due to an effective publicity campaign.

Based on the recent experience, stock movement/distribution is projected to escalate over the life of the Aba SIDA project --from about 1 million condoms in Year One to 5 million in Year Five. The estimate for the first year of sales is

conservative and sufficient condoms will be imported initially by PSI to supply the demand in the event that sales exceed expectations.

USAID is currently supplying PANTHER brand condoms to DOBACO. DOBACO began marketing them under the brand name PANTE ("panther" in Creole) in October 1990. PANTE's price is half the price of PRIME. By the close of calendar 1990, USAID will have provided, under existing agreements, approximately 750,000 PANTHERs to DOBACO and 1.3 million SULTAN condoms to PVOs.

#### 4.4.3. Distribution

##### DOBACO

DOBACO will warehouse the condoms as part of its contractual agreement with PSI. DOBACO already maintains proper conditions for storing condoms, in its capacity as the distributor for Ansell's commercial brands, ROUGH RIDER and PRIME. Additional warehouse space will be constructed to provide sufficient storage capacity for project condoms. DOBACO will also store condoms that are in the pipeline for the NGOs. To date, USAID condoms have been kept at the PROFAMIL warehouse at a cost to AIDSTECH of \$13,000 a year.

At least initially, packaging will be produced in the United States, due to chronic paper and ink shortages in Haiti. DOBACO staff will over-package the condoms, checking for inner foils without condoms, torn foils, and discolored or poor smelling condoms. Quality control will be performed periodically by Family Health International's Materials Testing Division in North Carolina. This will be funded by FHI/AIDSTECH out of non-project monies.

DOBACO's current distribution network consists of pharmacies and super markets. DOBACO will be charged with, in Year One, attaining national coverage through its existing distribution network. Years Two through Five will be spent exploring and tapping into the "non-traditional" retail outlets, particularly those where high-risk sexual activity is negotiated or takes place, such as cafes, bars, night clubs, and hotels. Other points of sale might include: gas stations, lottery stands, kiosks, tap-tap's, beauty salons, shoe-shiners, etc. Covering this network will obviously entail identifying a range of regional and district level wholesalers and/or depots. Ambulant sellers and small scale retailers will, to some degree, be obliged to supply themselves so as to offer a competitively priced product and still earn their margins.

##### NGO Participation

The NGOs funded by Aba SIDA will act as an important distribution and promotion component of the social marketing effort. They will find condom promotion easier given that they have an established and heavily advertised brand to offer; likewise, DOBACO will benefit from the promotion and sale of PANTE in clinics (CDS and GHESKIO), factories (GLAS, CPFO), and bars (IMPACT/IBESR/CHASS). The NGOs will play an essential role, particularly early on in the project, in assuring PANTE's penetration into the high risk target market.

In order to facilitate the transition to social marketing, PSI will provide DOBACO with support so that DOBACO can give the NGOs an initial stock of condoms. The NGOs will then re-stock themselves out of sales revenues. The price of PANTE to the consumer is 1.25 gourdes for a package of three condoms. The NGOs will be able to buy them from DOBACO at a wholesale price of 1 gourde per package. The twenty five percent NGO margin will yield profits that will enable the NGOs to pay health educators/ promoters out of revenues, create incentive plans, buy badly needed equipment, and meet other types of costs. Lastly, with every purchase of 50 dispensers (containing 15 packets, or a total of 45 condoms) of PANTE, the NGO will receive a bonus of 5 free dispensers. This 10% in-kind bonus can be used by the NGO at its discretion.

With assistance from PSI and DOBACO in the form of workshops, and follow-up technical assistance from the AIDSTECH/Haiti financial manager, NGO staff and accountants will be trained in sales techniques, appropriate book keeping, inventory and administrative practices, and financial management. Some follow-up technical assistance in the areas of stock management and financial systems may be sub-contracted to CPFO or another participating Aba SIDA organization.

While the NGOs will have already been involved in promotion and free distribution of condoms, it is important that a "condom facts and fictions" refresher course be included in the aforementioned workshop. This will assure a common or shared knowledge base, similar comfort levels, and compatible messages.

The transition to sales on the part of the NGOs will be gradual and need not be complete. Free condoms of one kind or another will be available for: demonstrations, first-time users/introductory offers, and for those institutions unable to make an immediate or complete switch. At present there is a stock of 5 million SULTAN condoms in the PROFAMIL warehouse which is designated for the NGOs. Once these run out, there will be other sources. It is estimated that family planning organizations in the public and private sectors will be providing 4-6 million free condoms per year. Public sector organizations like IBESR (Ministry of Social Affairs), an IMPACT sub-contractor, will have access to Government supplies of UNFPA condoms. And in fact, ROSE-TEX, the Korean-made condom purchased by UNFPA, is the preferred public sector condom.

The AIDSTECH resident coordinator and DOBACO's director general sit on the Condom-Contraceptive Sub-Committee, organized by the Maternal Child Health/Family Planning division of the UCPP. Using that committee as a mechanism, AIDSTECH/Haiti will be responsible for coordinating between Aba SIDA, NGOs and family planning organizations to ensure that free condoms are available if needed. Furthermore, the resident coordinator will obtain a complete list of sites where family planning or other free condoms can be obtained, so that NGOs may refer clients and outreach populations to those condom sources when necessary.

#### 4.4.4. Promotion

DOBACO/PSI have been promoting PRIME for AIDS/STD prevention, and in separate spots and messages, as a method of family planning as well. Plans are to continue this approach for PANTE. The dual protection benefits approach is highly advisable as there are a number of targeted users who will reject condom use based on the condom's association with STDs and AIDS, and therefore, promiscuity. The objective of reducing the sexual transmission of HIV will be better served by leaving the family planning door open, so to speak.

PSI will provide technical assistance to DOBACO in market research, and will help DOBACO review relevant health data and adjust its implementation plans accordingly. It will also help DOBACO develop educational and promotional strategies.

#### 4.5. Technical Assistance

##### 4.5.1. Resident Coordinator (5 years)

The resident coordinator will be responsible for managing the AIDSTECH project in Haiti; he will be responsible to the Haiti coordinator in the AIDSTECH central office. Specifically, the resident coordinator's responsibilities will be:

- management of the AIDSTECH program in Haiti
- coordination of activities of AIDSTECH/Haiti staff and of AIDSTECH staff and consultants when they are in Haiti
- coordination of activities with the BCPNLS, UCPP and other governmental offices
- liaison with USAID
- liaison with PAHO and other donors
- identification of public sector groups and non-governmental organizations that are potential collaborators in the implementation of project-supported activities
- provision of assistance to potential collaborators with the refinement of proposals
- review of proposals prior to formal submission to the AIDSTECH home office, including: consultation with AIDSTECH; discussion with the BCPNLS, other governmental and non-governmental institutions, as appropriate; discussion with USAID and PAHO and with other donors, as appropriate; obtaining approvals from USAID, as required

- coordination of materials development fund for NGOs and ensuring that the activities are coordinated with the IEC unit in the BCPNLS
- coordination with all collaborators, monitoring of all AIDSTECH activities in-country, tracking of sub-project achievements, identification of problems and assistance with resolution, as necessary
- submission of regular reports to AIDSTECH that include: the status of all sub-projects; a review of the activities carried out by AIDSTECH in-country staff and short term TA; the status of coordination with the MSPP, USAID and PAHO; and a plan of action for the up-coming period
- development and maintenance of a roster of local consultants who may be used for short term technical assistance
- preparation and submission to AIDSTECH of terms of reference for short term TA, recommending local consultants, as appropriate
- management of the AIDSTECH local support fund

#### 4.5.2. Financial Manager (5 years)

The primary role of this person will be financial management of the AIDSTECH/Haiti office and financial management oversight of and technical assistance to sub-grantees. Her/his responsibilities will include:

- financial management of all in-country AIDSTECH activities and the accountability of all funds -- maintaining records of all accounts of the AIDSTECH/Haiti office and sub-projects, including invoices, disbursements, and receipts
- follow up with all collaborating institutions regarding financial management, obtaining vouchers, receipts and routine financial reports
- technical assistance to all sub-grantees to support the institutional development of their financial management capabilities
- technical assistance in financial and administrative management of the social marketing activities of NGOs participating in the social marketing program
- preparation and submission of all financial reports to AIDSTECH

#### 4.5.3. Technical Advisor (3 years)

The technical advisor will work with the BCPNLS, the UCPP, AIDSTECH/Haiti, and collaborating institutions to facilitate coordination of AIDS training

activities and to provide technical oversight and support to AIDS training and educational materials development. S/he will work with local groups to develop and implement AIDS prevention and control projects financed by local currency counterpart funds. Her/his responsibilities will include:

- support to the coordination efforts of the UCPP and the BCPNLS to ensure that AIDS training activities are well integrated with the other priority programs, especially family planning
- assistance with the development of training materials and the implementation of training activities in the areas of: core AIDS education, counselling, adolescent programs, STD training, and others, as appropriate
- technical assistance with the design, pre-testing and modification of training materials and the pedagogical approach to direct training
- technical assistance to the public and non-governmental sectors to develop formal, informal and community-based AIDS prevention activities that are designed for adolescents
- technical assistance to local groups to help them develop projects and action plans and to prepare the appropriate documentation to submit for grants funded by local currency counterpart funds.
- coordination with the BCPNLS/IEC unit to ensure that all AIDSTECH-supported training and communications activities complement and, when appropriate, are integrated with other related programs, and that all communications are consistent with the approach adopted by the IEC unit
- identification of short term TA needs for project-supported training activities

#### 4.5.4. Short term Technical Assistance

Over the life of the project, short term TA will be required to supplement the skills of the AIDSTECH/Haiti staff. Some of this technical assistance will be provided by AIDSTECH staff from the home office, particularly in the areas of research and evaluation. In the areas of condom promotion and distribution, PSI will provide most of the necessary short term TA. It is anticipated that The Futures Group will assist with the development of the Haiti AIDS model.

Specific areas in which short term TA may be required include: operations research, behavioral research, condom promotion, market research, IEC, AIDS counselling, modelling, STDs, adolescent health, evaluation, and financial management. Local consultants will be used whenever possible to fill short term TA needs.

#### 4.6. Research

Operations research in a number of specific areas related to HIV prevention activities in Haiti is needed to facilitate the attainment of the project goal and purpose.

Protocols for operations research funded under Aba SIDA may be generated independently by either AIDSTECH staff or local researchers and research institutions, or preferably, in a collaborative effort between AIDSTECH and local researchers. All protocols will undergo technical review by AIDSTECH/FHI staff and must have country clearance prior to implementation.

The following are a few topics that are believed appropriate for the Aba SIDA project. A number of these should be conducted as soon as possible, as the results could be extremely helpful in a number of prevention activities.

(1) Condom brand preference/price elasticity -- determining the validity of current beliefs that certain condom brands are preferred by the population; determining which factors are key in this preference -- presentation, lubrication, performance/breakage, cost, availability, etc. An in-depth assessment of price elasticity for particular sub-groups of Aba SIDA target populations is also needed.

(2) Training of trainers (TOT) in illiterate populations -- testing methods of training low-literate individuals to act as trainers and educators for HIV prevention interventions; developing and testing graphic tools, aides and guides for low-literate trainer/educators

(3) STD treatment-seeking behaviors and STD service delivery -- determining current STD treatment-seeking behaviors of men, the proportion using self-medication, street drug sellers, traditional healers, pharmacies as physicians, etc.; testing methods of using these existing patterns to improve treatment of STDs

(4) Methodologies for contact tracing for STD/HIV -- testing methodologies for more effective and complete contact tracing and education of partners of STD and HIV index cases identified in the clinical setting

(5) Testing the relative effectiveness and coverage achieved by formal versus non-formal HIV prevention education among adolescent populations -- is a formal approach the most efficient way to transmit information? Does behavior change in adolescents require both approaches?

(6) Vertical vs integrated community outreach -- testing the effectiveness of AIDS-only versus AIDS-plus something intervention approaches; testing integration with family planning, maternal and child health, etc. outreach activities

(7) Integration of basic AIDS/STD prevention into FP -- what are the implications for FP activities, e.g. counselling on method choice, assisting clients to assess their risk for HIV/STD in the age of AIDS

(8) Evaluation methodologies -- validation of self-reported condom use, STD history, impact evaluations utilizing a combination of survey methodologies and surveillance data

(9) Testing a methodology of reaching the rural population -- assessing the effectiveness of mass media interventions (BCPNLS/CIDA IEC) combined with social marketing of condoms (Aba SIDA)

Additional or alternate topics will very likely arise in the course of the 5-year funding cycle of Aba SIDA, and the priority ranking of topics will eventually be determined by programmatic needs and the availability of appropriate collaborators.

## 5. COST ESTIMATES AND FINANCIAL PLAN

### 5.1. Funding Components

The proposed project budget totals US \$7.7 million, including \$6.7 million Development Assistance (DA) funds and \$ 1.0 million to be obtained from local currency generations, which will be considered a host country (GOH) contribution. In addition, FHI supported by its core funds from the Science and Technology Bureau's Office of Health and the Office of Population will make in-kind contributions approximating \$228 thousand from over the life of the project, in the form of technical assistance and management support from headquarters staff. Most of the DA funds will be used to provide sub-grants to NGO and the MSPP anti-SIDA efforts, to support a social marketing activity, to carry out operations research and to staff and operate the AIDSTECH/Haiti office. Family Health International (FHI) will have overall responsibility for project implementation and supervision of sub-grants. USAID will retain control of \$151,000 in project funds for evaluations and a close-out audit.

It is anticipated that the \$1 million in local currency support will be available from host country counter part funds. If for some unforeseeable reason these funds are not available, the following two options will be considered: the project would be amended to increase DA funds by \$ 1 million; or the project would be amended to decrease the scope of the project thereby reducing the project cost.

### 5.2. Administration of Dollar Funds

Except for the sum of \$151,000 to be retained by USAID, the balance of the DA funds will be obligated by PIO/T(s) to USAID/Washington requesting an amendment to the Cooperative Agreement with FHI for implementation of the AIDSTECH Project. This Cooperative Agreement is for a multi-year, multi-country project, to which the Aba SIDA Project will be an add-on. Funds will be disbursed through a Federal Reserve Letter of Credit (FRLC). The initial obligation of \$1,489,000 will permit AIDSTECH to begin project activities in the third quarter of FY

1991. Subsequent obligations will be made over the life of the project.

All US dollar funds will be covered by DA funds, as will most local costs. local currency counterpart funds are programmed to cover 1) a portion of training costs and 2) a local grants program to be administered by the BCPNLS with technical support from AIDSTECH/Haiti and review by USAID.

USAID will obligate by separate contractual arrangement the funds budgeted at \$151,000 for mid-project and final evaluations, and a close out audit.

### 5.3. Administration of Local Currency Funds

Local currency counterpart funds will be obligated by joint agreement between the GOH and USAID, using as a program document the GOH standard Form for Identification and Operation of Project (FIOP). The MSPP will have responsibility for annual preparation of a FIOP in cooperation with AIDSTECH and USAID. The advance of funds will be according to standard GOH procedures.

### 5.4. Project Budget

The proposed project budget is provided on the following pages.

February 14, 1991

ABA SIDA USAID INPUTS - BUDGET SUMMARY (US\$000's)

	Year 1			Year 2			Year 3			Year 4			Year 5			Total		
	PX	LC	Total	PX	LC	Total												
<b>AIDSTECH HAITI</b>																		
Personnel	32	69	101	34	72	106	36	76	112	37	46	83	39	48	87	178	311	489
Operating Costs	12	8	20	12	8	20	13	8	21	14	8	22	15	8	23	66	40	106
Commodities	33	0	33	0	0	0	0	0	0	0	0	0	0	0	0	33	0	33
Travel	4	7	11	3	7	10	3	7	10	3	7	10	3	7	10	16	35	51
Local Support Fund	0	8	8	0	9	9	0	8	8	0	9	9	0	9	9	0	43	43
Subtotal	81	92	173	49	96	145	52	99	151	54	70	124	57	72	129	293	429	722
<b>TECHNICAL SUPPORT</b>																		
ST Consultants	60	17	77	63	21	84	66	17	83	58	16	74	48	17	65	295	88	383
Research	50	25	75	52	25	77	55	25	80	58	25	83	61	25	86	276	125	401
Subtotal	110	42	152	115	46	161	121	42	163	116	41	157	109	42	151	571	213	784
<b>PUBLIC SECTOR</b>																		
Coord/Mtgs/Conf	6	24	30	6	29	35	7	28	35	7	27	34	7	25	32	33	133	166
Training	0	75	75	0	75	75	0	75	75	0	75	75	0	75	75	0	375	375
Sentinel Surveil.	0	25	25	0	55	55	0	55	55	0	55	55	0	55	55	0	245	245
Subtotal	6	124	130	6	159	165	7	158	165	7	157	164	7	155	162	33	753	766
<b>NGO's</b>																		
IMPACT	0	142	142	0	148	148	0	153	153	0	159	159	0	165	165	0	767	767
GLAS	0	0	0	0	103	103	0	107	107	0	111	111	0	116	116	0	437	437
CDS	0	52	52	0	58	58	0	61	61	0	64	64	0	66	66	0	301	301
GBESKIO	0	14	14	0	58	58	0	60	60	0	63	63	0	65	65	0	260	260
CPPO	0	29	29	0	30	30	0	31	31	0	32	32	0	34	34	0	156	156
IEC Materials	0	42	42	0	42	42	0	42	42	0	42	42	0	42	42	0	210	210
Subtotal	0	279	279	0	439	439	0	454	454	0	471	471	0	488	488	0	2131	2131
SOCIAL MKTG. - PSI	256	147	403	246	109	355	242	33	275	135	33	168	104	0	104	983	322	1305
<b>FHI/AIDSTECH OVERHD.</b>																		
On Subgrants	45	0	45	57	0	57	57	0	57	57	0	57	57	0	57	273	0	273
On Other	110	0	110	113	0	113	116	0	116	105	0	105	104	0	104	548	0	548
<b>FHI TOTAL</b>	<b>608</b>	<b>684</b>	<b>1292</b>	<b>586</b>	<b>849</b>	<b>1435</b>	<b>595</b>	<b>786</b>	<b>1381</b>	<b>474</b>	<b>772</b>	<b>1246</b>	<b>438</b>	<b>757</b>	<b>1195</b>	<b>2701</b>	<b>3848</b>	<b>6549</b>
EVALUATIONS	0	0	0	0	0	0	55	0	55	0	0	0	61	0	61	116	0	116
CLOSE-OUT AUDIT	0	0	0	0	0	0	0	0	0	0	0	0	10	25	35	10	25	35
<b>PROJECT TOTAL</b>	<b>608</b>	<b>684</b>	<b>1292</b>	<b>586</b>	<b>849</b>	<b>1435</b>	<b>650</b>	<b>786</b>	<b>1436</b>	<b>474</b>	<b>772</b>	<b>1246</b>	<b>509</b>	<b>782</b>	<b>1291</b>	<b>2827</b>	<b>3873</b>	<b>6700</b>

NOTES:

- Inflation rate of 5% has been applied to US\$ costs starting in Year 2
- Gourdes have been converted to US\$ at rate of 6 gourdes to \$1
- No inflation rate has been applied to Gourdes costs, however local salaries have been incremented at an annual rate of 5% beginning in Year 2
- FHI/AIDSTECH Overhead: 32.5% of costs excluding equipment and subgrant costs in excess of \$25,000/year.  
Sub-grants: Public Sector, PSI, NGOs (4 in Year 1, 5 in Years 2 - 5)

SUMMARY OF INPUTS TO ABA SIDA (US\$000's)

	FX	LC	PL480	US\$ TOTAL
USAID	\$2,827	\$3,873		\$6,700
PL480			\$1,000	\$1,000
FHI	\$228			\$228
PSI	\$507			\$507
<b>Total</b>	<b>\$3,562</b>	<b>\$3,873</b>	<b>\$1,000</b>	<b>\$8,435</b>

ANNUAL INPUTS TO ABA SIDA (US\$000's)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
USAID	\$1,292	\$1,435	\$1,436	\$1,246	\$1,291	\$6,700
PL480	\$125	\$225	\$250	\$200	\$200	\$1,000
FHI	\$87	\$57	\$28	\$28	\$28	\$228
PSI	\$45	\$79	\$107	\$130	\$146	\$507
<b>Total</b>	<b>\$1,549</b>	<b>\$1,796</b>	<b>\$1,821</b>	<b>\$1,604</b>	<b>\$1,665</b>	<b>\$8,435</b>

## 6. IMPLEMENTATION PLAN

### 6.1. Project Organization and Administration

#### 6.1.1. AIDSTECH

Aba SIDA will be implemented through an add-on to the AIDSTECH Project (936-5972) five-year cooperative agreement with Family Health International (FHI) which is centrally funded. The add-on will be negotiated by AID/W. USAID/Haiti will set aside sufficient project funds to finance independent project evaluations and a close-out audit.

AIDSTECH currently has a buy-in from USAID/Haiti which began in June 1989 under the Expanded Urban Health Services Project (EUHS). Through the buy-in, AIDSTECH provides technical assistance and support to non-governmental organizations working in AIDS prevention and control. The NGOs that are being funded will be supported under Aba SIDA. The buy-in was intended as bridge funding until approval of Aba SIDA and its funds will be expended early in the first year of the new project.

AIDSTECH has an office in Haiti, with a resident coordinator who will continue to manage the AIDSTECH/Haiti program. FHI has established systems for providing administrative oversight of and support to the resident coordinator and for implementing the activities in-country. Under Aba SIDA, the Haiti office will be expanded to support the added management and technical assistance burden. A financial management specialist will be added to ensure meticulous tracking of all project funds, and to free the resident coordinator so that he can play a more substantive role in program management. There will be a technical advisor in the AIDSTECH/Haiti office for the first three years of the project who will help the BCPNLS and the UCPP to coordinate and implement training activities. The office will have a full time secretary.

AIDSTECH/Haiti will share an office location with staff from other projects that are supporting the BCPNLS. This will facilitate coordination between Aba SIDA and other donor-supported activities with which the project is closely linked, including IEC and surveillance.

The resident coordinator will maintain close communication with USAID/Haiti, including regularly scheduled meetings and informal contacts. He will ensure that USAID/Haiti receives all project reports, work plans and sub-grant proposals for review and approval, as appropriate.

The AIDSTECH home office will supervise the resident coordinator and provide administrative backup for the Haiti office. AIDSTECH will review the resident coordinator's reports and telecommunications and take appropriate

action as issues arise. Regular quarterly visits to Haiti will be scheduled for program review and additional monitoring visits planned when necessary. AIDSTECH will control all project funds and be responsible for accountability of those funds.

Final sub-project approval will be the responsibility of the home office. However, by the time a sub-project is submitted to AIDSTECH for final review, it will have been carefully reviewed by the resident coordinator, in collaboration with all key individuals, including AIDSTECH technical staff, USAID/Haiti and PAHO, and the proposal and budget approved by USAID/Haiti. Therefore, AIDSTECH approval of sub-projects should be straightforward.

AIDSTECH will identify and recruit short term technical assistance in response to needs that are defined by the resident coordinator, in collaboration with the home office and USAID/Haiti. Technical support will be provided by the AIDSTECH staff, PSI, The Futures Group, and by external and in-country consultants, depending on the type of expertise that is required.

#### 6.1.2. Population Services International (PSI) and DOBACO S.A.

FHI will sub-contract to Population Services International (PSI) to manage the social marketing component and to DOBACO for its implementation. These relationships have already been established and therefore it is anticipated that the start-up and implementation will be relatively smooth. AIDSTECH has sub-contracts with PSI to manage similar projects in three countries in Africa. PSI has been collaborating with DOBACO on a condom social marketing project in Haiti since April 1989.

PSI will procure and import condoms for the social marketing program with its own funds; its agreement with AIDSTECH will commit PSI to provide 15,000,000 condoms. PSI will be responsible for ensuring that DOBACO receives the condoms, that they develop an effective promotion and distribution system, and that DOBACO accounts for all project funds according to A.I.D. requirements. PSI will provide technical assistance to DOBACO in the areas of market research, advertising and quality control. PSI will oversee initial training and follow-up technical assistance to NGOs participating in the social marketing program, especially to help them set up and maintain efficient stock management and accounting systems. DOBACO will also warehouse NGO stocks that are in the pipeline and help the NGOs with the maintenance of inventory control systems.

DOBACO will be responsible for warehousing, over-packaging, distribution and accountability of the condoms provided by PSI. Initially, DOBACO will distribute exclusively through its existing network. It will extend its network to participating NGOs within a few months of the project start-up. Gradually, DOBACO will expand to additional outlets, adding to the company's sales force and using other wholesalers. DOBACO will contract locally for the development of promotional materials and will purchase advertising space.

### 6.1.3. Non-governmental Organizations

AIDSTECH will award sub-grants to selected NGOs to enable them to strengthen and expand their activities in AIDS prevention and control. AIDSTECH has grant agreements with five organizations under the EUHS buy-in, to be funded by Aba SIDA: CDS, GLAS, IMPACT/IBESR/CHASS, CPFO and GHESKIO. AIDSTECH has already established disbursement, accounting and reporting procedures with each of these organizations.

It is expected that these NGOs will continue to be funded under Aba SIDA. However, there will be some reorientation of project activities to conform to the priorities defined by the Aba SIDA project. Although the current activities are considered to be effective, they evolved from the first efforts in Haiti to combat AIDS and were not planned with a specific goal in mind. The Aba SIDA project has a goal, specifies priority target groups and defines implementation strategies that will be most effective in contributing to achieving that goal.

During the first few months of the project, AIDSTECH will conduct a programmatic review of the NGOs, with the purpose of identifying the strengths and weaknesses of their current activities. AIDSTECH technical staff will assist the NGOs to plan new sub-projects that qualify for support under Aba SIDA.

Prior to award of a sub-grant to an NGO, AIDSTECH will certify that the NGO has an adequate financial accounting and reporting system in place. In the review of the NGOs conducted by Ernst & Young as part of the administrative analysis for this project paper, all of the NGOs were found to have adequate financial management systems in place, with the exception of IMPACT/INTERAIDE.

AIDSTECH will require regular programmatic and financial reporting from the NGOs during project implementation and will ensure that they maintain thorough accountability of AIDSTECH funds. Once a grant has been awarded to an NGO, AIDSTECH will provide an advance for of maximum of three months of activities. Disbursement of additional funds will be approved on the basis of satisfactory accounting for expenditures.

The AIDSTECH/Haiti coordinator will manage the educational materials development and production fund that will be available to support the NGOs working in AIDS prevention. He will chair a committee that will include representatives of interested NGOs, the IEC unit of the BCPNLS, PAHO, USAID and other groups working in AIDS-related materials development. The committee will meet regularly twice a year and on an ad hoc basis, as necessary. The committee will ensure that all IEC activities are well coordinated, and that messages and presentations are appropriate. It will also establish guidelines for selection of activities, review submissions to ensure that they fall within the criteria, and make funding recommendation.

#### 6.1.4. The Public Sector

AIDSTECH, with USAID approval, will enter into an agreement with the UCPP for the implementation of the public sector activities. The agreement will specify UCPP and AIDSTECH roles and responsibilities in implementing Aba SIDA project-funded activities, and the terms under which AIDSTECH will disburse project funds. The agreement will also describe the parameters for implementing activities to be funded by local currency counterpart and the joint role of the MSPP, AIDSTECH, and USAID in making programmatic decisions for local currency. The administrative arrangements for allocating and releasing local currency will follow the normal procedures.

The BCPNLS, in collaboration with the resident coordinator and the technical advisor, will develop a five-year work plan at the outset of the project. In addition, annual plans of action will be prepared which will specify planned activities, the mode of implementation and estimated costs. The first annual plan will be prepared no later than August 1991; subsequent plans will be prepared each April (or the end of each project year) for the following project year. Since training will be a significant component of the annual work plans, the timing of the annual training plans will have to be synchronized with the cycle of BCPNLS project planning.

AIDSTECH will require regular program and financial reports from the public sector. Continued disbursement of project funds will depend on satisfactory accountability by the UCPP for project-supported activities. The resident coordinator will be responsible for monitoring public sector project activities. He will identify constraints and work with the BCPNLS, PAHO and USAID to solve problems that inhibit project implementation. He will ensure that AIDSTECH receives the required financial reports and an accounting of public sector achievements.

The grants to public sector groups for implementation of AIDS activities at the local level will be financed by local currency funds. Therefore the GOH will be responsible for the allocation of resources. However, the BCPNLS, with technical support from the AIDSTECH resident coordinator and review by USAID, will maintain technical oversight of the review and selection of proposals.

The technical advisor will be responsible for monitoring the implementation of training activities. S/he will monitor the BCPNLS grants to institutions that develop and execute training activities, the planning and implementation of training, and the grants funded by local currency monies. The technical advisor will prepare summary reports of the status of training and local currency funded activities.

## 6.2. Implementation Schedule

### May 1991 - April 1992

AIDSTECH buy-in signed	USAID	May
Sub-contract with PSI signed	AIDSTECH	May
Sub-contract with DOBACO signed	PSI	May
AIDSTECH/H office set up	AIDSTECH	May
Resident coordinator contracted	AIDSTECH	May
Financial manager recruited	AIDSTECH/H, AIDSTECH	June
Core NGOs evaluated	AIDSTECH	June
BCPNLS 5-year work plan prepared	BCPNLS, AIDSTECH/H	June
BCPNLS annual work plan prepared	BCPNLS, AIDSTECH/H	July
OR plan prepared	AIDSTECH, AIDSTECH/H	July
Technical advisor recruited	AIDSTECH/H, AIDSTECH	July
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Aug
Annual local currency funds obligated	GOH	Sept
Project training plan developed	BCPNLS, AIDSTECH/H	Oct
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Feb
Annual training plan prepared	BCPNLS, AIDSTECH/H	Apr
BCPNLS annual work plan prepared	BCPNLS, AIDSTECH/H	Apr

### May 1992 - April 1993

Annual local currency funds obligated	GOH	May
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Aug
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Feb
Annual training plan prepared	BCPNLS, AIDSTECH/H	Apr
BCPNLS annual work plan prepared	BCPNLS, AIDSTECH/H	Apr

### May 1993 - April 1994

Annual local currency funds obligated	GOH	May
Midterm evaluation	USAID, AIDSTECH	June
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Aug
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Feb
Annual training plan prepared	BCPNLS, AIDSTECH/H	Apr
BCPNLS annual work plan prepared	BCPNLS, AIDSTECH/H	Apr

### May 1994 - April 1995

Annual local currency funds obligated	GOH	May
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Aug
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Feb
Annual training plan prepared	BCPNLS, AIDSTECH/H	Apr
BCPNLS annual work plan prepared	BCPNLS, AIDSTECH/H	Apr

May 1995 - April 1996

Annual local currency funds obligated	GOH	May
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Aug
Final evaluation	USAID	Nov
AIDSTECH report to USAID/Haiti	AIDSTECH, AIDSTECH/H	Feb
PACD		March
Close-out audit	USAID	March

### 6.3. Methods of Implementation and Financing

The primary method of payment will be a Federal Reserve Letter of Credit (FRLC) as shown in the table below. USAID will contract directly for evaluations and a close-out audit.

Method of Implementation	Financing Method	Financing (\$000's)
Add-on to FHI AIDSTECH project	FRLC	\$6,549
Evaluations	Direct payment	\$ 116
Close-out audit	Direct payment	\$ 35
Total		\$6,700

### 6.4. Procurement Procedures

FHI will follow its own procurement policies and practices for the procurement of goods and services under the buy-in to the centrally funded cooperative agreement provided it conforms to requirements set forth in the Standard Provisions, "Procurement of Goods and Services," "AID Eligibility Rules for Goods and Services," and "Local Cost Financing." All procurement transactions shall be conducted in a manner to provide, to the maximum extent possible, open and free competition.

### 6.5. Audits

In conjunction with the annual organization-wide audit of FHI, AIDSTECH will ensure adequate audit coverage of the Aba SIDA project that is in accordance with OMB circular A-133. This will include:

- (1) Separate certification of accountability for USAID/Haiti grant funds, including sub-grants
- (2) A report on the internal controls of AIDSTECH/Haiti including sub-grantees

- (3) A report on compliance of AIDSTECH/Haiti with applicable laws and regulations.

A copy of the audit reports will be submitted to USAID/Haiti.

The direct incremental costs of AIDSTECH/Haiti audits in connection with the recipient's annual audit, as required by OMB circular A-133, will be financed by AIDSTECH.

A RIG-supervised close-out audit will be contracted by USAID/Haiti upon completion of the project, if deemed appropriate.

#### 6.6. Project Monitoring Plan

The AIDSTECH home office will monitor all project activities, maintaining close communication with AIDSTECH/Haiti and with PSI. The resident coordinator will be responsible for monitoring all AIDSTECH-funded activities in the public and non-governmental sectors. He will submit quarterly reports to the home office and advise AIDSTECH and USAID/PAP of any special problems immediately. There will be a prompt review and analysis of all financial and programmatic reports and prompt follow up of problems as they occur.

The resident coordinator will review BCPNLS work plans and monitor the implementation of activities in relation to the plans. He will collect regular reports from the NGOs and determine the extent to which they are conforming to the proposals on which their funding is based. The financial manager will monitor the disbursement of funds to the public and NGO sectors and the drawdown on the accounts. S/he will ensure that financial reports are prepared regularly and that all required documentation is submitted with those reports.

PSI will be responsible for purchase and importation of condoms. PSI will monitor the social marketing component, tracking the distribution of condoms and the associated promotional activities of DOBACO. Although PSI will provide technical assistance to the NGOs in social marketing, AIDSTECH will be responsible for monitoring the activity as an integral part of monitoring the NGOs.

#### 6.7. USAID Management

Responsibility for implementation of the project will rest with the Health, Population and Nutrition Division of the Human Resources Office (HRO). The project will be managed by a USAID direct-hire population officer who has experience with AIDS control activities. He will be assisted by an foreign service national (FSN) senior technical advisor.

The USAID project manager will communicate regularly with the family planning coordinator, a U.S. personal services contractor (PSC), and the FSN population advisor in the HRO office to ensure that the AIDS program is well coordinated with family planning activities, in particular the social marketing promotional activities and the distribution of condoms.

While some mission management oversight will be required, the project was designed with mission resource constraints in mind. The plan to procure project management and coordination services through AIDSTECH will significantly reduce the administrative responsibilities of the mission. AIDSTECH will be responsible for procuring technical services and for controlling the flow and accountability of funds. PSI will purchase condoms for the project, relieving USAID of responsibility for procurement and for enforcing the accountability of funds generated through the social marketing program.

AIDSTECH will report regularly to USAID. There will be scheduled meetings with the resident coordinator at least twice a month and continuous informal communication. The mission will be kept well informed about Aba SIDA activities and will be asked to review all major actions and sign-off on individual sub-grants for project activities. AIDSTECH will submit quarterly financial reports to the mission and semi-annual programmatic reports. These will be submitted by the end of February and August each year so the project manager can report on Aba SIDA in the mission's semi-annual project reviews (SAPR).

## 7. SUMMARY OF PROJECT ANALYSES

### 7.1 Economic Analysis

AIDS is a relatively new disease for which, to date, there is no cure. The rate of infection in Haiti is estimated to be the highest in the western hemisphere.

The allocation of USAID resources in the amount of \$6.7 million to the Aba SIDA project is expected, through training and motivational efforts, to enable 800,000 people to halt transmission of, or avoid exposure to, the HIV virus. Based on the level of funding and projected numbers of people trained as a result of Aba SIDA interventions, the cost per beneficiary would be \$8.37.

The social marketing component of the project, which is expected to distribute/sell 15 million condoms during the LOP, will provide 150,000 couple years of protection (CYPs), based on an average of 100 sexual total acts/couple/year. Given that both partners are at risk, one can assume a of 300,000 person years of protection. USAID inputs for the social marketing total \$1.3 million, for an average cost of \$4.33 per person year of protection.

In terms of least cost methodology, the Aba SIDA project will incorporate the most advanced methods and strategies already shown to be effective, in Haiti and worldwide, by USAID, FHI and other experienced agencies. It will focus on behavior modification among groups at highest risk through training and social marketing programs.

FHI (the primary implementing agency) and PSI (sub-grantee for the Social Marketing component), have been involved in AIDS programs in several countries as well as in Haiti for some time. Their experience and valuable technical expertise provide assurance of efficient and effective project implementation, and their presence in Haiti will enable quick project start-up. The NGOs included in the project design for the most part will be continuing to implement activities already under way. For them as well, start-up time will be minimal.

From a macro-economic perspective, Aba SIDA interventions resulting in increased use of effective practices to prevent HIV transmission will affect the economy, in the long term, by reducing the loss of productive adults from the work place and limiting the level of resources needed to care for AIDS patients.

## 7.2. Financial Analysis

Proposed USAID DA inputs for Aba SIDA total \$6.7 million of which \$2.8 million is in Foreign Exchange (FX) and \$3.9 million is in local costs (LC). Additional inputs to the project will total \$1.7 million, including \$1 million from local currency funds , as well as commitments from FHI (\$228,000) and PSI (\$507,000).

Following is a percentage breakdown of USAID DA funds allocated to major project components.

Sub-grants to NGOs	32%	
Social Marketing	19%	
Public Sector and Sentinel Surveillance	*12%	
Technical Assistance	#13%	
Research	6%	
Overhead and Operating Costs	+	16%
Evaluations and Audits	2%	

\* Public Sector percentage would be 23% if local currency counterpart funds are also included

# Short-term consultants and AIDSTECH Haiti personnel

+ FHI/AIDSTECH G & A and AIDSTECH/Haiti operating costs and commodities

The summary USAID project budget, by year, for U.S. dollar (FX) and Haitian gourdes (LC) costs is supported by detailed back-up budgets which are included in Annex C.

Inputs to the public sector have been budgeted in accordance with priority needs of the project and based on current government programs and policies. The installation of a new government in February 1991 makes it impossible to include detailed planning for local currency inputs. However, it is expected that local currency funds will be used for additional training and for grants to public, mixed and private sector AIDS programs throughout the country.

The budget total for NGOs is lower in Year 1 than in Years 2-5. This is because three project participants have already been allocated funding by AIDSTECH from other sources for all or part of Aba SIDA Year 1. Planned support for NGO activities will be carefully reviewed on an annual basis, and sub-agreements will be for a maximum of two years, with possibility of renewal.

NGO income generation from condom sales is expected to range from \$3,000 for the smaller organizations to \$6 - 7,000 for the larger ones by Year 3 of the project. Organizations which will use volunteer field workers as sales person may pass along some or all of these profit margins to them as an incentive to increase sales.

Social marketing project costs are front-loaded and decrease each year. Conversely, revenues resulting from steady sales growth will increase each year. Thus LC funding levels required by PSI for in-country support of social marketing will decrease dramatically - from a high of \$147,000 in Year One to no project-funded local costs in Year Five.

Most FX costs for social marketing to be covered by Aba SIDA are for technical assistance and supervision by PSI in the areas of market research, retailer and NGO training, development of educational and promotional strategies and program monitoring. In addition, PSI itself will provide funding for the purchase and shipment of 15 million condoms.

In Haiti, LC costs are for office space, warehousing, DOBACO staff, local transportation, marketing, promotional items for the trade and consumers, radio and television production, and media placement. Of the approximately \$1 million budgeted for local costs, it is projected that approximately 70% will be covered by DOBACO by sales revenues.

The projected recovery of all marketing and DOBACO operating costs, plus a 20% margin above these costs in Project Year 5 bodes well for long term sustainability of this important component of Aba SIDA. However, in order to become fully self-sufficient, it would be necessary for DOBACO to also cover the cost of condom purchases which are a contribution of PSI in the Aba SIDA Project.

Analysis of projected costs for continued operation of the currently-configured social marketing program show that it would not be possible for DOBACO to recover all costs from sales revenues even if sales volumes double or triple. If sales levels stay at the level of 5 million per year, then it would be necessary for DOBACO to continue to receive support for the costs of condom purchases. However, if sales go above 5 million per year, revenues would cover the costs for all additional condom purchases and provide a consistently increasing margin. Thus for a fixed subsidy of approximately \$100,000 per year, the marketing program could be maintained. Increasing margins for DOBACO for sales above the 5 million condoms per year level would provide an important incentive for continued marketing efforts. Under the project, PSI and DOBACO will test and evaluate various sales and marketing approaches to make the program eventually self-sustaining.

### 7.3. Social Soundness Analysis

AIDS is a deadly new killer in a country whose population already had, according to all indicators of mortality and morbidity, the worst health status in the western hemisphere. Although Haiti, which already dedicates 12 percent of its annual budget to health care, can little afford the financial costs of this disease, it can even less afford the cost of AIDS in human terms. Approximately 90 percent of present AIDS patients are between 20-40 years old, the age group which also constitutes the most economically active one in the society. As is typical with lesser developed nations, Haiti has an extremely high dependency ratio, with half of its population dependent on this economically active group for its survival. The socioeconomic impact of AIDS on the country, especially if the present HIV infection increase rate of 1 percent annually proceeds unabated, will thus be catastrophic.

The three most important sociocultural factors which will affect implementation of the Aba SIDA Project are 1) the belief which is held by the majority of Haitians that AIDS is caused by some sort of malevolent force; 2) the existence of prevalent heterosexual behavior norms which permit simultaneous conjugal unions for both men and women and allow men, young men especially, to engage in sexual relations with a number of random partners, including commercial sex workers; and 3) low condom utilization rates.

In terms of all these factors, the project priority target groups and strategies are well selected. For example, adolescents comprise the number one priority group. Adolescent males also constitute that segment of the population which is most likely to have sexual relations with random partners, and thus comprise one of the highest risk populations. At the same time, adolescents as a group are the most apt to question the norms of previous generations and to provide the impetus for social change. This is prime period of life to affect attitudinal and behavioral change and, due to the

relatively high educational level of this group in Haiti, to affect changes on a societal basis.

The project's IEC and social marketing strategies are also well adapted to the Haitian context. The content of all IEC messages will be strictly coordinated through the BCPNLS and this will greatly reduce the possibility of sending contradictory messages. The general population is already confused as to the real cause and transmission of AIDS, and receiving conflicting information from the various major actors involved in AIDS prevention would add to this confusion. Caution should be exercised, however, to transmit only messages which are tailored to the Haitian context and thus have a chance of success. The social marketing of condoms will both increase the availability of contraceptives and overcome the present stigma involved with their free distribution. Studies in Haiti have long shown that greater availability of any contraceptive method always leads to higher utilization rates. Those who associate inferior quality with free distribution will also be given the opportunity to purchase condoms through the mechanism of social marketing.

#### 7.4. Administrative Analysis

##### 7.4.1. Family Health International (FHI)

Family Health International (FHI) was established 20 years ago as a non-profit international research and technical assistance organization with local institutional development and capacity-building as a primary goal. FHI, with an annual budget of approximately \$20 million, has a diversified funding base. USAID, through both the Office of Health and the Office of Population, has been the major donor supporting FHI activities, with over \$100 million dollars in contracts, grants and cooperative agreements awarded since 1971. FHI also receives support for its activities from a number of other sources, including the National Institutes of Health, United Nations Population Fund, the World Health Organization, and the World Bank.

FHI has a total staff of 220, with 56 in the AIDSTECH Division alone. The professional staff of FHI have a wide range of skills, expertise and experience in training health professionals, program and project development and implementation, epidemiologic and evaluative research and health education and communication. The technical divisions receive support from the accounting, purchasing, contracts and travel departments, and have access to a substantial in-house library and computer facilities, both with permanent staff. FHI's telex, facsimile and telecommunications system enables the staff to communicate with project managers, ministries of health and USAID missions with relative ease.

Since the award of the AIDSTECH Cooperative Agreement in 1987, FHI has worked with WHO's Global Program on AIDS, national AIDS programs, ministries of health and non-governmental organizations around the world. In the first three years of its existence, AIDSTECH has provided technical assistance,

training and other program support to over 151 individual AIDS prevention projects in 38 countries.

AIDSTECH has established a system of regional coordinators and technical monitors to support project activities in the field. Within this system, the regional coordinators monitor the overall progress toward program success in a geographic area. Each individual project in a region or country is assigned a technical monitor (who in some cases may be the regional coordinator), who is then responsible for ensuring that each project proceeds on schedule. This includes the timely completion of any financial and technical reporting requirements, as well as facilitating the provision of any technical assistance that may be required over the life of the project.

Given the size and complexity of the Aba SIDA project, AIDSTECH will have a coordinator/monitor fully dedicated to the Haiti program. The Haiti coordinator will be responsible for: overseeing the Haiti office; ensuring a rapid response to AIDSTECH/Haiti and USAID/PAP; facilitating strong administrative and technical support by AIDSTECH; and ensuring that PSI is providing timely support to the social marketing program.

#### 7.4.2. Population Services International (PSI)

Population Services International (PSI) is an A.I.D.-registered private voluntary organization with headquarters in Washington, D.C. Established in 1970, PSI is a non-profit organization that provides technical assistance to developing countries in the area of social marketing. PSI has launched or provides technical assistance to social marketing projects in over 15 countries. Of those, PSI receives or will receive AIDSTECH core funding and/or monies through mission buy-ins to the AIDSTECH project for projects in Cameroon, Zaire, Burkina Faso, and Burundi. PSI purchases non-U.S. manufactured condoms for several of the country programs.

PSI's fourteen-member Washington, D.C. staff is experienced in providing backstopping to field operations. The technical program staff are qualified professionals in the fields of marketing, advertising, research, training, and IE&C. The administrative and financial staff are professionals with experience in supporting PSI field projects in the areas of accounting, procurement, and logistics. They provide world-wide communications, program and financial management and analysis, banking services, and other program support functions. Previous and current contracts and cooperative agreements with U.S. Missions worldwide have given them a solid understanding of USAID policies and procedures.

Programmatic and logistics backstopping in Haiti will be the responsibility of the Field Support Specialist who will also conduct an in-country accounting workshop. Technical assistance will be under the direction of the Program Manager/Haiti who will be supported by six French-speaking staff members and consultants. Their individual skills in

research, communications, marketing, and program management will be available to provide technical assistance to DOBACO and other local organizations in Haiti.

#### 7.4.3. DOBACO S.A.

DOBACO S.A. is a Port-au-Prince importation and distribution company that has been in existence in one form or another for over fifty years. It began in 1933 as LELIO BAILLY; in 1982 it became incorporated as DOBACO. DOBACO has two divisions: 1) pharmaceutical products and medical supplies; and 2) food stuffs. DOBACO's distribution network consists primarily of pharmacies and super markets and is country-wide. Annual sales total about \$1.5 million.

The offices and warehouse are located in downtown Port-au-Prince. DOBACO's warehousing facilities are ample and meet the company's present needs. There will have to be some expansion in order to handle the additional storage needs for the Aba SIDA project.

In addition to the four Bailly family members, there are 18 people on staff; twelve are involved in administration, bookkeeping, making deliveries, and other miscellaneous tasks; and six are sales people. There is a full time bookkeeper and a part time, computer trained accountant. A bilingual secretary/administrative assistant is funded by PSI. The sales person who handles PANTE also handles PRIME condoms and two to three super market products. DOBACO sales, accounting and record keeping staff will be increased to support marketing efforts for the project.

#### 7.4.4. Centres pour le Development et la Sante (CDS)

The Centres pour le Development et la Sante (CDS) is a Haitian PVO that was founded in 1974 in a large slum in Port-au-Prince. USAID support to CDS began in 1980. In 1989, USAID authorized the five-year Expanded Urban Health Services Project (EUHS) which includes a Cooperative Agreement with CDS with an estimated budget of \$10 million. Although USAID has provided more than 50% of the CDS budget over most of the last 10 years, CDS has a diversified financial base which includes a number of other donors, user charges, and revenue generating activities. AIDSTECH is funding an STD clinic and an AIDS outreach education program in Gonaives under the EUHS buy-in.

CDS is headed by a General Assembly and Board of Directors. The Executive Director and the Assistant Executive Director oversee the four divisions: Administration, Operations, Monitoring and Evaluation, and Income Generation. Each of the CDS centers is independently managed with little external interference. The CDS headquarters allocates funds monthly.

CDS has demonstrated sufficient management capability to undertake new activities under Aba SIDA, especially given that these activities will

comprise only a small proportion of the total CDS program. The financial system in place is adequate to manage additional funding; however, occasional lapses in obtaining approval for budget revisions will have to be rectified.

#### 7.4.5. The Centre de Promotion des Femmes Ouvrieres (CPFO)

The Centre de Promotion des Femmes Ouvrieres (CPFO) was founded in 1985 as an OEF International project. It became an autonomous institution and was officially recognized in Haiti as an NGO in 1988. CPFO has attracted funding from a number of donors. The Ford Foundation provided the major support when CPFO became an independent organization in 1988. The 1990-91 budget includes funding from IPPF, Ford Foundation and Bread for the World, with low but increasing support from fee-for-service revenues. CPFO has also begun selling training services and technical assistance in administrative and financial reporting systems to other PVOs.

CPFO is headed by a Board of Directors which has 7 members. The Board operates as an advisory committee and meets irregularly. CPFO has 23 full time employees. The Executive Director manages the organization. She is responsible for overall supervision of the program and for securing funds to insure continuity of activities. She delegates operational responsibility to the directors of CPFO's four programmatic areas.

CPFO has demonstrated the capability to manage a growing program; it is anticipated that the organization will be able to absorb Aba SIDA funding. The management and accounting systems are adequate to meet A.I.D. and AIDSTECH monitoring and reporting requirements.

#### 7.4.6. Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO)

The Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) was founded in 1982 by a group of Haitian physicians. GHESKIO has received support from Cornell University since its inception and has been very successful in diversifying its funding.

The full time staff is composed of 13 specialists in different disciplines. The Director delegates to his staff the day to day management of activities; GHESKIO uses a team approach to managing its cases. The project proposed for funding under Aba SIDA will be adequately staffed.

GHESKIO has been the leader in Haiti in AIDS research and control and has proven well able to plan and undertake new activities. GHESKIO has the capability to manage the activities that will be funded by Aba SIDA. Some guidance will be required from FHI to assist GHESKIO to put in place a financial management system that will meet project requirements.

#### 7.4.7. Groupe de Lutte Anti-SIDA (GLAS)

GLAS (Groupe de Lutte Anti-SIDA) is a consortium of private sector companies founded in 1988. Funding for the first two years of activity was provided by USAID through a cooperative agreement with GLAS under the Urban Health and Community Development Project. AIDSTECH support began in August 1990. The serious economic problems in Haiti over the last few years have apparently inhibited many businessmen from making direct contributions to GLAS. However, it is expected that the AIDS model will be an effective tool for GLAS to elicit support for future activities.

The assessment of GLAS is that, while GLAS has been well managed, some reorganization is necessary to make the operations more cost effective. GLAS should develop in-house capability to carry out project activities. While GLAS has successfully achieved stated objectives to date, the development and implementation of training activities were subcontracted to other organizations, which was rather costly. With the reorganization that is already underway, it is anticipated that GLAS staff will be able to implement project activities at a much lower cost per trainee. The financial system is adequate to manage additional funding from Aba SIDA.

#### 7.4.8. IMPACT/IBESR/CHASS

IMPACT (Implementing Agency for Cooperation and Training) is a PVO headquartered in California that has been operating in Haiti since 1980. Its initial funding for AIDS prevention activities among high risk groups came from The Public Welfare and Ford Foundations. AIDSTECH support began in April 1990. The program is implemented by IBESR (Institute du Bien Etre Social et de Recherche) and by CHASS (Centre Haitien de Service Social). IBESR is part of the Ministry of Social Affairs; CHASS is a non-governmental Haitian association.

The IMPACT director in Haiti is responsible for the management and overall direction of the AIDS prevention program; an IMPACT coordinator supervises the IBESR and CHASS teams. The operational unit is an IBESR technical team which plans and schedules activities and conceives and produces the messages and materials that are used. Technical advisors include representatives from the Public Health Department and from the BCPNLS. The current staffing of the AIDSTECH funded projects is adequate.

IMPACT has proven capable of managing a large AIDSTECH funded program; however, with the planned extension into new urban areas under Aba SIDA, AIDSTECH will have to ensure that the capability is adequate to administer the expanded program. The financial systems meet AIDSTECH requirements for internal control; however, in light of the lack of accounting experience of the staff in Haiti, an experienced accountant will have to be in place before additional funding can be approved.

## 8. EVALUATION PLAN

USAID will participate in joint evaluations of AIDS prevention and control activities in Haiti. As with all other aspects of the activities of Aba SIDA, there will be close coordination with all interested organizations in performing substantive evaluations of project activities. Such collaboration will result in the most efficient use of resources and expertise to the benefit of all AIDS-related programs in Haiti.

USAID will participate with PAHO, the MSPP, and the other donors in the midterm evaluation of the MTP, currently scheduled for summer 1991. This will serve as a baseline study for the Aba SIDA project. It is expected that the midterm evaluation of Aba SIDA will be done in conjunction with the final evaluation of the MTP, planned for 1993-94. USAID, in collaboration with AIDSTECH, will identify staff and external experts to participate on the team. In addition, it is anticipated that there will be an annual internal review of Aba SIDA performance to verify that the project is progressing well and the objectives and strategy are still valid in light of the epidemiology of the disease, and to assess the effectiveness of the interventions and the role of Aba SIDA in relation to the other donors.

The Aba SIDA midterm evaluation will focus on: progress in development and delivery of training modules; intermediary output targets for educational outreach and condom promotion/distribution; progress toward cost-recovery; the orientation of project activities to the priority populations and strategies described in the project paper; and an assessment of the appropriateness of project priority populations and strategies, given epidemiologic trends in Haiti at the time of the evaluation and new developments in AIDS prevention and control in Haiti and elsewhere. An important component of the evaluation report will be an analysis of ways in which the project might be modified to increase its effectiveness, given the new information. The midterm evaluation will also review the project's social marketing program to determine how this component can achieve sustainability after project completion through improved cost effective measures, for example, increased savings on promotion and distribution cost through improved financial management, and introducing different brands of condoms into the marketing program to be sold at a higher price to a different target group.

An independent final evaluation will be carried out in the last year of the project and will review progress toward attainment of the project purpose and contribution to the project goal. Specifically, the final evaluation will assess: the availability of affordable condoms and their use; STD incidence and prevalence; existence and quality of HIV prevention and support services to priority populations in both public and non-governmental sectors; and the community-level attitude and response to HIV/AIDS.

It is not anticipated that either the mid-term or the final evaluation will carry out any original research. Instead, project evaluation will draw

on a variety of sources of existing information including routine project reports, special studies financed by Aba SIDA and relevant surveillance, surveys and studies that are not supported by the project.

Baseline information relevant to Aba SIDA is available from a number of sources, including the 1989-1990 national AIDS knowledge, attitudes and practices (KAP) survey conducted by the BCPNLS, the 1989 Contraceptive

Prevalence Survey (CPS) and existing serologic data. Information on project progress with respect to financial and technical inputs to and outcomes of each sub-grant will be available from the routine reporting systems established by AIDSTECH. Process indicators for the condom social marketing component will be available from procurement, inventory, stock movement and sales and revenue data.

In addition, the project is providing partial support to national HIV and STD surveillance activities, which will provide longitudinal data on the progress of HIV and other sexually transmitted diseases in areas of project activity, as well as for the nation as a whole. There is a second national KAP survey planned for 1993 by the BCPNLS, which will provide interim data on many of the knowledge and attitudinal targets of Aba SIDA. Familiarity with, and use of, the socially marketed condoms of the project can also be assessed at this time. It is also anticipated that there will be another contraceptive prevalence survey conducted by the family planning program during the life of the project. Gender- and age-specific condom use rates from this survey will help assess the impact of the project on condom use in an objective fashion. A table summarizing the sources of specific evaluation indicators can be found at the end of this section.

Most of the sub-grants have special studies incorporated into them to assess coverage of services, changes in AIDS-related knowledge, attitudes and practices, etc. Additional special studies will be carried out with project and non-project funds, such as: media tracking to assess media coverage and changes in public attitudes to HIV and AIDS; consumer intercept studies of condom and STD service users; an analysis of HIV-related support services; and, qualitative research into AIDS-related attitudes to complement the national and project-specific KAP surveys.

Table 8-1

## Aba SIDA indicators and means of verification

Indicators	Means of verification						Sub-Grant Eval	Sub-Grant Rpts
	KAP	CPS	HIV STD Surv	Service Inventory	Media Res.	Qual. Res.		
Goal - reduce sexual transmission of HIV			X					
<b>EOPS</b>								
Increased condom use	?	X					X	
Decreased STD			X					X
Increased public knowledge & discourse	X					X	X	
Increased perception of risk	X					X	X	
Increased community support				X		X	X	
Increased coordination of activities				X				X
Increased capacity of public/private sectors				X				X
Condom distribution system				X				X
<b>Outputs</b>								
Persons educated	X							X
Mass media coverage for CSW	X							X
Condoms sold								X
Research completed								X
Surveillance coverage			X					X

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

ANNEX A

Life of Project  
From FY 91 to FY 95  
Total U.S. Funding 6.685 Million  
Date prepared 2/19/91

Project Title & Number: AIDS Control (Aba SIDA) - 521-0224

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><b>Goal: The broader objective to which this project contributes:</b></p> <p>Reduced sexual transmission of HIV in Haiti</p>	<p><b>Measures of Goal Achievement:</b></p> <p>-The stabilization or decrease of HIV seroprevalence</p>	<p>-HIV sentinel surveillance data</p>	<p><b>Assumptions for achieving goal targets:</b></p> <p>-Sexual transmission is the most important mode of HIV transmission in Haiti</p>
<p><b>Project Purpose:</b></p> <p>To introduce and reinforce HIV preventive behavior in at risk populations</p>	<p><b>End of Project Status:</b></p> <ul style="list-style-type: none"> <li>- Increased condom use</li> <li>- Decrease in STD incidence and prevalence</li> <li>- Increased public knowledge and discourse about AIDS and effective preventive practices</li> <li>- Increased perception of personal risk</li> <li>- Increased community and individual support for HIV-infected persons</li> <li>- Increased coordination of AIDS prevention and control activities</li> <li>- Improved capacity of NGOs and public sector to provide AIDS &amp; STD prevention and control services</li> <li>- A functional distribution system of low-priced condoms</li> </ul>	<ul style="list-style-type: none"> <li>- National KAP survey 1993</li> <li>- CPS survey</li> <li>- STD surveillance data</li> <li>- Qualitative research</li> <li>- Mass media monitoring</li> <li>- Inventory of HIV support services</li> <li>- Sub-project evaluations</li> </ul>	<p><b>Assumptions for achieving Project Purpose:</b></p> <ul style="list-style-type: none"> <li>- Project activities will result in behavior change</li> </ul>
<p><b>Outputs</b></p> <ul style="list-style-type: none"> <li>- Training programs in AIDS prevention and counselling developed</li> <li>o general AIDS education module</li> <li>o In-school adolescent education module</li> <li>o non-formal education of adolescents module</li> <li>o counselling of HIV+ persons and their families module</li> <li>- AIDS preventive education delivered to target groups</li> <li>- Condoms promoted and distributed/sold</li> <li>- Operations research studies conducted</li> <li>- Increased HIV and STD surveillance coverage</li> </ul>	<p><b>Magnitude of Outputs</b></p> <ul style="list-style-type: none"> <li>- 800,000 people educated directly <ul style="list-style-type: none"> <li>240,000 adolescents</li> <li>200,000 sexually active males</li> <li>50,000 commercial sex workers</li> <li>300,000 other sexually active females</li> </ul> </li> <li>9,000 symptomatic individuals</li> <li>1,000 health workers, teachers, community leaders</li> <li>-3,000,000 people exposed to mass media promotion of condoms</li> <li>-15,000,000 condoms distributed/sold</li> <li>- 5 research studies completed</li> <li>5 geographic areas annually providing sentinel surveillance data</li> </ul>	<ul style="list-style-type: none"> <li>- Project and sub-project reports</li> <li>- Condom sales data</li> <li>- Media tracking studies</li> </ul>	<p><b>Assumptions for achieving Outputs:</b></p> <ul style="list-style-type: none"> <li>- Continued functioning of NGO and public sector institutions</li> <li>- Relative political and economic stability</li> <li>- Community support for and participation in project activities</li> <li>- Continued functioning of commercial infrastructure</li> <li>- Ability/willingness to pay for condoms</li> <li>- Condoms bought will be used</li> </ul>
<p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Grants to NGOs</li> <li>2. Grants to public sector</li> <li>3. Social Marketing</li> <li>4. Technical Assistance</li> <li>5. Research</li> <li>6. Evaluation</li> <li>7. Audit</li> <li>8. Operating Expenses (AIDSTECH/Haiti)</li> <li>9. G&amp;A/Overhead</li> </ol> <p>Other PL 480 LC Donors a. FHI b. PSI</p> <p>Doc # 0685D</p>	<p><b>Implementation Target (Types and Quantity) (\$100)</b></p> <ol style="list-style-type: none"> <li>1. 2,131</li> <li>2. 786</li> <li>3. 1,205</li> <li>4. 383</li> <li>5. 401</li> <li>6. 116</li> <li>7. 35</li> <li>8. 722</li> <li>9. 821</li> </ol> <p>6,700</p> <p>1,000</p> <p>228</p> <p>507</p> <p>8,435</p>	<ul style="list-style-type: none"> <li>- Financial reports</li> <li>- Financial audits</li> </ul>	<p><b>Assumptions for providing inputs:</b></p> <ul style="list-style-type: none"> <li>- USAID support to Haiti continues</li> <li>- Inputs are available on a timely basis</li> <li>- PSI will provide 15 million condoms</li> </ul>

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STATUTORY CHECKLISTS

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5C(1) - COUNTRY CHECKLIST

Listed below are statutory criteria applicable to: (A) FAA funds generally; (B)(1) Development Assistance funds only; or (B)(2) the Economic Support Fund only.

A. GENERAL CRITERIA FOR COUNTRY ELIGIBILITY

1. FY 1990 Appropriations Act Sec. 569(b). Has the President certified to the Congress that the government of the recipient country is failing to take adequate measures to prevent narcotic drugs or other controlled substances which are cultivated, produced or processed illicitly, in whole or in part, in such country or transported through such country, from being sold illegally within the jurisdiction of such country to United States Government personnel or their dependents or from entering the United States unlawfully?

NO

2. FAA Sec. 481(h); FY 1990 Appropriations Act Sec. 569(b). (These provisions apply to assistance of any kind provided by grant, sale, loan, lease, credit, guaranty, or insurance, except assistance from the Child Survival Fund or relating to international narcotics control, disaster and refugee relief, narcotics education and awareness, or the provision of food or medicine.) If the recipient is a "major illicit drug producing country" (defined as a country producing during a fiscal year at least five metric tons of opium or 500 metric tons of coca or marijuana) or a "major drug-transit country" (defined as a country that is a significant direct source of illicit drugs significantly affecting the United States, through which such drugs

Recipient is not defined as either a 'major illicit drug producing or a 'major drug-transit country'

are transported, or through which significant sums of drug-related profits are laundered with the knowledge or complicity of the government): (a) Does the country have in place a bilateral narcotics agreement with the United States, or a multilateral narcotics agreement? and (b) Has the President in the March 1 International Narcotics Control Strategy Report (INSCR) determined and certified to the Congress (without Congressional enactment, within 45 days of continuous session, of a resolution disapproving such a certification), or has the President determined and certified to the Congress on any other date (with enactment by Congress of a resolution approving such certification), that (1) during the previous year the country has cooperated fully with the United States or taken adequate steps on its own to satisfy the goals agreed to in a bilateral narcotics agreement with the United States or in a multilateral agreement, to prevent illicit drugs produced or processed in or transported through such country from being transported into the United States, to prevent and punish drug profit laundering in the country, and to prevent and punish bribery and other forms of public corruption which facilitate production or shipment of illicit drugs or discourage prosecution of such acts, or that (2) the vital national interests of the United States require the provision of such assistance?

3. 1986 Drug Act Sec. 2013. (This section applies to the same categories of assistance subject to the restrictions in FAA Sec. 481(h), above.) If recipient country is a "major illicit drug producing country" or "major drug-transit country" (as defined for the purpose of FAA Sec 481(h)), has the President submitted a report to

N/A

Congress listing such country as one:  
(a) which, as a matter of government policy, encourages or facilitates the production or distribution of illicit drugs; (b) in which any senior official of the government engages in, encourages, or facilitates the production or distribution of illegal drugs; (c) in which any member of a U.S. Government agency has suffered or been threatened with violence inflicted by or with the complicity of any government officer; or (d) which fails to provide reasonable cooperation to lawful activities of U.S. drug enforcement agents, unless the President has provided the required certification to Congress pertaining to U.S. national interests and the drug control and criminal prosecution efforts of that country?

4. FAA Sec. 620(c). If assistance is to a government, is the government indebted to any U.S. citizen for goods or services furnished or ordered where:  
(a) such citizen has exhausted available legal remedies, (b) the debt is not denied or contested by such government, or (c) the indebtedness arises under an unconditional guaranty of payment given by such government or controlled entity? N/A
  
5. FAA Sec. 620(e)(1). If assistance is to a government, has it (including any government agencies or subdivisions) taken any action which has the effect of nationalizing, expropriating, or otherwise seizing ownership or control of property of U.S. citizens or entities beneficially owned by them without taking steps to discharge its obligations toward such citizens or entities? N/A

6. FAA Secs. 620(a), 620(f), 620D; FY 1990 Appropriations Act Secs. 512, 548. Is recipient country a Communist country? If so, has the President: (a) determined that assistance to the country is vital to the security of the United States, that the recipient country is not controlled by the international Communist conspiracy, and that such assistance will further promote the independence of the recipient country from international communism, or (b) removed a country from applicable restrictions on assistance to communist countries upon a determination and report to Congress that such action is important to the national interest of the United States? Will assistance be provided either directly or indirectly to Angola, Cambodia, Cuba, Iraq, Libya, Vietnam, South Yemen, Iran or Syria? Will assistance be provided to Afghanistan without a certification, or will assistance be provided inside Afghanistan through the Soviet-controlled government of Afghanistan? NO
7. FAA Sec. 620(j). Has the country permitted, or failed to take adequate measures to prevent, damage or destruction by mob action of U.S. property? NO
8. FAA Sec. 620(l). Has the country failed to enter into an investment guaranty agreement with OPIC? NO
9. FAA Sec. 620(o): Fishermen's Protective Act of 1967 (as amended) Sec. 5. (a) Has the country seized, or imposed any penalty or sanction against, any U.S. fishing vessel because of fishing activities in international waters? (b) If so, has any deduction required by the Fishermen's Protective Act been made? NO  
N/A

10. FAA Sec. 620(q); FY 1990 Appropriations Act Sec. 518 (Brooke Amendment). (a) NO  
Has the government of the recipient country been in default for more than six months on interest or principal of any loan to the country under the FAA?  
(b) Has the country been in default for more than one year on interest or principal on any U.S. loan under a program for which the FY 1990 Appropriations Act appropriates funds?
11. FAA Sec. 620(s). If contemplated assistance is development loan or to come from Economic Support Fund, has the Administrator taken into account the percentage of the country's budget and amount of the country's foreign exchange or other resources spent on military equipment? (Reference may be made to the annual "Taking Into Consideration" memo: "Yes, taken into account by the Administrator at time of approval of Agency OYB." This approval by the Administrator of the Operational Year Budget can be the basis for an affirmative answer during the fiscal year unless significant changes in circumstances occur.) N/A
12. FAA Sec. 620(t). Has the country severed diplomatic relations with the United States? If so, have relations been resumed and have new bilateral assistance agreements been negotiated and entered into since such resumption? NO
13. FAA Sec. 620(u). What is the payment status of the country's U.N. obligations? If the country is in arrears, were such arrearages taken into account by the A.I.D. Administrator in determining the current A.I.D. Operational Year Budget? (Reference may be made to the "Taking into Consideration" memo.) Haiti is not in arrears

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14. FAA Sec. 620A. Has the President determined that the recipient country grants sanctuary from prosecution to any individual or group which has committed an act of international terrorism or otherwise supports international terrorism? NO
15. FY 1990 Appropriations Act Sec. 564. Has the country been determined by the President to: (a) grant sanctuary from prosecution to any individual or group which has committed an act of international terrorism, or (b) otherwise support international terrorism, unless the President has waived this restriction on grounds of national security or for humanitarian reasons? NO
16. ISDCA of 1985 Sec. 552(b). Has the Secretary of State determined that the country is a high terrorist threat country after the Secretary of Transportation has determined, pursuant to section 1115(e)(2) of the Federal Aviation Act of 1958, that an airport in the country does not maintain and administer effective security measures? NO
17. FAA Sec. 666(b). Does the country object, on the basis of race, religion, national origin or sex, to the presence of any officer or employee of the U.S. who is present in such country to carry out economic development programs under the FAA? NO
18. FAA Secs. 669, 670. Has the country, after August 3, 1977, delivered to any other country or received nuclear enrichment or reprocessing equipment, materials, or technology, without specified arrangements or safeguards, and without special certification by the President? Has it transferred a nuclear explosive device to a non-nuclear weapon state, or if such a state, either received or detonated a nuclear explosive device? (FAA Sec. 620E permits a special waiver of Sec. 669 for Pakistan.) NO

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19. FAA Sec. 670. If the country is a non-nuclear weapon state, has it, on or after August 8, 1985, exported (or attempted to export) illegally from the United States any material, equipment, or technology which would contribute significantly to the ability of a country to manufacture a nuclear explosive device? NO
20. ISDCA of 1981 Sec. 720. Was the country represented at the Meeting of Ministers of Foreign Affairs and Heads of Delegations of the Non-Aligned Countries to the 36th General Assembly of the U.N. on Sept. 25 and 28, 1981, and did it fail to disassociate itself from the communique issued? If so, has the President taken it into account? (Reference may be made to the "Taking into Consideration" memo.) N/A
21. FY 1990 Appropriations Act Sec. 513. Has the duly elected Head of Government of the country been deposed by military coup or decree? If assistance has been terminated, has the President notified Congress that a democratically elected government has taken office prior to the resumption of assistance? NO
22. FY 1990 Appropriations Act Sec. 539. Does the recipient country fully cooperate with the international refugee assistance organizations, the United States, and other governments in facilitating lasting solutions to refugee situations, including resettlement without respect to race, sex, religion, or national origin? YES

**B. FUNDING SOURCE CRITERIA FOR COUNTRY ELIGIBILITY**

**1. Development Assistance Country Criteria**

a. FAA Sec. 116. Has the Department of State determined that this government has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, can it be demonstrated that contemplated assistance will directly benefit the needy? NO

b. FY 1990 Appropriations Act Sec. 535. Has the President certified that use of DA funds by this country would violate any of the prohibitions against use of funds to pay for the performance of abortions as a method of family planning, to motivate or coerce any person to practice abortions, to pay for the performance of involuntary sterilization as a method of family planning, to coerce or provide any financial incentive to any person to undergo sterilizations, to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? NO

**2. Economic Support Fund Country Criteria**

a. FAA Sec. 502B. Has it been determined that the country has engaged in a consistent pattern of gross violations of internationally recognized human rights? If so, has the President found that the country made such significant improvement in its human rights record that furnishing such assistance is in the U.S. national interest? N/A

b. FY 1990 Appropriations Act Sec. 569(d). Has this country met its drug eradication targets or otherwise taken significant steps to halt illicit drug production or trafficking? N/A

5C(2) - PROJECT CHECKLIST

Listed below are statutory criteria applicable to projects. This section is divided into two parts. Part A includes criteria applicable to all projects. Part B applies to projects funded from specific sources only: B(1) applies to all projects funded with Development Assistance; B(2) applies to projects funded with Development Assistance loans; and B(3) applies to projects funded from ESF.

CROSS REFERENCES: IS COUNTRY CHECKLIST UP TO DATE? HAS STANDARD ITEM CHECKLIST BEEN REVIEWED FOR THIS PROJECT?

A. GENERAL CRITERIA FOR PROJECT

1. FY 1990 Appropriations Act Sec. 523; FAA Sec. 634A. If money is to be obligated for an activity not previously justified to Congress, or for an amount in excess of amount previously justified to Congress, has Congress been properly notified? YES
2. FAA Sec. 611(a). Prior to an obligation in excess of \$500,000, will there be: (a) engineering, financial or other plans necessary to carry out the assistance; and (b) a reasonably firm estimate of the cost to the U.S. of the assistance? YES
3. FAA Sec. 611(a)(2). If legislative action is required within recipient country with respect to an obligation in excess of \$500,000, what is the basis for a reasonable expectation that such action will be completed in time to permit orderly accomplishment of the purpose of the assistance? N/A

4. FAA Sec. 611(b); FY 1990 Appropriations Act Sec. 501. If project is for water or water-related land resource construction, have benefits and costs been computed to the extent practicable in accordance with the principles, standards, and procedures established pursuant to the Water Resources Planning Act (42 U.S.C. 1962, et seq.)? (See A.I.D. Handbook 3 for guidelines.) N/A
  
5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and total U.S. assistance for it will exceed \$1 million, has Mission Director certified and Regional Assistant Administrator taken into consideration the country's capability to maintain and utilize the project effectively? N/A  
YES
  
6. FAA Sec. 209. Is project susceptible to execution as part of regional or multilateral project? If so, why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. NO - This is a country specific designed project to address the AIDS problem in Haiti
  
7. FAA Sec. 601(a). Information and conclusions on whether projects will encourage efforts of the country to:  
(a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions. The project will have little or no effect on these conditions.
  
8. FAA Sec. 601(b). Information and conclusions on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise). N/A

9. FAA Secs. 612(b), 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized in lieu of dollars. N/A - not bilateral agreement
10. FAA Sec. 612(d). Does the U.S. own excess foreign currency of the country and, if so, what arrangements have been made for its release? NO
11. FY 1990 Appropriations Act Sec. 521. If assistance is for the production of any commodity for export, is the commodity likely to be in surplus on world markets at the time the resulting productive capacity becomes operative, and is such assistance likely to cause substantial injury to U.S. producers of the same, similar or competing commodity? NO
12. FY 1990 Appropriations Act Sec. 547. Will the assistance (except for programs in Caribbean Basin Initiative countries under U.S. Tariff Schedule "Section 807," which allows reduced tariffs on articles assembled abroad from U.S.-made components) be used directly to procure feasibility studies, prefeasibility studies, or project profiles of potential investment in, or to assist the establishment of facilities specifically designed for, the manufacture for export to the United States or to third country markets in direct competition with U.S. exports, of textiles, apparel, footwear, handbags, flat goods (such as wallets or coin purses worn on the person), work gloves or leather wearing apparel? NO
13. FAA Sec. 119(g)(4)-(6) & (10). Will the assistance: (a) support training and education efforts which improve the capacity of recipient countries to prevent loss of biological diversity; (b) be provided under a long-term agreement in which the recipient country agrees to protect ecosystems or other a) NO  
b) NO

- wildlife habitats; (c) support efforts to identify and survey ecosystems in recipient countries worthy of protection; or (d) by any direct or indirect means significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas? c) NO  
d) NO
14. FAA Sec. 121(d). If a Sahel project, has a determination been made that the host government has an adequate system for accounting for and controlling receipt and expenditure of project funds (either dollars or local currency generated therefrom)? N/A
15. FY 1990 Appropriations Act, Title II, under heading "Agency for International Development." If assistance is to be made to a United States PVO (other than a cooperative development organization), does it obtain at least 20 percent of its total annual funding for international activities from sources other than the United States Government? N/A
16. FY 1990 Appropriations Act Sec. 537. If assistance is being made available to a PVO, has that organization provided upon timely request any document, file, or record necessary to the auditing requirements of A.I.D., and is the PVO registered with A.I.D.? YES
17. FY 1990 Appropriations Act Sec. 514. If funds are being obligated under an appropriation account to which they were not appropriated, has the President consulted with and provided a written justification to the House and Senate Appropriations Committees and has such obligation been subject to regular notification procedures? N/A

18. State Authorization Sec. 139 (as interpreted by conference report). Has confirmation of the date of signing of the project agreement, including the amount involved, been cabled to State L/T and A.I.D. LEG within 60 days of the agreement's entry into force with respect to the United States, and has the full text of the agreement been pouched to those same offices? (See Handbook 3, Appendix 6G for agreements covered by this provision). N/A
19. Trade Act Sec. 5164 (as interpreted by conference report), amending Metric Conversion Act of 1975 Sec. 2. Does the project use the metric system of measurement in its procurements, grants, and other business-related activities, except to the extent that such use is impractical or is likely to cause significant inefficiencies or loss of markets to United States firms? Are bulk purchases usually to be made in metric, and are components, subassemblies, and semi-fabricated materials to be specified in metric units when economically available and technically adequate? N/A
20. FY 1990 Appropriations Act, Title II, under heading "Women in Development." Will assistance be designed so that the percentage of women participants will be demonstrably increased? YES
21. FY 1990 Appropriations Act Sec. 592(a). If assistance is furnished to a foreign government under arrangements which result in the generation of local currencies, has A.I.D. (a) required that local currencies be deposited in a separate account established by the recipient government, (b) entered into an agreement with that government providing the amount of local currencies to be generated and the terms and conditions under which the currencies so deposited may be utilized, and (c) established by agreement the responsibilities of A.I.D. and that government to monitor and account for deposits into and disbursements from the separate account? N/A

Will such local currencies, or an equivalent amount of local currencies, be used only to carry out the purposes of the DA or ESF chapters of the FAA (depending on which chapter is the source of the assistance) or for the administrative requirements of the United States Government?

Local Currency will be used for DA activities.

Has A.I.D. taken all appropriate steps to ensure that the equivalent of local currencies disbursed from the separate account are used for the agreed purposes?

YES

If assistance is terminated to a country, will any unencumbered balances of funds remaining in a separate account be disposed of for purposes agreed to by the recipient government and the United States Government?

N/A

B. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

- a. FY 1990 Appropriations Act Sec. 546 (as interpreted by conference report for original enactment). If assistance is for agricultural development activities (specifically, any testing or breeding feasibility study, variety improvement or introduction, consultancy, publication, conference, or training), are such activities: (1) specifically and principally designed to increase agricultural exports by the host country to a country other than the United States, where the export would lead to direct competition in that third country with exports of a similar commodity grown or produced in the United States, and can the activities reasonably be expected to cause substantial injury to U.S. exporters of a similar agricultural commodity; or (2) in support of research that is intended primarily to benefit U.S. producers? NO
- b. FAA Sec. 107. Is special emphasis placed on use of appropriate technology (defined as relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)? N/A
- c. FAA Sec. 281(b). Describe extent to which the activity recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government. N/A

d. FAA Sec. 101(a). Does the activity give reasonable promise of contributing to the development of economic resources, or to the increase of productive capacities and self-sustaining economic growth?

N/A

e. FAA Secs. 102(b), 111, 113, 281(a). Describe extent to which activity will:  
(1) effectively involve the poor in development by extending access to economy at local level, increasing labor-intensive production and the use of appropriate technology, dispersing investment from cities to small towns and rural areas, and insuring wide participation of the poor in the benefits of development on a sustained basis, using appropriate U.S. institutions;  
(2) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward a better life, and otherwise encourage democratic private and local governmental institutions; (3) support the self-help efforts of developing countries; (4) promote the participation of women in the national economies of developing countries and the improvement of women's status; and (5) utilize and encourage regional cooperation by developing countries.

1) Most of the project activities will be concentrated in Port-au-Prince and other large cities. However, mass communication education and awareness activities should reach individual in rural areas.

2) The project will work with local NGOs and PVO and community leaders to increase community awareness and education of AIDS prevention behavior

3) The project will assist community health initiatives sponsored by the public and private sector so as to reduce the HIV infection rates and STD rates and strengthen primary health infrastructures.

4) Women and youth will be active beneficiaries and participants in project activities.

5) N/A

f. FAA Secs. 103, 103A, 104, 105, 106, 120-21; FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Does the project fit the criteria for the source of funds (functional account) being used?

f. YES

g. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA." Have local currencies generated by the sale of imports or foreign exchange by the government of a country in Sub-Saharan Africa from funds appropriated under Sub-Saharan Africa, DA been deposited in a special account established by that government, and are these local currencies available only for

N/A

use, in accordance with an agreement with the United States, for development activities which are consistent with the policy directions of Section 102 of the FAA and for necessary administrative requirements of the U. S. Government?

h. FAA Sec. 107. Is emphasis placed on use of appropriate technology (relatively smaller, cost-saving, labor-using technologies that are generally most appropriate for the small farms, small businesses, and small incomes of the poor)?

N/A

i. FAA Secs. 110, 124(d). Will the recipient country provide at least 25 percent of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or is the latter cost-sharing requirement being waived for a "relatively least developed" country)?

Haiti is an RLDC. It is not a bilateral project with the GOH.

j. FAA Sec. 128(b). If the activity attempts to increase the institutional capabilities of private organizations or the government of the country, or if it attempts to stimulate scientific and technological research, has it been designed and will it be monitored to ensure that the ultimate beneficiaries are the poor majority?

YES

k. FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civil education and training in skills required for effective participation in governmental processes essential to self-government.

The project directly responds to the needs of the GOH by supporting institutional development through technical assistance and training assistance. The project recognizes the need of the country to promote and support AIDS prevention activities to protect the health and livelihood of its citizens in Haiti's development process.

l. FY 1990 Appropriations Act, under heading "Population, DA," and Sec. 535. Are any of the funds to be used for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions?

1. NO

1  
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- Are any of the funds to be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations? NO
- Are any of the funds to be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization? NO
- Will funds be made available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services? NO
- In awarding grants for natural family planning, will any applicant be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning? NO
- Are any of the funds to be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning? NO
- m. FAA Sec. 601(e). Will the project utilize competitive selection procedures for the awarding of contracts, except where applicable procurement rules allow otherwise? YES
- n. FY 1990 Appropriations Act Sec. 579. What portion of the funds will be available only for activities of economically and socially disadvantaged enterprises, historically black colleges and universities, colleges and universities having a student body in which more than 40 percent of the students are Hispanic Americans, and NONE



- condition of support for activities involving forest clearance or degradation, and by helping to identify tropical forest ecosystems and species in need of protection and establish and maintain appropriate protected areas;
- (10) seek to increase the awareness of U.S. Government agencies and other donors of the immediate and long-term value of tropical forests; and (11)/utilize the resources and abilities of all relevant U.S. government agencies? N/A
- p. FAA Sec. 118(c)(13). If the assistance will support a program or project significantly affecting tropical forests (including projects involving the planting of exotic plant species), will the program or project: (1) be based upon careful analysis of the alternatives available to achieve the best sustainable use of the land, and (2)/take full account of the environmental impacts of the proposed activities on biological diversity? N/A
- q. FAA Sec. 118(c)(14). Will assistance be used for: (1) the procurement or use of logging equipment, unless an environmental assessment indicates that all timber harvesting operations involved will be conducted in an environmentally sound manner and that the proposed activity will produce positive economic benefits and sustainable forest management systems; or (2) actions which will significantly degrade national parks or similar protected areas which contain tropical forests, or introduce exotic plants or animals into such areas? NO
- r. FAA Sec. 118(c)(15). Will assistance be used for: (1) activities which would result in the conversion of forest lands to the rearing of livestock; (2) the construction, upgrading, or maintenance of roads (including temporary haul roads for logging or other extractive industries) which pass through relatively undergraded forest lands; (3) the 1) NO  
2) NO  
3) NO

colonization of forest lands; or (4) the construction of dams or other water control structures which flood relatively undergraded forest lands, unless with respect to each such activity an environmental assessment indicates that the activity will contribute significantly and directly to improving the livelihood of the rural poor and will be conducted in an environmentally sound manner which supports sustainable development? 4) NO

s. FY 1990 Appropriations Act Sec. 534(a). If assistance relates to tropical forests, will project assist countries in developing a systematic analysis of the appropriate use of their total tropical forest resources, with the goal of developing a national program for sustainable forestry? N/A

t. FY 1990 Appropriations Act Sec. 534(b). If assistance relates to energy, will such assistance focus on improved energy efficiency, increased use of renewable energy resources, and national energy plans (such as least-cost energy plans) which include investment in end-use efficiency and renewable energy resources? N/A

Describe and give conclusions as to how such assistance will: (1) increase the energy expertise of A.I.D. staff, (2) help to develop analyses of energy-sector actions to minimize emissions of greenhouse gases at least cost, (3) develop energy-sector plans that employ end-use analysis and other techniques to identify cost-effective actions to minimize reliance on fossil fuels, (4) help to analyze fully environmental impacts (including impact on global warming), (5) improve efficiency in production, transmission, distribution, and use of energy, (6) assist in exploiting nonconventional renewable energy resources, including wind, solar, small-hydro, geo-thermal, and advanced N/A

biomass systems, (7) expand efforts to meet the energy needs of the rural poor, (8) encourage host countries to sponsor meetings with United States energy efficiency experts to discuss the use of least-cost planning techniques, (9) help to develop a cadre of United States experts capable of providing technical assistance to developing countries on energy issues, and (10) strengthen cooperation on energy issues with the Department of Energy, EPA, World Bank, and Development Assistance Committee of the OECD.

u. FY 1990 Appropriations Act, Title II, under heading "Sub-Saharan Africa, DA"

(as interpreted by conference report upon original enactment). If assistance will come from the Sub-Saharan Africa DA account, is it: (1) to be used to help the poor majority in Sub-Saharan Africa through a process of long-term development and economic growth that is equitable, participatory, environmentally sustainable, and self-reliant; (2) being provided in accordance with the policies contained in section 102 of the FAA; (3) being provided, when consistent with the objectives of such assistance, through African, United States and other PVOs that have demonstrated effectiveness in the promotion of local grassroots activities on behalf of long-term development in Sub-Saharan Africa; (4) being used to help overcome shorter-term constraints to long-term development, to promote reform of sectoral economic policies, to support the critical sector priorities of agricultural production and natural resources, health, voluntary family planning services, education, and income generating opportunities, to bring about appropriate sectoral restructuring of the Sub-Saharan African economies, to support reform in public administration and finances and to establish a favorable environment for individual enterprise and self-sustaining development, and to take

N/A

into account, in assisted policy reforms, the need to protect vulnerable groups; (5) being used to increase agricultural production in ways that protect and restore the natural resource base, especially food production, to maintain and improve basic transportation and communication networks, to maintain and restore the renewable natural resource base in ways that increase agricultural production, to improve health conditions with special emphasis on meeting the health needs of mothers and children, including the establishment of self-sustaining primary health care systems that give priority to preventive care, to provide increased access to voluntary family planning services, to improve basic literacy and mathematics especially to those outside the formal educational system and to improve primary education, and to develop income-generating opportunities for the unemployed and underemployed in urban and rural areas?

v. International Development Act Sec. 711, FAA Sec. 463. If project will finance a debt-for-nature exchange, describe how the exchange will support protection of: (1) the world's oceans and atmosphere, (2) animal and plant species, and (3) parks and reserves; or describe how the exchange will promote: (4) natural resource management, (5) local conservation programs, (6) conservation training programs, (7) public commitment to conservation, (8) land and ecosystem management, and (9) regenerative approaches in farming, forestry, fishing, and watershed management.

N/A

w. FY 1990 Appropriations Act Sec. 515. If deob/reob authority is sought to be exercised in the provision of DA assistance, are the funds being obligated for the same general purpose, and for countries within the same region as originally obligated, and have the House and Senate Appropriations Committees been properly notified?

N/A

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2. Development Assistance Project Criteria  
(Loans Only)

a. FAA Sec. 122(b). Information and conclusion on capacity of the country to repay the loan at a reasonable rate of interest. N/A

b. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete with U.S. enterprises, is there an agreement by the recipient country to prevent export to the U.S. of more than 20 percent of the enterprise's annual production during the life of the loan, or has the requirement to enter into such an agreement been waived by the President because of a national security interest? N/A

c. FAA Sec. 122(b). Does the activity give reasonable promise of assisting long-range plans and programs designed to develop economic resources and increase productive capacities? N/A

3. Economic Support Fund Project Criteria

a. FAA Sec. 531(a). Will this assistance promote economic and political stability? To the maximum extent feasible, is this assistance consistent with the policy directions, purposes, and programs of Part I of the FAA? N/A

b. FAA Sec. 531(e). Will this assistance be used for military or paramilitary purposes? N/A

c. FAA Sec. 609. If commodities are to be granted so that sale proceeds will accrue to the recipient country, have Special Account (counterpart) arrangements been made? N/A

## FINANCIAL ANALYSIS

### Outline

1. Introduction
2. Overall Budget
3. AIDSTECH and Technical Support
  - 3.1. Discussion
  - 3.2. Budget details and back-up
4. Public Sector
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  - 5.3. Budget details and back-up
6. Social Marketing
  - 6.1. Discussion
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## 1. Introduction

Proposed USAID DA inputs for Aba SIDA totals \$6.7 million, of which \$2.8 million is foreign exchange (FX) and \$3.9 million is local costs (LC). Additional inputs to the project will total \$1.7 million, including \$1 million from local currency counterpart funds for public sector activities, as well as commitments from FHI (\$228,000) and PSI (\$507,000).

Following is a percentage breakdown of USAID DA funds allocated to major project components.

Sub-grants to NGOs	32%
Social Marketing	19%
Public Sector and Sentinel Surveillance *	12%
Technical Assistance #	13%
Research	6%
Overhead and Operating Costs +	16%
Evaluations and Audits	2%

- \* Public Sector percentage would be 23% if local currency counterpart funds are also included
- # Short-term consultants and AIDSTECH Haiti personnel
- + FHI/AIDSTECH Overhead and AIDSTECH/Haiti operating costs and commodities

The summary USAID project budget, by year, for U.S. dollar (FX) and Haitian gourdes (LC) costs is supported by detailed back-up budgets, with explanatory notes and comments which accompany each section.

Haitian gourde costs have been converted to US\$ based on a conversion rate of 6 gourdes to \$1.00, as per current USAID/Haiti policy. Local costs budgeted in gourdes are limited to the amount of gourde units and not the estimated US\$ equivalent shown in the budget.

## 2. Overall Budget

See following pages

AEA SIDA

BUDGET - USAID INPUTS

	Year 1			Year 2			Year 3		
	FX	LC	US\$Total	FX	LC	US\$Total	FX	LC	US\$Total
<b>MIDSTECH HAITI</b>									
Personnel	\$32,400	\$68,667	\$101,067	\$34,020	\$72,100	\$106,120	\$35,721	\$75,705	\$111,426
Operating Costs	\$12,000	\$8,000	\$20,000	\$12,600	\$8,000	\$20,600	\$13,230	\$8,000	\$21,230
Commodities	\$32,620		\$32,620			(\$0)			\$0
Travel	\$3,500	\$7,200	\$10,700	\$2,625	\$7,200	\$9,825	\$2,756	\$7,200	\$9,956
Local Support Fund		\$8,688	\$8,688		\$8,688	\$8,688		\$8,688	\$8,688
Subtotal	\$80,520	\$92,555	\$173,075	\$49,245	\$95,988	\$145,233	\$51,707	\$99,593	\$151,300
<b>TECHNICAL SUPPORT</b>									
ST Consultants	\$60,000	\$16,668	\$76,668	\$63,000	\$20,835	\$83,835	\$66,150	\$16,668	\$82,818
Research	\$50,000	\$25,000	\$75,000	\$52,500	\$25,000	\$77,500	\$55,125	\$25,000	\$80,125
Subtotal	\$110,000	\$41,668	\$151,668	\$115,500	\$45,835	\$161,335	\$121,275	\$41,668	\$162,943
<b>PUBLIC SECTOR</b>									
Coord/Mtgs/Conf	\$6,000	\$23,900	\$29,900	\$6,300	\$29,400	\$35,700	\$6,615	\$27,900	\$34,515
Training		\$75,000	\$75,000		\$75,000	\$75,000		\$75,000	\$75,000
Sentinel Surveil.		\$25,000	\$25,000		\$55,000	\$55,000		\$55,000	\$55,000
Subtotal	\$6,000	\$123,900	\$129,900	\$6,300	\$159,400	\$165,700	\$6,615	\$157,900	\$164,515
<b>NGO's</b>									
IMPACT		\$142,348	\$142,348		\$147,715	\$147,715		\$153,351	\$153,351
GLAS		\$0	\$0		\$102,698	\$102,698		\$106,792	\$106,792
CDS		\$52,125	\$52,125		\$58,482	\$58,482		\$60,956	\$60,956
GHESEKIO		\$13,827	\$13,827		\$57,656	\$57,656		\$60,122	\$60,122
CPFO		\$28,861	\$28,861		\$30,013	\$30,013		\$31,222	\$31,222
IEC Materials		\$41,667	\$41,667		\$41,667	\$41,667		\$41,667	\$41,667
Subtotal	\$0	\$278,828	\$278,828	\$0	\$438,231	\$438,231	\$0	\$454,110	\$454,110
SOCIAL MKTG. - PSI	\$256,022	\$147,097	\$403,109	\$245,723	\$108,790	\$354,513	\$241,790	\$33,505	\$275,295
<b>FHI/AIDSTECH OVERHD.</b>									
On Subgrants	\$45,119		\$45,119	\$56,875		\$56,875	\$56,875		\$56,875
On Other	\$109,918		\$109,918	\$113,176		\$113,176	\$115,671		\$115,671
FHI TOTAL	\$607,579	\$684,038	\$1,291,617	\$586,819	\$848,244	\$1,435,063	\$593,933	\$786,776	\$1,380,709
EVALUATIONS							\$55,125		\$55,125
<b>CLOSE-OUT AUDIT</b>									
PROJECT TOTAL	\$607,579	684,038	\$1,291,617	\$586,819	848,244	\$1,435,063	\$649,058	786,776	\$1,435,834

NOTES:

- Inflation rate of 5% has been applied to US\$ costs starting in Year 2
- Gourdes have been converted to US\$ at rate of 6 gourdes to \$1
- No inflation rate has been applied to Gourdes costs, however local salaries have been incremented at an annual rate of 5% beginning in Year 2
- FHI/AIDSTECH Overhead: 32.5% of costs excluding equipment and subgrant costs in excess of \$25,000/year.  
Sub-grants: Public Sector, PSI, NGOs (4 in Year 1, 5 in Years 2 - 5)

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BUDGET - USAID INPUTS

	Year 4			Year 5			Total		
	FX	LC	US\$Total	FX	LC	US\$Total	FX	LC	US\$Total
<b>AIDSTECH HAITI</b>									
Personnel	\$37,507	\$45,823	\$83,330	\$39,382	\$48,114	\$87,496	\$179,030	\$310,409	\$489,439
Operating Costs	\$13,892	\$8,000	\$21,892	\$14,587	\$8,000	\$22,587	\$66,309	\$40,000	\$106,309
Commodities			\$0			\$0	\$32,620	\$0	\$32,620
Travel	\$2,894	\$7,200	\$10,094	\$3,039	\$7,200	\$10,239	\$14,814	\$36,000	\$50,814
Local Support Fund		\$8,687	\$8,687		\$8,687	\$8,687	\$0	\$43,438	\$43,438
Subtotal:	\$54,293	\$69,710	\$124,003	\$57,008	\$72,001	\$129,009	\$292,773	\$429,847	\$722,620
<b>TECHNICAL SUPPORT</b>									
ST Consultants	\$57,880	\$16,668	\$74,548	\$48,620	\$16,668	\$65,288	\$295,650	\$97,507	\$393,157
Research	\$57,881	\$25,000	\$82,881	\$60,775	\$25,000	\$85,775	\$276,281	\$125,000	\$401,281
Subtotal:	\$115,761	\$41,668	\$157,429	\$109,395	\$41,668	\$151,063	\$571,931	\$222,507	\$794,438
<b>PUBLIC SECTOR</b>									
Coord/Mtgs/Conf	\$6,946	\$26,900	\$33,846	\$7,293	\$25,400	\$32,693	\$33,154	\$133,500	\$166,654
Training		\$75,000	\$75,000		\$75,000	\$75,000		\$375,000	\$375,000
Sentinel Surveill.		\$55,000	\$55,000		\$55,000	\$55,000		\$245,000	\$245,000
Subtotal:	\$6,946	\$156,900	\$163,846	\$7,293	\$155,400	\$162,693	\$33,154	\$753,500	\$786,654
<b>NGO's</b>									
IMPACT		\$159,269	\$159,269		\$165,482	\$165,482		\$768,165	\$768,165
GLAS		\$111,090	\$111,090		\$115,602	\$115,602		\$436,182	\$436,182
CDS		\$63,554	\$63,554		\$66,281	\$66,281		\$301,398	\$301,398
GHEKIC		\$62,711	\$62,711		\$65,430	\$65,430		\$259,746	\$259,746
CPFC		\$32,491	\$32,491		\$33,824	\$33,824		\$156,411	\$156,411
IEC Materials		\$41,667	\$41,667		\$41,667	\$41,667		\$208,335	\$208,335
Subtotal:	\$0	\$470,783	\$470,783	\$0	\$488,286	\$488,286	\$0	\$2,130,236	\$2,130,236
SOCIAL MKTG. - PSI	\$134,599	\$32,977	\$167,566	\$103,987	\$0	\$103,987	\$982,111	\$322,359	\$1,304,470
<b>FHI/AIDSTECH OVERHD</b>									
On Subgrants	\$56,875		\$56,875	\$56,875		\$56,875	\$272,619	\$0	\$272,619
On Other	\$105,007		\$105,007	\$104,565		\$104,565	\$548,337	\$0	\$548,337
FHI TOTAL	\$473,471	\$772,038	\$1,245,509	\$439,123	\$757,355	\$1,196,478	\$2,700,925	\$3,848,451	\$6,549,376
EVALUATIONS				\$60,775		\$60,775	\$115,900		\$115,900
CLOSE-OUT AUDIT				\$9,724	\$25,000	\$34,724	\$9,724	\$25,000	\$34,724
<b>PROJECT TOTAL</b>	<b>\$473,471</b>	<b>772,038</b>	<b>\$1,245,509</b>	<b>\$509,622</b>	<b>\$782,355</b>	<b>\$1,291,977</b>	<b>\$2,826,549</b>	<b>\$3,873,451</b>	<b>\$6,700,000</b>

### 3. AIDSTECH and Technical Support

#### 3.1. Discussion

The general breakdown of budget line items for AIDSTECH/Haiti is shown in the overall budget (previous pages). Details on salaries, commodities purchases, etc. are shown in the back-up budgets on the following pages.

Reduced personnel costs in Years 4 and 5 are based on the fact that the Technical Advisor's position is planned only for Years 1 through 3. It is expected that all commodities required for project implementation will be purchased in Year 1.

This section also includes budget back-up information for Short-term (ST) Consultants and Research line items.

#### 3.2 Budget details and back-up

See following pages

ABA SIDA

AIDSTECH - Local Office Costs Back-up Information  
 Gourdes subtotals converted to US\$ at 6 gdes to \$1.00

Cost for Year 1

			Monthly Costs		No. Mos.	Monthly Med.	Ins.
	US\$	Gourdes	US\$	Gourdes		1,000 Gdes/mo	No. Mos.
LOCAL PERSONNEL							
Resident Coord. *	\$32,400	12,000	\$2,700		12	1,000	12
Admin./Fin. Mgr.		142,000		10,000	13	1,000	12
Secretary		83,500		5,500	13	1,000	12
Technical Adviser		174,500	Yrs 1-3only	12,500	13	1,000	12
Subtotal Gdes		412,000					
Subtotal US\$	\$32,400	\$68,667					

LOCAL OPERATING COSTS

Office Space **	\$12,000		\$1,000	
Telephone/Fax		6,000		500
Electricity		6,000		500
Office Supplies		6,000		500
Vehicle Fuel/Maint		30,000		2,500
Subtotal Gdes		48,000		
Subtotal US\$	\$12,000	\$8,000		

COMMODITIES

Vehicle (1 4wd)	\$22,000		
Office Furniture	\$3,620		
Office Equipment	\$7,000		
Subtotal US\$	\$32,620		

(See next page for detailed breakdown of furniture and equipment costs)

			No. RT/Yr		
			Year 1	Years 2-5	
LOCAL STAFF TRAVEL					
Transportation	\$3,500		7	5	\$500 /RT to US
Per diem-Local Staff (outside P-au-P)		43,200	144 days/yr		300 gdes/day
Subtotal Gdes		43,200			
Subtotal US\$	\$3,500	\$7,200			
Local Support Fund		52,125			
Subtotal Gdes		52,125			
Subtotal US\$		\$8,698			

Year 1 Totals

Gdes		555,325
US\$	\$80,520	\$92,555

- \* This salary is in US\$ based on current contract with Resident Coordinator who is already employed by AIDSTECH
- \*\* Office rental is in US\$ based on requirements for payment in US\$ by a large proportion of landlords in Port-au-Prince

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ABA SIDA AIDSTECH Costs Detailed Back-up

BREAKDOWN OF FURNITURE AND EQUIPMENT COSTS

	QUANTITY	UNIT COST (\$US)	TOTAL (\$US)
OFFICE FURNITURE			
Filing Cabinets			
2 Drawer	2	\$150	\$300
4 Drawer	1	\$175	\$175
Desks	3	\$275	\$825
Tables			
Typing	1	\$115	\$115
Computer	1	\$125	\$125
Chairs			
Executive	2	\$140	\$280
Secretarial	1	\$110	\$110
Visitor	3	\$110	\$330
Bookcase	1	\$160	\$160
Shipping			\$1,200
SUBTOTAL			\$3,620
OFFICE EQUIPMENT			
Computer *	1	\$3,000	\$3,000
Printer *	1	\$600	\$600
Word Processor *	1	\$1,000	\$1,000
Photocopier *	1	\$800	\$800
FAX Machine *	1	\$600	\$600
Phone Installation			\$200
Shipping			\$600
SUBTOTAL			\$7,000

\* This equipment and vehicle excluded from overhead calculation.

	Equipment	Vehicle	Total
Amount excluded:	\$6,200	\$22,000	\$28,200

February 14, 1991

ABA SIDA		TECHNICAL SUPPORT BACKUP		Base Costs/Month				
ST CONSULTANTS		21 days/mo		US\$ - Monthly Total w/ inflation				
				Year 2	Year 3	Year 4	Year 5	5%
FX	Fee	\$250 /day		\$5,250				
	Per diem	\$90 /day		\$1,890				
	RT Airfare			\$1,000				
	Local Trans	\$60 /day		\$1,260				
	Suppl/Comm			\$600				
	Monthly Total			\$10,000	\$10,500	\$11,025	\$11,576	\$12,155
LC	Fee	1,000 Gdes/day		21,000				
	Trans./Misc.			4,000				
	Monthly Total Gdes			25,000 Gdes = US\$		\$4,167		
No. of Months		Year 1	Year 2	Year 3	Year 4	Year 5		
	FX	6	6	6	5	4		
	LC	4	5	4	4	4		

RESEARCH

ST Consultants

FX Base Cost/Month (Same as above)	\$10,000		
LC Base Cost per month	Gdes 30,000 Gdes = US\$	\$5,000	
(Covers interviews, trans., materials, data entry)			

No. of Months                    5                    Years 1 through 5

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## 4. Public Sector

### 4.1. Discussion

Funding for public sector activities relative to Aba SIDA will come from both USAID/AIDSTECH and local currency counterpart monies. Substantial project funds have been programmed for the public sector to assure achievement of project goals and in accordance with highest priority project needs. Of the total of US\$ 780,000 public sector monies included in the USAID Aba SIDA budget, almost one-half (\$375,000) is slated for training efforts - including design and publication of curriculum and materials, and training sessions. Allocations are also made for coordination, field supervision, seminars and workshops (\$160,000), and sentinel surveillance tests over the life of the project (\$245,000). All of these activities are based on current government policies and program needs.

As shown on the Summary Table of all inputs to Aba SIDA (copy attached), it is anticipated that local currency counterpart funds totalling \$1,000,000 will be requested by the BCPNLS. These funds will be programmed to cover additional training needs as well as to provide grants to anti-AIDS efforts of public, mixed and private sector programs throughout the country. Applications for grants under the local currency counterpart funding for Aba SIDA will be channelled through the BCPNLS, reviewed on a collaborative basis with AIDSTECH and USAID in accordance with standard procedures for these monies.

### 4.2. Budget details and back-up

See following pages

## ABA SIDA PUBLIC SECTOR BUDGET (USAID INPUTS)

	Year 1			Year 2			Year 3		
	FX	LC	USSTotal	FX	LC	USSTotal	FX	LC	USSTotal
Coordination									
Qtrly Bull.		\$3,567	\$3,567	\$3,567	\$3,567	\$3,567	\$3,567	\$3,567	\$3,567
Supervision		\$11,000	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000
Conferences									
Nat'l. Seminars			\$0	\$10,833	\$10,833	\$0			\$0
Regional Wkshops		\$9,333	\$9,333		\$0	\$0	\$9,333	\$9,333	\$9,333
District Wkshops			\$0	\$4,000	\$4,000	\$0	\$4,000	\$4,000	\$4,000
Intl. Meetings	\$6,000		\$6,000	\$6,300		\$6,300	\$6,615		\$6,615
Subtotal	\$6,000	\$23,900	\$29,900	\$6,300	\$29,400	\$35,700	\$6,615	\$27,900	\$34,515
Training									
Ping/Eval.Mtgs		\$3,583	\$3,583	\$3,583	\$3,583	\$3,583	\$3,583	\$3,583	\$3,583
Trng.Sessions		\$36,750	\$36,750	\$36,750	\$36,750	\$36,750	\$36,750	\$36,750	\$36,750
Curr/Mtis.Design		\$34,667	\$34,667	\$34,667	\$34,667	\$34,667	\$34,667	\$34,667	\$34,667
Subtotal		\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Sentinel Surveil.		\$25,000	\$25,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000
Total	\$6,000	\$123,900	\$129,900	\$6,300	\$159,400	\$165,700	\$6,615	\$157,900	\$164,515

	Year 4			Year 5			Total		
	FX	LC	US\$Total	FX	LC	US\$Total	FX	LC	US\$Total
ABA SIDA									
PUBLIC SECTOR BUDGET									
(USAID INPUTS)									
Coordination									
Qtrly Buil.		\$1,067	\$1,067		\$1,067	\$1,067		\$12,835	\$12,835
Supervision		\$11,000	\$11,000		\$11,000	\$11,000		\$55,000	\$55,000
Conferences									
Nat'l. Seminars		\$10,833	\$10,833			\$0		\$21,666	\$21,666
Regional Wkshops		\$0	\$0		\$9,333	\$9,333		\$27,999	\$27,999
District Wkshops		\$4,000	\$4,000		\$4,000	\$4,000		\$16,000	\$16,000
Int'l. Meetings	\$6,946		\$6,946	\$7,293		\$7,293	\$33,154	\$0	\$33,154
Subtotal	\$6,946	\$26,900	\$33,846	\$7,293	\$25,400	\$32,693	\$33,154	\$133,500	\$166,654
Training									
Plng/Eval.Mtgs		\$3,583	\$3,583		\$3,583	\$3,583		\$17,915	\$17,915
Tng.Sessions		\$36,750	\$36,750		\$36,750	\$36,750		\$183,750	\$183,750
Curr/Mtls.Design		\$34,667	\$34,667		\$34,667	\$34,667		\$173,335	\$173,335
Subtotal		\$75,000	\$75,000		\$75,000	\$75,000		\$375,000	\$375,000
Sentinel Surveil.		\$55,000	\$55,000		\$55,000	\$55,000		\$245,000	\$245,000
Total	\$6,946	\$156,900	\$163,846	\$7,293	\$155,400	\$162,693	\$33,154	\$753,500	\$786,654

February 11, 1991

ABA SIDA PUBLIC SECTOR BACKUP In Gourdes, except where noted

Gourdes totals converted to US\$ at rate of 6 Gdes to US\$1.00

COORDINATION

Qtrly Bull.	4 times/yr		
Offset Prtg.	1600 copies	4 pages	0.25 /page
Editor	750 /day	20 days/yr	Years 1-3 only

	Annual Cost	Yrs 1,2,3	21,400 Gdes = US	\$3,567
		Yrs 4,5	6,400 Gdes = US	\$1,067
Distribution: MSPP	1000			
ONG's	500			
Int.Agcy	100			

SUPERVISION

Field Visits	Perdiem	250 /PersDay	60,000 /year
	Fuel	500 /mo	6,000 /year

Total for 1 Year 66,000 Gdes = US \$11,000

Total Person Days 20 /mo 240 /year

4 Persons (3 Staff, 1 Driver) 5 days/mo

NATIONAL SEMINARS Years 1 and 4

	Particips	No.Days	Cost/unit	Total
Meal Cost	300	2	60	36,000
Space Rental		2	3,000	6,000
PerDiem for MSPP *	45	2	250	22,500
Programs/Invitats.				500

Total for 1 Year 65,000 Gdes = US \$10,833

\* For MSPP staff residing in the provinces - 3 per District

REGIONAL WORKSHOPS 2/Year in Yrs 1, 3, & 5 (Les Cayes & Cap Haitien) For MSPP Personnel

	Particips	No.Days	Cost/Unit	Total
Space Rental		3	1,000	3,000
PerDiem for MSPP	50	2	250	25,000
Mtg 1 day & 2 half days				

Total for 1 Workshop 28,000

Total for Year 56,000 Gdes = US \$9,333

(Workshops would be scheduled at time of MSPP Field Supervision visits)

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DISTRICT WORKSHOPS 8 /Year in Years 2 through 5  
For MSPP, Int'l Org. and NGO Field Personnel

	Particips	No.Days	Cost/Unit	Total	
Meal/Coffee	50	1	50	2,500	
Supplies				500	
				Total for 1 Workshop	3,000
				Total for Year	24,000 Gdes = US \$4,000

(Workshops would be scheduled at time of MSPP Field Supervision visits)

INTERNATIONAL MEETINGS 3 persons/year (In US\$)

Average cost/person			
Travel		US\$	\$700
Per diem		US\$	\$800
Regist/fees		US\$	\$500
		Total for 1 person	US\$ \$2,000
		Total for Year	US\$ \$6,000

TRAINING

Planning/Evaluation Meetings 1/Year in Years 1 through 5

	No. Pers.	No.Days	Cost/Unit	Total
Perdiem-Partic.	15	4	250	15,000
Lunch/coffee	15	4	50	3,000
Materials/Supplies	15		150	2,250
Travel	15		125	1,875

Cost each year 21,500 Gdes = US \$3,583

Training Sessions 4/Year in Years 1 through 5

	No. Pers.	No.Days	Cost/Unit	Total
Perdiem-Partic.	25	5	250	31,250
Lunch/coffee	27	5	50	6,750
Perdiem-Trainers	2	5	250	2,500
Honoraria-Trainers	2	5	750	7,500
Materials/Supplies	25		150	3,750
Travel	27		125	3,375

Total for 1 Training 55,125

Total for 1 Year 220,500 Gdes = US \$36,750

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TRAINING (Continued)

Curriculum/Materials Design

Booklets (Average Cost)			
Graphic Artist	15 days @	1,000 /day	15,000
Print Layouts			7,500
Field Tests			6,000
Printing			25,000
		Total	53,500
No. Booklets/Year			3
			160,500 Gdes = US \$26,750
Posters/Training Aids			
Graphic Artist	4 days @	1,000 /day	4,000
Print Layouts			3,250
Field Tests			4,000
Printing			12,500
		Total	23,750
No. Posters/Trng.Aids/Year			2
			47,500 Gdes = US \$7,917
Total Curriculum/Material Design per Year			208,000 Gdes = US \$34,667
Overall Training Costs/Year			450,000 Gdes = US \$75,000

SENTINEL SURVEILLANCE

Cost/test		Year 1	Year 2	Year 3	Year 4	Year 5
25 Gdes	No. Tests	6000	13200	13200	13200	13200
Total Cost	Gourdes	150,000	330,000	330,000	330,000	330,000
	US	\$25,000	\$55,000	\$55,000	\$55,000	\$55,000

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## 5. NGOs

### 5.1. Discussion

Illustrative budgets for NGO activities are based on planned interventions in Year 1 of the project. However three of the NGO project participants have already been allocated funding by AIDSTECH from other sources for all or part of Aba SIDA Year 1. For this reason, the NGO budget total is \$159,000 higher in Year 2 than in Year 1. GLAS current funding will continue through May 1992, GHESKIO's through February 1992, and CDS's Gonaives program is funded through November 1991. With Aba SIDA start-up planned for May, 1991, no project funds have been allocated in Year 1 for GLAS, three months funding is allocated for GHESKIO, and CDS's Gonaives budget is for 6 months.

AIDSTECH subgrants to NGOs will be for a maximum of two years. Preparation of each subgrant will entail careful planning and budgeting in consultation with AIDSTECH and approval by USAID. The possibility of decreasing levels of funding, or non-renewal of funding to initial grantees is a distinct possibility, as is the awarding of subgrants to other qualifying organizations in later years of the project.

The budget envelope for direct funding of NGOs represents approximately 29% of the overall project budget. The proposed estimates of sub-grantee expenditures are based on the best information available at the time of project design. An additional budget line will be available to NGOs for design and publication of training materials. These funds will be administered by the AIDSTECH/Haiti office and represent 3% of the total project.

### 5.2. Revenue generation by NGOs

Preliminary projections for condom sales by NGOs in Project Year 1 have been made based on information obtained from NGOs locally, and on results of social marketing programs in other countries. NGO sales projections total 660,000 condoms for the first year (or 15 months) of Aba SIDA.

A breakdown of costs and revenues for NGO condom sales is shown on Table 1 on the next page.

The sizes of the potential markets for the NGOs vary considerably, with the smaller NGOs expected to sell an estimated 20,000 - 24,000 packets of condoms in Year 1, or about 1/10 of the total, and others up to 2 - 3 times this amount. If for example, an NGO sells 22,000 packets of condoms, projected revenues would total \$1,250.

Table 1. Estimated NGO Costs and revenues for 660,000 Pante condoms, Project Year 1

	No. Condoms Units	Packets of 3	Cost *	Revenues**	Revenues less cost
Purchased	600,000	200,000	\$33,333	\$41,667	\$8,334
Bonus	60,000	20,000	0	\$4,166	\$4,166
Total	660,000	220,000	\$33,333	\$45,733	\$12,500

\* Wholesale price at DOBACO for packet of 3 is 1 gourde (US\$.166)

\*\* Retail Price for packet of 3 is 1.25 gourdes (\$US.208)

Sales growth of Pante condoms by NGOs in Years 2-5 is expected to be relatively less than the sales growth of the overall social marketing component. Thus the annual revenues which any one NGO might expect could range from \$3,000 for the smaller organizations to \$6 - 7,000 for the larger ones.

NGOs whose programs include volunteer field workers (e.g. GLAS, CPF0, etc.) may well decide to pass purchased condoms on to them at cost, and/or give them the bonus condoms. While this would increase sales incentives, it would reduce the amounts which the NGOs could use to offset their costs or for program development.

Initial supplies of condoms will be advanced to NGOs by PSI/DOBACO and the project will provide training in record keeping and inventory management to participating NGOs. Therefore start-up costs should be negligible except perhaps that some NGOs will need to prepare a storage area for condom inventories.

### 5.3. Budget details and back-up

See following pages

February 12, 1991

ABA SIDA

NGO BUDGETS

Gourdes totals converted to US\$ at 6 Gdes to \$1.00

IMPACT/Inter-Aide

Personnel	Year 1	Year 2	Year 3	Year 4	Year 5	Total
CHASS (P-au-P)	87,865	92,279	96,893	101,738	106,825	485,620
Gonaives	103,050	108,203	113,613	119,294	125,259	569,419
Cap Haitien	103,050	108,203	113,613	119,294	125,259	569,419
Les Cayes	103,050	108,203	113,613	119,294	125,259	569,419
Miragoane	103,050	108,203	113,613	119,294	125,259	569,419
Port de Paix	144,000	151,200	158,760	166,698	175,033	795,691
Subtotal	644,085	676,291	710,105	745,612	782,894	3,558,987
Transportation						
CHASS (P-au-P)	30,000	30,000	30,000	30,000	30,000	150,000
Gonaives	30,000	30,000	30,000	30,000	30,000	150,000
Cap Haitien	30,000	30,000	30,000	30,000	30,000	150,000
Les Cayes	30,000	30,000	30,000	30,000	30,000	150,000
Miragoane	30,000	30,000	30,000	30,000	30,000	150,000
Port de Paix	30,000	30,000	30,000	30,000	30,000	150,000
Subtotal	180,000	180,000	180,000	180,000	180,000	900,000
Office Supplies						
CHASS (P-au-P)	5,000	5,000	5,000	5,000	5,000	25,000
Gonaives	5,000	5,000	5,000	5,000	5,000	25,000
Cap Haitien	5,000	5,000	5,000	5,000	5,000	25,000
Les Cayes	5,000	5,000	5,000	5,000	5,000	25,000
Miragoane	5,000	5,000	5,000	5,000	5,000	25,000
Port de Paix	5,000	5,000	5,000	5,000	5,000	25,000
Subtotal	30,000	30,000	30,000	30,000	30,000	150,000
Gourdes Totals	854,085	886,291	920,105	955,612	992,894	4,605,987
US\$ Totals	\$142,348	\$147,715	\$153,351	\$159,269	\$165,482	\$765,165

GLAS

	Monthly	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	Base Yr 1						
Executive Director	9,000	122,850	128,990	135,442	142,214	142,214	529,499
Assistant	5,000	68,250	71,663	75,246	79,008	79,008	294,167
Field Technic.	5,000	68,250	71,663	75,246	79,008	79,008	294,167
Facilitator	5,000	68,250	71,663	75,246	79,008	79,008	294,167
Secretary	4,500	61,425	64,496	67,721	71,107	71,107	264,749
Accountant (PT)	2,500	34,125	35,831	37,623	39,504	39,504	147,063
Messenger	800	10,920	11,466	12,039	12,641	12,641	47,066
Custodian	300	4,095	4,300	4,515	4,740	4,740	17,650
Fringes	4,208	53,025	55,676	58,460	61,383	61,383	228,544
Subtotal		491,190	515,751	541,538	568,613	568,613	2,117,092
Operating Costs		125,000	125,000	125,000	125,000	125,000	500,000
Gourdes Totals		616,190	640,751	666,538	693,613	693,613	2,617,092
US\$ Totals		\$102,698	\$106,792	\$111,090	\$115,602	\$115,602	\$436,182

GLAS current funding from AIDSTECH will continue until 5/31/92  
 Therefore, Aba SIDA budget includes no costs  
 in Project Year 1

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ABA SIDA NGO BUDGETS

CDS Gourdes totals converted to USS at 6 Gdes to \$1.00

Back-up -By Site

	Personnel		Monthly Base Sal	Training		OfcSupl	Evaluation	
	Title	No. Pers.		Year 1	Yrs 2-5		Years	
Gonaives	Soc.Wkrs	3	2,000	5,000	5,000	3,000	7,500	2 - 5
	Rec.Kprs.	2	750					
Cap Haitien	Soc.Wkrs	2	2,000	12,500	5,000	2,000	7,500	1 - 5
	Rec.Kprs.	1	750	3,750				
Ouanaminthe	Soc.Wkrs	2	2,000	12,500	5,000	2,000	5,000	1 - 5
	Rec.Kprs.	1	750	3,750				
Fort Liberte	Soc.Wkrs	2	2,000	12,500	5,000	2,000	5,000	1 - 5
	Rec.Kprs.	1	750	3,750				

Personnel	BaseYr1	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Gonaives	97,500	48,750	102,375	107,494	112,869	118,512	490,000
Cap Haitien		61,750	64,838	68,080	71,484	75,058	341,210
Ouanaminthe		61,750	64,838	68,080	71,484	75,058	341,210
Fort Liberte		61,750	64,838	68,080	71,484	75,058	341,210
Subtotal		234,000	296,889	311,734	327,321	343,668	1,513,650

Training		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Gonaives		5,000	5,000	5,000	5,000	5,000	25,000
Cap Haitien		16,250	5,000	5,000	5,000	5,000	36,250
Ouanaminthe		16,250	5,000	5,000	5,000	5,000	36,250
Fort Liberte		16,250	5,000	5,000	5,000	5,000	36,250
Subtotal		53,750	20,000	20,000	20,000	20,000	133,750

Office Supplies		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Gonaives	3,000	1,500	3,000	3,000	3,000	3,000	15,500
Cap Haitien		2,000	2,000	2,000	2,000	2,000	10,000
Ouanaminthe		2,000	2,000	2,000	2,000	2,000	10,000
Fort Liberte		2,000	2,000	2,000	2,000	2,000	10,000
Subtotal		7,500	9,000	9,000	9,000	9,000	43,500

Evaluation		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Gonaives	0	7,500	7,500	7,500	7,500	7,500	30,000
Cap Haitien	7,500	7,500	7,500	7,500	7,500	7,500	37,500
Ouanaminthe	5,000	5,000	5,000	5,000	5,000	5,000	25,000
Fort Liberte	5,000	5,000	5,000	5,000	5,000	5,000	25,000
Subtotal		17,500	25,000	25,000	25,000	25,000	117,500

Gourdes Totals	312,750	350,889	365,734	381,321	397,686	1,808,366
USS Totals	\$52,125	\$58,482	\$60,956	\$63,554	\$66,281	\$301,398

CDS current funding for Gonaives from AIDSTECH ends 11/30/91  
 Therefore, Aba SIDA budget includes only 6 months  
 for Gonaives in Project Year 1

February 12, 1991

ABA SIDA

NGO BUDGETS

Gourdes totals converted to US\$ at 6 Gdes to \$1.00

GHESKIO

	Base Yr 1	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1 Social Worker 2,500 /mo.	32,500	8,125	34,125	35,831	37,623	39,504	155,208
5 Social Workers 2,335 /mo. ave.	151,775	37,944	159,364	167,332	175,699	184,484	724,823
Nurse 3,280 /mo.	42,640	10,660	44,772	47,011	49,362	51,830	203,635
Secretary 1,920 /mo	24,960	6,240	26,208	27,518	28,894	30,339	119,199
Messenger 770 /mo	10,010	2,503	10,511	11,037	11,589	12,168	47,806
Computer Oper. 1,535 /mo.	19,955	4,989	20,953	22,001	23,101	24,256	95,300
Subtotal	281,840	70,461	295,933	310,730	326,268	342,581	1,345,973
Transportation	50,000	12,500	50,000	50,000	50,000	50,000	212,500
Gourdes Totals		82,961	345,933	360,730	376,268	392,581	1,558,473
US\$ Totals		\$13,827	\$57,656	\$60,122	\$62,711	\$65,430	\$259,746

GHESKIO current funding from AIDSTECH will continue until 3/1/92  
Therefore, ABA SIDA budget includes only 3 months  
in Project Year 1

CPFC

		Year 1	Year 2	Year 3	Year 4	Year 5	Total
Staff	50%						
Coordinator	50%	30,000	31,500	33,075	34,729	36,465	165,769
Health Educator	50%	18,000	18,900	19,845	20,837	21,879	99,461
2 Health Ed. @10,500	50%	21,000	22,050	23,155	24,311	25,527	116,041
Exec Director	33%	18,000	18,900	19,845	20,837	21,879	99,461
Administrator	50%	15,000	15,750	16,535	17,365	18,233	82,886
Secretary	50%	10,500	11,025	11,576	12,155	12,763	58,019
Chauffeur/msgr	50%	6,000	6,300	6,615	6,946	7,293	33,154
Cleaning Staff	50%	2,700	2,835	2,977	3,126	3,282	14,920
Fringes	14%	16,968	17,816	18,707	19,643	20,625	93,759
Subtotal		138,168	145,076	152,331	159,949	167,946	763,470
Operating Costs		25,000	25,000	25,000	25,000	25,000	125,000
Miscellaneous		10,000	10,000	10,000	10,000	10,000	50,000
Gourdes Totals		173,168	180,076	187,331	194,949	202,946	938,470
US\$ Totals		\$28,861	\$30,013	\$31,222	\$32,492	\$33,824	\$156,412

IEC MATERIALS Funds available to NGOs for design/publication of IEC Materials

Years 1 - 5 250,000 Gdes = US \$41,667

Use of NGO IEC Materials fund to be authorized separately from sub-grants to assure coordination of efforts and avoid duplication in public/private sectors.

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## 6. Social Marketing

### 6.1. Discussion

The \$1.3 million in estimated project costs for social marketing over five years (excluding condoms and costs covered by revenues) compares favorably with recently launched social marketing projects in Africa. For purposes of budget comparison: in Burkina Faso, a country of fewer than eight million, a \$1.1 million, three year condom social marketing project is about to be funded through a buy-in to AIDSTECH. The Zaire social marketing project, also a three year project, receives USAID/Kinshasa support at a per annum level in the area of \$700,000, including PL480 monies. AIDSTECH has to date provided the Zaire social marketing effort with an additional \$212,535 for high risk population targeted activities in three cities.

Aba SIDA project costs for social marketing are front-loaded and decrease each year. Conversely, revenues resulting from steady sales growth will increase each year. Thus LC funding levels required by PSI for in-country support of social marketing will decrease dramatically - from a high of \$147,000 in Year One to no project funded local costs in Year Five.

Overall, estimated PSI and other FX costs to be covered by ABA SIDA for Social Marketing total \$982,000. This U.S. dollar commitment will go toward: packaging materials which due to chronic paper and ink shortages will be produced in the U.S. during Project Years 1 - 3; technical assistance and supervision in the areas of market research, reviewing relevant health data and adjusting implementation plans accordingly, retailer and NGO training, the development of educational and promotional strategies, quality control, finance, management information and reporting systems, and program monitoring and evaluation; commodities purchases in Year 1; and payment of management fees to DOBACO in Years 1 - 3. PSI itself will provide funding for purchase and shipment of a total of 15 million condoms at a projected cost of \$507,000.

In Haiti, local costs are projected at \$1,079,935. These costs include: office space, warehousing, DOBACO staff, local transportation, marketing, promotional items for the trade and consumers, radio and television production, and media placement. Aba SIDA, through PSI will provide \$322,359 for in-country costs of which 75% are programmed for Years 1 and 2. The remaining \$757,576 will be covered by DOBACO from sales revenues.

The projected recovery of all marketing and DOBACO operating costs, plus a 20% margin above these costs in Project Year 5 bodes well for long term sustainability of this important component of Aba SIDA. However, in order to become fully self-sufficient, it would be necessary for DOBACO to also cover the cost of condom purchases which are a contribution of PSI in the Aba SIDA Project.

## 6.2. Cost recovery and sustainability

Table 2, DOBACO Cost Recovery Including Condom Purchase, summarizes Year 5 DOBACO costs which can be considered relatively fixed. The table also shows the variable costs for an additional 1 million condoms sold, including the cost of condom purchase. Should the demand go to 6 million in Year 5 (1 million more than projected) the revenues generated by the increased sales will not only cover these variable costs, but will provide a margin of \$6,390 over and above these costs.

To consider the degree of self-sustainability which DOBACO might achieve, Table 2 also shows "after Aha SIDA" costs and revenues for sales volumes of 5,10, and 15 million condoms. It should be noted that these costs have not been inflated and the DOBACO sales price of 1 gourde (US\$.0166), for packages of three condoms plus the 10% bonus, has also been maintained.

(Table 2 is on the following page)

As can be seen, the ability of DOBACO to recover all costs from sales revenues would not be possible even if sales volumes double or triple. If sales levels stay at the level of 5 million per year, then it would be necessary for DOBACO to continue to receive support for the costs of condom purchases. However, if sales go above 5 million per year, revenues would cover the costs for all additional condom purchases and provide a consistently increasing margin. Thus for a fixed level of inputs of approximately \$100,000 per year, the marketing program could be maintained. Increasing margins for DOBACO above the 5 million condoms per year level of sales would provide an important incentive for continued marketing efforts.

## 6.3. Budget details and back-up

See pages following Table 2.

Table 2. DOBACO Cost Recovery Including Condom Purchases  
Year 5 and after ABA SIDA

Fixed Costs	Year 5	After ABA SIDA		US\$	US\$
	US\$	US\$	US\$		
Personnel		\$50,678			
Operating Costs		\$36,895			
Adv.Prod./Placm't		\$44,229			
Subtotal		\$131,802			
	No. of Condoms Purchased				
Variable Costs	1000000	5000000	10000000	15000000	
Condom Purchase	\$25,000	\$125,000	\$250,000	\$375,000	
Prtg. of Packages	\$15,000	\$75,000	\$150,000	\$225,000	
Packing/Qual.Ctrl	\$2,083	\$10,415	\$20,830	\$31,245	
Sales Commission	\$1,524	\$7,620	\$15,240	\$22,860	
Sales Tax	\$508	\$2,540	\$5,080	\$7,620	
Subtotal	\$44,115	\$220,575	\$441,150	\$661,725	
Total Costs		\$352,377	\$572,952	\$793,527	
Revenues	\$50,505	\$252,525	\$505,051	\$757,576	
Margin	\$6,390	(\$99,852)	(\$67,901)	(\$35,951)	
No Sold	909091	4545455	9090909	13636364	
Bonuses	90909	454545	909091	1363636	
Condom Cost	\$0.025 /unit (US\$)				
Condom Sale Price			0.05556 /unit (US\$)		

ABA SIDA

## PSI - SOCIAL MARKETING BUDGET

	Year 1			Year 2			Year 3		
	FX	LC	US\$Total	FX	LC	US\$Total	FX	LC	US\$Total
DOBACO Pers. Costs	\$12,000	\$19,067	\$31,067	\$15,750	\$24,332	\$40,082	\$16,538	\$29,430	\$45,968
DOBACO Oper. Costs		\$32,213	\$32,213		\$37,728	\$37,728		\$36,895	\$36,895
Volume based costs		\$5,145	\$5,145		\$8,744	\$8,744		\$12,832	\$12,832
Market Development	\$22,500	\$125,250	\$147,750	\$39,375	\$111,639	\$151,014	\$53,747	\$80,611	\$134,358
Commodities	\$34,500	\$7,500	\$42,000			\$0			\$0
PSI Costs	\$187,022		\$187,022	\$190,598		\$190,598	\$171,505		\$171,505
DOBACO Margin		\$8,417	\$8,417		\$14,731	\$14,731		\$25,252	\$25,252
Total	\$256,022	197592.00	\$453,614	\$245,723	\$197,174	\$442,897	\$241,790	\$185,020	\$426,810
Less Sales Income		50505.00	\$50,505		\$88,384	\$88,384		\$151,515	\$151,515
PSI Inputs	\$256,022	\$147,087	\$403,109	\$245,723	\$108,790	\$354,513	\$241,790	\$33,505	\$275,295

AEA SIDA

PSI - SOCIAL MARKETING BUDGET

	Year 4			Year 5			Overall Total		
	FX	LC	US\$Total	FX	LC	US\$Total	FX	LC	US\$Total
DOBACO Pers. Costs		\$48,265	\$48,265		\$50,679	\$50,679	\$44,288	\$171,773	\$216,061
DOBACO Oper. Costs		\$36,895	\$36,895		\$36,895	\$36,895	\$0	\$180,626	\$180,626
Volume based costs		\$16,398	\$16,398		\$18,435	\$18,435	\$0	\$61,554	\$61,554
Market Development		\$110,292	\$110,292		\$104,429	\$104,429	\$115,622	\$532,221	\$647,843
Commodities			\$0			\$0	\$34,500	\$7,500	\$42,000
PSI Costs	\$134,589		\$134,589	\$103,987		\$103,987	\$787,701	\$0	\$787,701
DOBACO Margin		\$35,774	\$35,774		\$42,087	\$42,087		\$126,261	\$126,261
Total	\$134,589	\$247,624	\$382,213	\$103,987	\$252,525	\$356,512	\$982,111	\$1,079,935	\$2,062,046
Less Sales Income		\$214,647	\$214,647		\$252,525	\$252,525		\$757,576	\$757,576
PSI Inputs	\$134,589	\$32,977	\$167,566	\$103,987	\$0	\$103,987	\$982,111	\$322,359	\$1,304,470

ABA SIDA

SOCIAL MARKETING - Condom Acquisition, Revenue Generation

CONDOMS: Projected Quantities Acquired and Distributed by Project

	Year 1	Year 2	Year 3	Year 4	Year 5	LOP Total
Quantity Acquired	1500000	2500000	3250000	3750000	4000000	15000000
Quantity Distributed						
Sold	909091	1590909	2727273	3863636	4545455	13636364
Bonuses: 10% free	90909	159091	272727	386364	454545	1363636
Total Distrib.	1000000	1750000	3000000	4250000	5000000	15000000

In Years 1 - 3, planned acquisition exceeds projected distribution to assure adequate supply

DOBACO INCOME FROM PROJECTED LEVELS OF PANTE CONDOM SALES

DOBACO Sales Price:

	Year 1	Year 2	Year 3	Year 4	Year 5	Total	1 Gourde for 3 Condoms
In Gourdes	303030	530303	909091	1287879	1515152	4545455	
In US\$ (at C/1)	\$50,505	\$88,384	\$151,515	\$214,647	\$252,525	\$757,576	

Most of the income from projected sales will be used to defray DOBACO and Market Promotion costs in the budgets on the following pages. An amount equal to 20% of that used to defray costs will be retained by DOBACO as their margin. Not only will this serve as an incentive to achieve projected condom sales levels, it may also be considered as a cushion in the event that sales fall short of projections.

Income shown will be allocated as follows in years 1 - 5 of Aba SIDA

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
To defray costs	\$42,088	\$73,653	\$126,263	\$178,873	\$210,438	\$631,315
DOBACO Margin	\$8,417	\$14,731	\$25,252	\$35,774	\$42,087	\$126,261
Total	\$50,505	\$88,384	\$151,515	\$214,647	\$252,525	\$757,576

ABA SIDA SOCIAL MARKETING EXPENSES - DOBACO AND MARKET PROMOTION  
Gourdes subtotals converted to US\$ at 6 gdes to \$1.00

DOBACC	Year 1		Year 2		Year 3	
	US\$	Gourdes	US\$	Gourdes	US\$	Gourdes
Personnel Costs						
Salaries						
Managers *	\$12,000		\$15,750		\$16,538	
Salesman		29,250		30,713		32,248
Salesman		13,000		27,300		28,665
Secretary		29,250		30,713		32,248
Accounting -pt.		16,250		17,063		17,916
Record Keeper -pt.		9,750		20,475		42,998
Helper		8,125		8,531		8,958
OFATMA Insurance		2,925		3,733		4,515
ONA		5,850		7,466		9,030
Subtotal Gdes		114,400		145,994		176,578
Subtotal US\$	\$12,000	\$19,067	\$15,750	\$24,332	\$16,538	\$29,430
Operating Costs						
Office/Whse. Rental		60,000		60,000		60,000
Telephone/Commun.		9,000		9,000		9,000
Electricity		6,000		6,000		6,000
Office Supplies		6,000		6,000		6,000
Field Expenses		24,000		36,000		36,000
Vehicle		63,278		84,370		84,370
Training		15,000		15,000		10,000
Audit		10,000		10,000		10,000
Subtotal Gdes		193,278		226,370		221,370
Subtotal US\$		\$32,213		\$37,725		\$36,895
Volume Based Costs						
Pkg. & Qual. Control		18,750		31,250		40,625
Sales Commis(3%)		9,091		15,909		27,273
Sales Tax (1%)		3,030		5,303		9,091
Subtotal Gdes		30,871		52,462		76,989
Subtotal US\$		\$5,145		\$8,744		\$12,832
Market Development						
Research		50,000		40,000		25,000
Design/Production		134,000		179,000		136,000
Media Placement		317,500		317,500		254,000
NGO Advances		200,000		133,333		66,667
Package Prtg/Shpg	\$22,500		\$39,375		\$53,747	
Subtotal Gdes		751,500		669,833		483,667
Subtotal US\$	\$22,500	\$125,250	\$39,375	\$111,639	\$53,747	\$80,611
Commodities						
Vehicle (1 4wd)						
Purchase/Frt	\$22,000					
Excise Tax/1stReg.		40,000				
Generator	\$8,000					
Central A/C	\$3,500					
VCR TV Monitor	\$1,000					
Enlarge Depot		5,000				
Subtotal Gdes		45,000				
Subtotal US\$	\$34,500	\$7,500				

\* Managers' salaries Years 1-3 shown in FX based on current agreement with DOBACO for PSI Social Marketing activity under way

## ABA SIDA

## SOCIAL MARKETING EXPENSES - DOBACO AND MARKET PROMOTION

DOBACO	Year 4		Year 5		Overall Total	
	US\$	Gourdes	US\$	Gourdes	US\$	Gourdes
<b>Personnel Costs</b>						
<b>Salaries</b>						
Managers *		104,186		109,396	\$44,288	213,582
Salesman		33,861		35,554		161,626
Salesman		30,098		31,603		130,666
Secretary		33,861		35,554		161,626
Accounting -pt.		18,811		19,752		89,792
Record Keeper -pt. Helper		45,147		47,405		165,775
		9,406		9,876		44,896
OPATMA Insurance		4,740		4,978		20,891
ONA		9,481		9,955		41,782
Subtotal Gdes		289,591		304,073		1,030,636
Subtotal US\$	\$0	\$48,265	\$0	\$50,679	\$44,288	\$171,773
<b>Operating Costs</b>						
Office/Whse.Rental		60,000		60,000		300,000
Telephone/Commur.		9,000		9,000		45,000
Electricity		6,000		6,000		30,000
Office Supplies		6,000		6,000		30,000
Field Expenses		36,000		36,000		168,000
Vehicle		84,370		84,370		400,758
Training		10,000		10,000		50,000
Audit		10,000		10,000		50,000
Subtotal Gdes		221,370		221,370		1,083,758
Subtotal US\$		\$36,895		\$36,895		\$180,626
<b>Volume Based Costs</b>						
Pkg.&Qual.Control		46,875		50,000		187,500
Sales Commiss(3%)		38,636		45,455		138,364
Sales Tax (1%)		12,879		15,152		45,455
Subtotal Gdes		98,390		110,607		371,319
Subtotal US\$		\$16,398		\$18,435		\$61,554
<b>Market Development</b>						
Research		10,000		10,000		135,000
Design/Production		92,000		55,200		648,200
Media Placement		222,250		201,375		1,312,625
NGO Advances						400,000
Package Prtg/Shpg		337,500		360,000	\$115,622	697,500
Subtotal Gdes		661,750		626,575		3,193,325
Subtotal US\$	\$0	\$110,292	\$0	\$104,429	\$115,622	\$532,221
<b>Commodities</b>						
Vehicle (1 4wd)						
Purchase/Prt					\$22,000	
Excise Tax/1stRe						40,000
Generator					\$8,000	
Central A/C					\$3,500	
VCR TV Monitor					\$1,000	
Enlarge Depot						5,000
Subtotal Gdes						45,000
Subtotal US\$				\$34,500		\$7,500

ABA SIDA BACK-UP INFORMATION FOR SOCIAL MARKETING EXPENSES  
In Haitian Gourdes unless otherwise indicated

Personnel Costs	Monthly		Base Salaries without increment				Nc. Mos. Years 2-5
	Base Sals	No. Mos.	Year 1	Year 2	Year 3	Years 4&5	
Salaries	Year 1	Year 1	Year 1	Year 2	Year 3	Years 4&5	Years 2-5
Managers *	US\$ Yrs1-3	\$1,000	12	\$1,250	\$1,250	7,500	12
Salesman		2,250	13	2,250	2,250	2,250	13
Salesman		2,000	6.5	2,000	2,000	2,000	13
Secretary		2,250	13	2,250	2,250	2,250	13
Accounting -pt.		1,250	13	1,250	1,250	1,250	13
Record Keeper -pt.		750	13	1,500	3,000	3,000	13
Helper		625	13	625	625	625	13
CFATMA Insurance		3% of 12mosal		2.7692% of 13mosal			
ONA		6% of 12mosal		5.5385%			

Operating Costs	
Office/Whse. Rental	5,000 12
Telephone/Commun.	750 12
Electricity	500 12
Office Supplies	500 12 625 750
Field Expenses	2,000 12 3,000 3,000
Vehicle	(See NOTE A)
Training	15,000 Yrs 1&2 -6tngs @2500 10,000 Yrs 3-5 -4tngs @2500
Audit	10,000 Yrs 1-5

Volume Based Costs	
Pkg.&Qual.Control	625 for each 50,000 condoms
Sales Commis(3%)	3% of sales
Sales Tax (1%)	1% of sales

Market Development	
Research	(See NOTE B)
Design/Production	(See NOTE C)
Media Placement	(See NOTE D)
NGO Advances	(See NOTE E)
Package Prtg/Shpg	\$0.015 US\$/condom Yrs 1-3 0.09 Gourdes/condom Yrs 4-5

Commodities	Year 1 only	
	US\$	Gourdes
Vehicle (1 4wd)		
Purchase/Frt	\$22,000	
Excise Tax/1stReg.		40,000
Generator	\$8,000	
Central A/C	\$3,500	
VCR TV Monitor	\$1,000	
Enlarge Depot		5,000

\* Managers' salaries Years 1-3 shown in FX based on current agreement with DOBACO for PSI Social Marketing activity under way  
Manager Base Sal.: Yrs 1-3 \$750/mo.; Yrs 4-5 4500 gdes/mo.  
Asst.Mgr.Base: Yr 1 \$250/mo; Yrs 2-3 \$450/mo; Yrs 4-5 2700 gdes/mo.

February 12, 1991

ABA SIDA NOTES A - E TO BACK UP INFORMATION FOR SOCIAL MARKETING EXPENSES

(In Haitian Gourdes unless otherwise indicated)

NOTE A *	Cost for 1 Vehicle		12 Months		No. Vehicles	
	Vehicle Oper. Costs	Cost/mo.	Cost/yr.	Yr 1	Yrs 2-5	
	Fuel	1,500	18,000	1.5	2	
	Maintenance	1,000	12,000			
	Veh. Ins. (Priv)		5,445			
	Ins. (Govt)		490			
	Lic. Pl. (CGrise)		600			
	Inspection		250			
	Parking	200	2,400			
	Ins. (Driver)		3,000			
	Tot. Veh. Op. Costs		42,185	63,276	84,370	

\* Costs are for one vehicle already in use, plus a second which will be purchased Month 6 of Year 1

Market Development

NOTE B	Research	Year 1	Year 2	Year 3	Year 4	Year 5
	Focus Groups	10,000	10,000	10,000		
	Mkt. Research	10,000	10,000			
	Pricing Study	5,000		5,000		
	Pre-Test PUE	10,000	10,000			
	Monitoring Studies	15,000	10,000	10,000	10,000	10,000
	Subtotal	50,000	40,000	25,000	10,000	10,000

NOTE C Design/Production

Radio Spots	3 @1500	4,500	4,500			
TV/Cinema Spots	2 @7500	15,000	15,000			
Press Ads	2 @1250	2,500	2,500			
Posters/Billb'rds	2 @12500	25,000	25,000			
Point of Purchase *		100,000	100,000			
Brochure/Leaflet	1 @25000	25,000	25,000			
Design Fees		12,000	7,000			
Subtotal:		184,000	179,000	136,000	92,000	55,200

75% of Yr1 50% of Yr1 30% of Yr1

\* Will include some or all of the following, depending on results of market research: bandannas, bumper stickers, calendars, coasters, decals, hats, key chains, mobiles, signs, skirts, etc.

NOTE D Media Placement

Radio	400/yr @350	140,000	140,000			
Television	60/yr @2500	150,000	150,000			
Cinema	40/yr @250	10,000	10,000			
Press	25/yr @200	5,000	5,000			
Billboard	25/yr @500	12,500	12,500			
Subtotal:		317,500	317,500	254,000	222,250	201,375

80% of Yr1 70% of Yr1 63.4%

NOTE E NGO Advance fund (for initial condom purchase) Cost per packet of 3: 1 gourde

	No. Purchased	Advance Fund
Year 1	600000	200,000
Year 2	400000	133,333
Year 3	200000	66,667
Totals	1200000	400,000

ABA SIDA		SOCIAL MARKETING - PSI COSTS (In US\$ *)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
	US\$	US\$	US\$	US\$	US\$	US\$	
<b>Direct Costs</b>							
<b>Salaries</b>							
Home Office	\$16,265	\$17,076	\$17,932	\$18,829	\$19,770	\$89,874	
Dir. Field Support	\$35,000	\$36,750	\$30,870	\$20,258	\$10,129	\$133,007	
<b>Total Salaries</b>	<b>\$51,265</b>	<b>\$53,828</b>	<b>\$48,802</b>	<b>\$39,087</b>	<b>\$29,899</b>	<b>\$222,881</b>	
<b>Fringes</b>							
30.5% Of Sals	\$15,636	\$16,418	\$14,885	\$11,922	\$9,119	\$67,980	
<b>Total Sal&amp;Fringes</b>	<b>\$66,901</b>	<b>\$70,246</b>	<b>\$63,687</b>	<b>\$51,009</b>	<b>\$39,018</b>	<b>\$290,861</b>	
<b>Overhead 140.0% on Sals&amp;Fringes</b>							
Consultants a)	\$7,500	\$5,250	\$5,513	\$2,894	\$3,039	\$24,196	
250 /day							
<b>Travel b)</b>							
Air	\$6,000	\$5,040	\$3,969	\$3,473	\$2,917	\$21,399	
Per Diem	\$8,460	\$6,990	\$5,755	\$3,542	\$2,625	\$27,375	
Local Transport'n	\$1,000	\$1,050	\$662	\$232	\$243	\$3,187	
<b>Total Travel</b>	<b>\$15,460</b>	<b>\$13,080</b>	<b>\$10,386</b>	<b>\$7,247</b>	<b>\$5,785</b>	<b>\$51,957</b>	
<b>Other Direct Costs</b>							
Communications	\$2,000	\$2,100	\$1,654	\$1,156	\$912	\$7,824	
Office Supplies	\$1,500	\$1,575	\$1,103	\$868	\$608	\$5,654	
<b>Total Other Dir</b>	<b>\$3,500</b>	<b>\$3,675</b>	<b>\$2,757</b>	<b>\$2,026</b>	<b>\$1,520</b>	<b>\$13,478</b>	
<b>PSI Total</b>	<b>\$187,022</b>	<b>\$190,596</b>	<b>\$171,505</b>	<b>\$134,589</b>	<b>\$103,987</b>	<b>\$787,701</b>	

	Year 1	Year 2	Year 3	Year 4	Year 5
a) Consultant Days	30	20	20	10	10
b) Travel					
Trips @ \$600	10	8	6	5	4
Per Diem Days @ \$90	94	74	58	34	24

Current USAID approved Per Diem for Port-au-Prince  
 4/16 - 12/14: \$84 /day (8 months)  
 12/15 - 4/15: \$103 /day (4 months)

Average used for Year 1: \$90 /day

\* All costs on this page in US\$ because all expenses are for PSI staff or consultants on TDY - no PSI personnel are assigned to Haiti.

## ECONOMIC ANALYSIS

The Aba SIDA project is USAID/Haiti's contribution to the multi-donor effort to reduce the spread of the HIV virus and AIDS in the country which is estimated to have the highest rate of infection in the western hemisphere.

AIDS is a relatively new disease whose epidemiological profile is rapidly evolving. To date, there is no cure. While the world scientific community is engaged in a concerted effort to find a cure for AIDS, social and moral concerns could be invoked to make a case for allocating funds for patient care in the interim. The cost of providing basic care for an AIDS patient in Haiti for one year is considered to be at least \$800. This figure does not, of course, include many of the expensive life extending measures used in other countries. If the \$6.7 million programmed for USAID/Haiti anti-AIDS activities were to be used for patient care, only 8,375 persons (or 1,675 per year over five years) could benefit from the project. Since there is as yet no cure for the disease, this would not affect the mortality rate, nor would it protect thousands of people at risk who have not yet been affected by the HIV virus.

Alternatively, the allocation of these resources to the Aba SIDA project is expected, through training and motivational programs, to enable 800,000 people to halt transmission of, or avoid exposure to, the HIV virus. Based on the level of funding and projected numbers of people trained as a result of Aba SIDA interventions, the cost per beneficiary would be \$8.37.

The social marketing component of the project, which is expected to distribute/sell 15 million condoms during the LOP, will provide 150,000 couple years of protection (CYPs), based on an average of 100 sexual acts/couple/year. Given that both partners are at risk, one can assume a total of 300,000 person years of protection. USAID inputs for social marketing total \$1.3 million, for an average cost of \$4.33 per person year of protection.

The decision to carry out a project of this nature clearly cannot be based on an economic analysis of a specific set of interventions, nor is a conventional economic analysis feasible. It is important to consider, however, whether the interventions to be carried out represent least-cost methodologies, given the currently available and socially acceptable technical approaches to encourage modification of behavior towards more safe sexual practices.

The Aba SIDA project will incorporate the most advanced methods and strategies already shown to be effective, in Haiti and worldwide, by USAID, FHI and other experienced agencies. It will focus on behavior modification among groups at highest risk through training and social marketing programs.

The use of FHI/AIDSTECH, for management, coordination and technical assistance responsibilities for the entire project, will provide an efficient and appropriate way to gain necessary experience, and quality technical expertise. In addition to its ongoing AIDS program in Haiti (as part of the EUHS project), FHI currently manages \$28 million of centrally funded AIDS prevention and control activities worldwide for USAID. As such, FHI is recognized as one of the most experienced organizations in the realm of AIDS prevention and control activities. The research activities planned for this project will feed into the USAID collective knowledge base and strengthen AIDS control activities worldwide. Aba SIDA will also benefit from central resources that FHI has available for activities.

The participation of PSI, as a sub-grantee for the social marketing component, has similar advantages. They have considerable experience in social marketing of condoms worldwide and are presently collaborating with FHI/AIDSTECH in several countries. The fact that they are already engaged in condom promotion in Haiti, with DOBACO as their local partner, means that the operational structure is already in place for immediate start-up of Aba SIDA activities.

The NGOs included in the project design for the most part will be continuing to implement activities already underway. For them as well, start-up time will be minimal.

From a macro-economic perspective, Aba SIDA interventions resulting in increased use of effective practices to prevent HIV transmission will affect the economy, in the long term, by reducing the loss of productive adults from the work place and limiting the level of resources needed to care for AIDS patients. Given the fact that most of the people who will develop AIDS during the life of the project are already infected with HIV, it is not projected that the rate of AIDS will diminish during this period. However, the project will effect a slowing of the incidence of HIV infection.

Results of ongoing programs and studies (in Haiti and elsewhere) will be monitored by project staff and FHI throughout the period of project implementation. As training modules and IEC program components are developed each year, the project will have the ability to incorporate the most effective material and methodologies. This flexibility, built into the project design, will assure that the cost effectiveness of project interventions are maximized.

## ADMINISTRATIVE ANALYSIS

### 1. FAMILY HEALTH INTERNATIONAL

#### 1.1. Organization

Family Health International (FHI) was established 20 years ago as a non-profit international research and technical assistance organization with local institutional development and capacity-building as a primary goal. Given that goal, FHI has a long history and a proven ability in identifying and collaborating with developing country organizations to conduct its activities. FHI has specialized in the field of reproductive health since its inception, with particular expertise in contraceptive development and testing, family planning service provision and program evaluation, research in sexually transmitted diseases (STDs) and cancer as they affect reproductive health and, through the AIDSTECH Division, AIDS prevention.

FHI, with an annual budget of approximately \$20 million, has a diversified funding base. A.I.D, through both the Office of Health and the Office of Population, has been the major donor supporting FHI activities, with over \$100 million in contracts, grants and cooperative agreements awarded since 1971. However, FHI also receives support for its activities from the National Institutes of Health, United Nations Population Fund, World Health Organization, World Bank, International Planned Parenthood Foundation, Overseas Development Administration of the UK, Mellon Foundation, Hewlett Foundation, Buffet Foundation, American Foundation for AIDS Research and USA for Africa.

The main offices of FHI are in Research Triangle Park, North Carolina, near Raleigh, but since the award of the AIDSTECH Cooperative Agreement, an office has also been maintained in Washington, D.C. This office serves to facilitate communication between FHI and USAID, as well as other organizations active in the areas of reproductive health and AIDS prevention.

FHI has a total staff of 220, with 56 in the AIDSTECH Division alone. The professional staff of FHI have a wide range of skills, expertise and experience in training of health professionals, program and project development and implementation, epidemiologic and evaluative research and health education and communication. The technical divisions receive support from the accounting, purchasing, contracts and travel

departments, in addition to a substantial in-house library and computer facilities, both with permanent staff. FHI's telex, facsimile and telecommunications system enables the staff to communicate with project managers, ministries of health and USAID missions with relative ease.

Since the award of the AIDSTECH Cooperative Agreement in 1987, FHI has worked with WHO's Global Program on AIDS, national AIDS programs, ministries of health and non-governmental organizations around the world. In the first three years of its existence, AIDSTECH has provided technical assistance, training and other program support to over 151 individual AIDS prevention projects in 38 countries. These projects have focused on the problems of controlling sexual transmission of HIV, ensuring a safe blood supply and the integration of AIDS prevention activities into existing service delivery systems. While AIDSTECH's primary mandate is intervention in the area of AIDS, it has also supported behavioral and applied epidemiologic research related to the transmission of HIV, as well as economic analyses of the cost-effectiveness of various models of HIV/AIDS interventions.

AIDSTECH is supporting and managing extensive, multi-faceted programs in 14 countries besides Haiti: Burkina Faso, Cameroon, Ghana, Kenya, Tanzania, Zimbabwe, Dominica, Antigua, St. Lucia, the Dominican Republic, Mexico, Brazil, the Philippines and Thailand. However, few of these programs have had the advantage of a cohesive development and funding plan, as has the Haiti program. Rather, they have evolved from individual projects pieced together one at a time, requiring considerable management and technical skill to maintain program integrity.

## 1.2. Financial Management

FHI maintains a cost center system which segregates funding by source throughout the organization. Within the AIDSTECH Division this system allows the further separation of buy-in and core funding sources. The system allows for the tracking of both field and home office costs for specific projects and activities. All project recipients are subject to routine financial reporting requirements and to internal audits at the discretion of FHI.

In addition to annual FHI audits, the AIDSTECH Cooperative Agreement requires three full, centrally-supported audits over the life of the project. FHI provides a quarterly financial report to each USAID mission on AIDSTECH activities, in addition to the financial and technical semi-annual report generated for the AIDSTECH program as a whole.

Each contractual sub-agreement entered into by AIDSTECH with any organization, either public or private sector, must receive local USAID mission approval before implementation. This is in addition to the internal FHI review and approval process for technical and administrative

soundness. Each approved project then receives a funding advance for project implementation. The project must submit monthly financial statements, and operates, after expenditure of the advance, through a reimbursement mechanism for the remainder of the project. No line item in an approved project budget can be exceeded without prior approval and justification.

### 1.3. Program Management

FHI and AIDSTECH have established a system of regional coordinators and technical monitors to support project activities in the field. Within this system, the regional coordinators monitor the overall progress toward program success in a geographic area, e.g. the Eastern Caribbean and Haiti, or Francophone Africa. Each individual project in a region or country is assigned a technical monitor (who in some cases may be the regional coordinator), who is then responsible for ensuring that each project proceeds on schedule. This includes the timely completion of any financial and technical reporting requirements, as well as facilitating the provision of any technical assistance that may be required over the life of the project.

The AIDSTECH regional coordinators and technical monitors have access not only to the multidisciplinary technical specialists of their own division, but also the expertise of other FHI staff, as well as an extensive roster of outside consultants. In addition, countries with extensive programs, such as Haiti, Kenya and Thailand, also have full time resident coordinators who provide supervision and technical support to projects in the field and facilitate communication with the North Carolina office.

Given the size and complexity of the Aba SIDA project, AIDSTECH will have a coordinator/monitor fully dedicated to the Haiti program. The Haiti coordinator will be responsible for: overseeing the Haiti office; ensuring a rapid response to AIDSTECH/Haiti and USAID/PAP; facilitating strong administrative and technical support by AIDSTECH; and ensuring that PSI is providing timely support to the social marketing program.

## 2. POPULATION SERVICES INTERNATIONAL

### 2.1. Organization

Population Services International (PSI) is an A.I.D.-registered private voluntary organization with headquarters in Washington, D.C. Established in 1970, PSI is a non-profit, organization that provides technical assistance to developing countries in the area of health promotion. PSI expertise falls into two broad categories: social marketing of contraceptives and other health products such as Oral Rehydration Salts, and information, education, and communication (IEC) for

family planning, AIDS prevention, and child survival. Social marketing programs complement clinic-based and community-based distribution of family planning devices and are relatively low cost.

In 1990 PSI received funding from a broad base of sources: Family Health International/AIDSTECH; the International Fund for Health and Population; the Norman Foundation; the Pathfinder Fund; the United States Agency for International Development; the William and Flora Hewlett Foundation; the World Bank; UNFPA; the American Foundation for AIDS Research; Mary Wohlford; the Westport Fund; the Moria Fund; the Leland Fikes Foundation; and the Public Welfare Foundation.

PSI has launched or provides technical assistance to social marketing projects in over 15 countries. PSI distributes nearly a third of all contraceptives delivered in social marketing programs worldwide, surpassed only by the Government of India which launched the first ever social marketing effort in 1968. PSI's cost per couple year of protection (100 condoms/ spermicidal tablets or 13 cycles of pills) is \$2.35 without the cost of commodities and \$6.31 including commodities.

PSI is or soon will be distributing and promoting low priced condoms in collaboration with national AIDS programs in Benin, Burkina Faso, Burundi, Cameroon, Ethiopia, Kenya, Nigeria, and Zaire. Including the condoms marketed for family planning in countries such as Bangladesh, India, and Pakistan, PSI markets over 150,000,000 condoms a year. PSI purchases non-U.S. manufactured condoms for several of these projects.

PSI receives AIDSTECH core funding and/or monies through mission buy-ins to the AIDSTECH project to carry out condom social marketing activities in several countries. The Cameroon project was awarded a grant of \$50,000 a year for two years. The Zaire social marketing project has received \$212,535 to date. In Burkina Faso, \$1.1 million has been earmarked for a three-year condom marketing program to be managed by PSI. A similar arrangement with a comparable budget is being discussed for Burundi.

PSI technical assistance in Haiti began in April 1989. DOBACO S.A., the local distributor for condoms manufactured by Ansell, was approached by PSI. PSI offered to finance with private funds mass media and point of purchase promotion of PRIME brand condoms, in addition to a portion of administrative costs, in return for a 50% reduction by the distributor in the price of the product. PSI agreed to commit \$250,000 over a period of two years. To date, PSI has expended \$175,000 or 70% of the funds earmarked for Haiti. Since PSI technical and financial support began, annualized DOBACO sales of PRIME have jumped from 149,000 to 349,000.

## 2.2. Management

PSI's fourteen-member Washington, D.C. staff is experienced in

providing backstopping to field operations. The technical program staff are qualified professionals in the fields of marketing, advertising, research, training, and IE&C. They speak a variety of languages, including French. The administrative and financial staff are professionals with experience in supporting PSI field projects in the areas of accounting, procurement, and logistics. They provide world-wide communications, program and financial management and analysis, banking services, and other program support functions. Previous and current contracts and cooperative agreements with U.S. Missions in eight countries provide them a solid understanding of A.I.D. policies and procedures.

Programmatic and logistics backstopping in Haiti will be the responsibility of the Field Support Specialist, who will also conduct an in-country accounting workshop. Technical assistance will be under the direction of the Program Manager/ Haiti who will be supported by six French-speaking staff members and consultants. Their individual skills in research, communications, marketing, and program management are available to provide technical assistance to DOBACO and other local organizations in Haiti.

### 3. DOBACO S.A.

#### 3.1. Organization

DOBACO S.A. is a Port-au-Prince importation and distribution company that has been in existence in one form or another for over fifty years. It began in 1933 as LELIO BAILLY, Lelio Bailly being the father of the four siblings who now constitute top management. In 1982, it became incorporated as DOBACO, an amalgamation of the first two letters of Dominique Bailly and Company. Simone Dominique Bailly is Vice President. Her brothers, Gerard, Raoul, and Pierre are, respectively, President, General Director, and Treasurer.

The offices and warehouse are located at 272 Rue du Magasin de l'Etat, in downtown Port-au-Prince. The 25,000 square foot building, valued four years ago at \$700,000, is owned by the company. Two floors are rented out.

DOBACO has two divisions: 1) pharmaceutical products and medical supplies; and 2) food stuffs. DOBACO's distribution network consists primarily of pharmacies and super markets and is country-wide. The companies that DOBACO represents include:

1) ANSELL (condoms and surgical gloves); BECTON DICKENSON (syringes, syphilis and other laboratory tests); BIEDSDORF (adhesive tape); BLOCK DRUGS (dental products); CHINA SURGICAL (gauze and cotton); GAMMA BIOLOGICALS (reagents); HARRY LERNER (medical supplies); JAYZA (lab and hospital equipment); MEDISPODEX (surgical instruments); MEDITEX (scales); MEDO CHEMIE (ethical drugs); OLYMPUS (microscopes and other laboratory equipment);

2) DEL MONTE (canned fruits); J.R. REYNOLDS (PLANTERS brand foods); NABISCO (food stuffs).

Annual sales total about \$1.5 million. Sales revenues are evenly split between the two divisions.

DOBACO's warehousing facilities are ample and meet the company's present needs although there will have to be some expansion in order to handle the additional storage needs for the Aba SIDA project. There is cold storage for margarine, a refrigerator for reagents, and a room with a central air conditioner feed for condoms.

To date packaging of the social marketing brand condom, PANTE, has been performed by two staff members. While PANTE is currently the only product being packaged by DOBACO, the distributor has in the past been responsible for over-packaging, namely for STERLING DRUGS.

DOBACO has three vehicles that it uses for distribution and detailing visits: a five-ton truck, a three-ton truck, and a Jeep. An additional vehicle will be acquired by the project to facilitate market research, promotion and distribution of PANTE condoms.

### 3.2. Management

In addition to the four Bailly family members, there are 18 people on the staff; twelve are involved in administration, book keeping, making deliveries, and other miscellaneous tasks; and six are sales people. There is a full time bookkeeper and a part time, computer trained accountant. There is a bilingual secretary/administrative assistant paid for out of PSI monies. The sales person handling PANTE also handles PRIME condoms and two to three supermarket products. DOBACO sales, accounting and record keeping staff will be increased to support marketing efforts for the project.

## 4. CENTRES POUR LE DEVELOPEMENT ET LA SANTE (CDS)

### 4.1. Organization

The Centres pour le Developement et la Sante (CDS) is a Haitian PVO that was founded in 1974 in Cite Soleil, a large slum of approximately 150,000 inhabitants in Port-au-Prince. CDS has developed a community-based approach to health services, combining centralized preventive and curative services with a network of community health workers who make household visits and provide health education and follow up services. CDS maintains a registration system which enables the program to monitor the major health indicators of the population served, providing a wealth of data for research and evaluation purposes.

USAID support to CDS began in 1980 with a four-year grant of \$1.2 million. In 1984, USAID/Haiti signed a \$2.1 million five-year

Cooperative Agreement with CDS and added \$1.0 million in an amendment in 1986. In 1989, USAID authorized the five-year Expanded Urban Health Services Project (EUHS), which includes a Cooperative Agreement with CDS with an estimated budget of \$10 million. Although USAID has provided more than 50% of the CDS budget over most of the last 10 years, CDS has a diversified financial base which includes a number of other donors, user charges, and revenue generating activities. AIDSTECH is funding an STD clinic and an AIDS outreach education program in Gonaives under the EUHS buy-in.

CDS share of operating costs covered by user payments and sales revenues over the last several years rose from 8% in 1985-86 to a projected 14% in 1988-89. These cost-recovery efforts are most efficient in sites that do not provide hospital services, covering over 20% of operating costs. The financial analysis team found that two CDS strategies were particularly innovative and promising: a donor-funded prepayment system for Cite Soleil residents and a prepayment insurance scheme for factory workers.

#### 4.2. Program Management

CDS is headed by a General Assembly and Board of Directors. The Executive Director and the Assistant Executive Director oversee the four divisions: Administration, Operations, Monitoring and Evaluation, and Income Generation. Each of the CDS centers is independently managed by a sister or a nun. Each sister-administrator directs her unit's programs and her staff with little external interference. The CDS headquarters allocates funds monthly.

The two AIDSTECH funded projects in Gonaives are managed by the Field Coordinator, Dr. Desormeau, who is based in Port-au-Prince and visits Gonaives twice a month. The projects are under the medical direction of the CDS clinic director in Gonaives, Dr. Jean Baptiste.

The AIDS education project is adequately staffed with:

- 1 Medical Doctor
- 1 Auxiliary
- 1 Social Worker
- 6 Promoters
- 1 Messenger
- 1 Guard
- 1 Record Keeper

The STD clinic project is also adequately staffed with:

- 1 Doctor
- 1 Statistician
- 1 Assistant

- 1 Junior Accountant
- 1 Part Time Laboratory Technician

Given the past performance of CDS in managing these and other A.I.D.-supported projects, CDS has demonstrated a sufficient management capability to undertake new activities under Aba SIDA. It should be noted that Aba SIDA activities will comprise only a small proportion of the total CDS program.

### 4.3. Financial Management

#### 1) Existing management and accounting systems:

##### Findings:

- |                                    |  |
|------------------------------------|--|
| a) Management and Accounting Dept. | 1) Chief Accountant,<br>Assistant to Chief Accountant, Senior Accountant, 2 Clerks |
| b) Books Maintained                | 1) Cash book<br>2) General Ledger<br>3) Bank reconciliation<br>4) Payroll record   |

Conclusion: System adequate to monitor and report on all financial matters: YES

2) Accounting system has the capacity to track project funds as distinct from other institutional funds: YES

#### 3) System of internal control:

- Findings:
- 1) Pre-numbered vouchers are prepared for each item of expenditure. Details on voucher include name of payee, cheque number, budget sub-head.
  - 2) Payments are verified by accountant and administrator and approved by executive director.
  - 3) Payee signs vouchers upon receipt of cheque.
  - 4) Cheques signed by President or executive director with a counter signature of the executive director or treasurer.

Conclusion: System of internal control ensures that resources are used for the stated purpose: YES

4) Does/can the organization meet AIDSTECH requirements in the following areas:

- |  |   |
|--|---|
| a) A separate bank account is kept for all funds for a specific project.                                 | YES   |
| b) Financial report prepared in the required format.   | YES   |
| c) Expenditure in accordance with budget as per subagreement. All variations to budget must be approved. | NO<br>For project #404 a revised budget was approved but in Oct 1990 analyst found an over expenditure of \$3,890.25 in renovations which was not approved. This project also owes funds to other projects, including project 4123-1, funded by AIDSTECH for expenditure up to October. Thus expenditure was not in accordance with the subagreement. However, project 4123-1 had not exceeded the approved revised budget. |
| d) Separate accounting records kept for each project funded.   | YES   |
| 5) Latest financial report is in agreement with accounting records:                                      | YES   |
| 6) Compliance with the term of lease agreement:  | N/A   |
| 7) OVERALL CONCLUSION  | The financial system in place is adequate to manage additional funding. Discrepancies noted above need to be regularized.   |

## 5. CENTRE DE PROMOTION DES FEMMES OUVRIERES (CPF0)

### 5.1. Organization

The Centre de Promotion des Femmes Ouvrieres (CPF0) was founded in 1985 as an OEF International project. It became an autonomous institution and was

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officially recognized in Haiti as an NGO in 1988. CPFO is dedicated to promoting the empowerment of female factory workers through self-determination in their roles as both women and workers. Their efforts are focused on upgrading and improving workers' living and working conditions. CPFO is located in the heart of the industrial zone of Port-au-Prince, in close proximity to scores of factories and small commercial outlets. Despite the unstable political situation that has paralleled its evolution, CPFO has been successful in training thousands of female factory workers. The organization has remained financially and programmatically strong.

CPFO has attracted funding from a number of donors. The Ford Foundation provided the major support when CPFO became an independent organization in 1988. The 1990-91 budget includes funding from IPPF, Ford Foundation and Bread for the World, with low but increasing support from fee-for-service revenues. CPFO has also begun selling training services and technical assistance in administrative and financial reporting systems to other PVOs.

CPFO launched an AIDS prevention program in 1988 with support from the Ford Foundation. AIDSTECH, under the EUHS buy-in, will pick up support of the AIDS outreach activities when Ford Foundation money runs out in 1991.

## 5.2. Program Management

CPFO is headed by a Board of Directors which has 7 members. The Board operates as an advisory committee and meets irregularly. The Executive Director manages the organization. She is responsible for overall supervision of the program and for securing funds to insure continuity of activities. CPFO has 23 full time employees.

The Executive Director delegates operational responsibility to directors who head CPFO's four programmatic areas, or committees:

- Human Development, Civil and Legal Committee
- Public Relations and Resources Mobilization Committee
- Preventive Health Committee
- Training and Support Committee

Each committee is in charge of implementing activities that are clearly defined in the numerous project documents funded by CPFO donors. Each committee prepares monthly reports.

The training coordinator is responsible for supervising the training staff, planning and coordinating educational activities, and evaluating them. The trainers are responsible for conducting educational activities and distributing condoms.

CPFO has demonstrated the capability to manage a growing program; it is anticipated that the organization will be able to absorb Aba SIDA funding. In

fact, the CPF0 provides technical assistance in administration to other organizations for a fee.

### 5.3. Financial Management

1) Existing management and accounting systems:

Findings: a) Management and Accounting Dept.

1) Administrator who performs job of accountant

b) Books Maintained

1) Cash book  
2) Monthly report  
3) Bank reconciliations

Conclusion: System adequate to monitor and report on all financial matters:

YES

2) Accounting system has the capacity to track project funds as distinct from other institutional funds:

YES

3) System of internal control:

Findings:

1) Vouchers prepared for each payment with details of cheque #, name of account and classification.

2) Vouchers are approved by the administrator and director.

3) Recipient signs voucher when cheque received.

4) CPF0 has received an unqualified audit report from its auditors for the last financial year.

Conclusion: System of internal control ensures that resources are used for the stated purpose:

YES

4) Does/can the organization meet AIDSTECH requirement in the following areas:

- |  |   |
|--|---|
| a) A separate bank account is kept for all funds for a specific project.                                 | YES<br><br>Account to be opened for proposed funding.<br><br>Same procedure adopted for funds received from other donors.   |
| b) Financial report prepared in the required format.   | No problem anticipated in adhering to FHI requirements. These should be communicated to the organization.   |
| c) Expenditure in accordance with budget as per subagreement. All variations to budget must be approved. | No problem anticipated in complying.  |
| d) Separate accounting records kept for each project funded.   | No problem anticipated in complying.  |
| 5) Latest financial report is in agreement with accounting records.                                      | No problem anticipated in complying.  |
| 6) Compliance with the term of lease agreement.  | N/A   |
| 7) OVERALL CONCLUSION  | No AID funding at present but organization can be recommended as financial system in place is sufficient to manage funds. Organization currently manages US\$ 252,927 successfully from the other donors. |

6. GROUPE HAITIEN D'ETUDE DU SARCOME DE KAPOSI ET DES INFECTIONS OPPORTUNISTES (GHESKIO)

6.1. Organization

The Groupe Haitien d'Etude du Sarcome de Kaposi et des Infections Opportunistes (GHESKIO) was founded in 1982 by a group of Haitian physicians who were the first to become concerned about AIDS in Haiti. It is the second oldest group of AIDS specialists worldwide after the Centers for Disease Control in Atlanta. The mission of the organization is to improve understanding of the clinical and epidemiological aspects of AIDS, to care for those who are symptomatic, and to develop strategies to fight the epidemic.

GHESKIO has received support from Cornell University since its inception and has been very successful in diversifying its support base. Three consecutive grants have been awarded by the National Institutes of Health for AIDS-related research activities, the Fogarty International Center has provided support for specialized training, the French and Canadian development agencies have provided equipment and renovation support and the World AIDS Foundation and PROFAMIL are supporting research on STDs and family planning, respectively. The University of Miami is providing technical assistance with behavioral research, and USAID, through AIDSTECH, is financing sentinel surveillance and HIV counselling activities. The MSPP has been providing space for GHESKIO at the Institute National de Laboratoire et de Recherche since 1982 and recently renewed its commitment for another ten years.

## 6.2. Program Management

The director of GHESKIO is Dr. Jean Pape. The full time staff is composed of 13 specialists in different disciplines: six internists (two in gastroenterology, two in infectious diseases, one epidemiologist and one cardiologist), two pathologists, two medical technologists, one surgeon endoscopist, one dermatologist and one pediatrician. The current AIDS project with Cornell and NIH includes: Four physicians, four social workers, two computer persons, one secretary, three laboratory technicians and one nurse. The founders of GHESKIO, Dr. Jean Pape and Dr. Lioutaud, are on the National AIDS Committee.

Dr. Pape, a graduate of Cornell University Medical College, completed his internship and residency program in internal medicine, with a sub speciality in infectious diseases, in the Cornell affiliated hospitals. He is presently an associate professor of Medicine in the division of International Medicine at Cornell.

The director delegates to his staff the day to day management of activities. GHESKIO uses a team approach to manage the patient case load; doctors, nurses and social workers are teamed up and follow HIV patients and their partners. GHESKIO has weekly meetings to review charts and discuss various cases.

The project proposed for funding under Aba SIDA will be adequately staffed with:

- 1 Project Director
- 2 Project Assistants
- 1 Laboratory Technician
- 6 Social Workers
- 1 Secretary
- 1 Head Nurse
- 1 Messenger
- 1 Computer Operator

GHEKIO has been the leader in Haiti in AIDS research and control and has proven well able to plan and undertake new activities. Aba SIDA will provide funding for a continuation of the organization's role in the national surveillance program, an effort that was started by GHEKIO. The counselling activities that will be supported by the project are an outgrowth of the activities currently being funded by AIDSTECH.

### 6.3. Financial Management

#### 1) Existing management and accounting systems:

Findings: a) Management and Accounting Dept.

1) Secretary/accountant

b) Books maintained

1) Monthly reports  
2) Cash book

Conclusion: System adequate to monitor and report on all financial matters:

Very simple system proposed. The secretary is not a trained accountant. Guidance from FHI required as accounting for other projects currently funded is handled by respective donors.

2) Accounting system has the capacity to track project funds as distinct from other institutional funds.

YES

3) System of internal control:

**Findings:**

1) The system proposed allows for the secretary/accountant to directly handle all expenses related to the project with approval from project director.

2) The secretary/accountant and project director will be responsible for signing all accounting records.

**Conclusion:** System of internal control ensure that resources are used for the stated purpose.

YES

4) Does/can the organization meet AIDSTECH requirement in the following areas:

a) A separate bank account is kept for all funds for a specific project.

YES

Account to be opened for proposed funding.

Same procedure adopted for funds received from other donors.

b) Financial report prepared in the required format

No problem anticipated in adhering to FHI requirements. These should be communicated to the organization.

c) Expenditure in accordance with budget as per subagreement. All variations to budget must be approved.

No problem anticipated in complying.

d) Separate accounting records kept for each project funded.

No problem anticipated in complying.

5) Latest financial report is in agreement with accounting records:

No problem anticipated in complying.

6) Compliance with the terms of lease agreement:

N/A

## 7) OVERALL CONCLUSION

Very simple system proposed. Guidance from FHI required as currently the organization does not handle the accounting for funds received from other donors. This is handled by the donors themselves.

## 7. GROUPE DE LUTTE ANTI-SIDA (GLAS)

### 7.1. Organization

GLAS (Groupe de Lutte Anti-SIDA) is a consortium of private sector companies whose goal is to reduce the risk of HIV infection among employees by disseminating AIDS information to people in the workplace using trained peer educators and educational materials. GLAS was founded in 1988 by a group of businessmen who recognized a need to do something about the problem of AIDS at a time when there were few organized prevention activities in Haiti. The Board determined that the role of GLAS would be to intervene in the private sector. Funding for the first two years of activity was provided by USAID through a Cooperative Agreement with GLAS under the Urban Health and Community Development project, with technical assistance provided through a buy-in to AIDSCOM. AIDSTECH support began in August 1990.

The serious economic problems in Haiti over the last few years have apparently inhibited many businessmen from making direct contributions to GLAS. Only the Shell Company provides direct support, financing the new GLAS offices. Enterprises that participate in the GLAS program do contribute time and transport costs for employees to be trained as peer educators and release workers for in-house training by the peer educators.

While the organization has been well managed, some reorganization is necessary to make the operations more cost effective. GLAS needs to have the capabilities in-house to implement project activities. In previous activities focusing on AIDS education, GLAS has successfully achieved stated objectives. However, the development and implementation of training activities were subcontracted to other organizations which was rather costly. With the reorganization that is already underway, it is anticipated that GLAS will have the capability within the staff to produce educational materials and conduct training of trainers sessions at a much lower cost per trainee.

### 7.2. Program Management

The Board of Directors consists of 10 members who represent a cross section of the Haitian private business and medical communities. The Executive Director is in charge of overseeing all program activities. She adheres to directives

from the Board of Directors. She has a background in psychology and training. The accountant has managed USAID-funded programs previously.

The staffing at GLAS is currently in a transition state. Previously GLAS was staffed with:

- Executive Director
- Deputy Director
- Accountant
- Secretary
- Messenger
- Custodian

GLAS subcontracted to CMPP to conduct educational activities. In an effort to emphasize institutional capacity building, GLAS will be reorganized so that training activities are no longer subcontracted out. The new staffing structure will include trainers with a background in health education. The reorganized staff will include:

- Executive Director
- 3 Field Trainers
- Part Time Accountant
- Secretary
- Messenger
- Custodian

It is expected that GLAS will be able to efficiently manage the new project activities. AIDSTECH will have to verify this capability before awarding a new sub-grant.

### 7.3. Financial Management

#### 1) Existing management and accounting systems:

Findings: a) Management and Accounting Dept.

1) Accountant

b) Books Maintained

- 1) Cash book
- 2) General Ledger
- 3) Petty cash book
- 4) Bank reconciliation

Conclusion: System adequate to monitor and report on all financial matters:

YES  
The General Ledger was not complete when visit was made but system is satisfactory.

- B1

- 2) Accounting system has the capacity to track project funds as distinct from other institutional funds: YES
- 3) System of internal control:
- Findings:
- 1) Pre-numbered vouchers are presented with each cheque. Details include name of payee, cheque number and account distribution.
  - 2) Payments are checked by accountant and approved by Project Manager.
  - 3) Cheques signed by Executive Director and Board member.
- Conclusion: System of internal control ensures that resources are used for the stated purpose: YES
- 4) Does/can the organization meet AIDSTECH requirement in the following areas:
- a) A separate bank account is kept for all funds for a specific project. YES
  - b) Financial report prepared in the required format. YES
  - c) Expenditure in accordance with budget as per subagreement. All variations to budget must be approved. YES
  - d) Separate accounting records kept for each project funded. YES

- |   |  |
|---|--|
| 5) Latest financial report is in agreement with accounting records: | YES  |
| 6) Compliance with the terms of lease agreement:                    | N/A  |
| 7) OVERALL CONCLUSION   | The financial system is adequate to manage additional funding. |

## 8. IMPACT/IBESR/CHASS

### 8.1. Organization

IMPACT (Implementing Agency for Cooperation and Training) is a PVO headquartered in California that has been operating in Haiti since 1980. Since 1981, IMPACT has received financing from the European Economic Community, the Ministries of Cooperation of Switzerland, France and Belgium, as well as from private donors. IMPACT/Haiti currently supports 25 projects, each of which has independent sources of income. Each program is submitted for financing to one or more organizations. These organizations receive on a regular basis a detailed accounting of costs as well as progress on project activities. Each project has its own accounting system.

IMPACT has been supporting AIDS prevention activities among high risk populations in Port-au-Prince, Gonaives, and Cap Haitien for several years. Initially funding came from The Public Welfare and Ford Foundations. AIDSTECH began support of the activity in April 1990. Within an 18 month period, 20,000 men and women at very high risk were reached and 800,000 condoms distributed.

The AIDS prevention program is implemented by IBESR (Institute du Bien Etre Social et de Recherche) and by CHASS (Centre Haitien de Service Social). IBESR, part of the Ministry of Social Affairs, carries out project activities in Port-au-Prince, Gonaives and Cap Haitien. CHASS, a non-governmental Haitian association, works exclusively in the district of Carrefour, in the southern section of Port-au-Prince.

### 8.2. Program Management

Each IMPACT project is headed by a project manager who resides at the project site. He or she is responsible for the progress of project activities and reports directly to the respective funding agency. The central office in Port-au-Prince provides administrative support. There are four divisions: personnel, accounting, programs and specialty areas.

The IMPACT director in Haiti is responsible for the management and overall direction of the AIDS prevention program; an IMPACT coordinator supervises the IBESR and CHASS teams. The operational unit is an IBESR technical team which plans and schedules activities and conceives and produces the messages and materials that are used. Technical advisors include representatives from the Public Health Department and from the BCPNLS.

The current staffing of the AIDSTECH funded projects is adequate, specifically:

Project Site: Gonaive

- 1 Technical Coordinator
- 1 Medical Doctor
- 4 Social Assistants
- 10 Collaborators
- 1 Driver

Project Site: Port-au-Prince/CHASS

- 1 Supervisor
- 1 Secretary
- 15 Collaborators

Project Site: Port-au-Prince/IBESR

- 1 Technical Director
- 3 Social Workers
- 1 Medical Director
- 1 Translator
- 1 Driver
- 1 Typist
- 15 Collaborators

IMPACT has proven capable of managing a large AIDSTECH funded program to date, but one that was limited to Port-au-Prince and Gonaives. It is expected that Aba SIDA will support an extension of this sub-project to several additional urban areas. AIDSTECH will have to ensure that IMPACT, in collaboration with its executing agencies, in particular IBESR, will be able to administer the expanded program.

AIDSTECH should consider contracting directly with CHASS, and also with IBESR, given the lifting of restrictions on funding GOH agencies. However, while this could reduce the costs somewhat, AIDSTECH might well find that neither of these agencies is capable of administering the program effectively without the management support of IMPACT.

### 8.3. Financial Management

#### 1) Existing management and accounting systems:

Findings: a) Management and Accounting Dept.

b) Books maintained

Conclusion: System adequate to monitor and report on all financial matters:

2) Accounting system has the capacity to track project funds as distinct from other institutional funds:

3) System of internal control:

Findings:

Conclusion: System of internal control ensures that resources are used for the stated purpose:

1) Chief financial officer (Los Angeles)

1) Cash book  
2) Cash account balance register

NO  
Books are maintained locally by project manager who is a doctor. Books prepared do not always agree with financial report prepared by chief financial officer.

YES

1) All cheques signed by Project Manager for expenses incurred in each location.

2) Doctor at each location provides bills to support expenses.

3) Project Manager ensures all expenses are legitimate.

YES

- 4) Does/can the organization meet AIDSTECH requirements in the following areas:
- a) A separate bank account is kept for all funds for a specific project. YES
  - b) Financial report prepared in the required format. YES, But see #1 conclusion
  - c) Expenditures in accordance with budget as per subagreement. All variations to budget must be approved. YES
  - d) Separate accounting records kept for each project funded. YES
- 5) Latest financial report is in agreement with accounting records: NO..  
Records are kept by Project Manager in Haiti and financial report is compiled at head office in Los Angeles.
- Expenses agree with monthly records, but there is a discrepancy in the cash balance. HQ receives funds from donor but all funds are not sent to Haiti. Balance in F/S reflects funds at both locations. Also it was difficult to determine whether the cash held locally as per cash account was in agreement with the bank account as reconciliations were not performed. The organization and the bank reflect different dates of receipts of funds.
- 6) Compliance with the terms of lease agreement: N/A

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7) OVERALL CONCLUSION

The financial system needs improving as currently accounting matters are handled by the project manager who is a doctor and not experienced in accounting. This organization currently manages a budget of US\$128,340.

Before extra funds are advanced the record keeping should be undertaken by someone with accounting experience.

## SOCIAL SOUNDNESS ANALYSIS

### 1. Introduction

The purpose of this section of the Aba SIDA Project Paper is to discuss certain key aspects of the social context of AIDS in Haiti, thereby allowing the reader to better assess the validity of project and its proposed strategies. Although indisputably a biomedical phenomena, disease is also a social one. Illness always occurs in and is affected by a social context. It is a virus, for example, which is the causal agent of a disease such as AIDS. Social context, however, proscribes the demographic and economic impact of the disease and shapes the beliefs and behaviors which favor or inhibit disease transmission. To identify and understand the cause of an illness then is to comprehend only one part of the equation. The total equation reads: Causal agent plus pertinent social, economic, and cultural factors equals disease course and impact.

The most pertinent social contextual issues to be discussed below are as follows: 1) the health and potential socioeconomic impact of AIDS on Haiti, 2) disease beliefs, especially those concerning AIDS, 3) sexual norms and mores, and 4) condom knowledge, attitudes, and practices. The first section will supplement the technical analysis contained in Section 2 of the Project Paper; the latter three sections will highlight the behaviors and attitudes which will affect project implementation. In the recent AIDS Knowledge, Attitudes, and Practices (KAP) Study (1990), approximately 98 percent of respondents of reproductive age had heard of the disease. The same study concluded, however, that even if they know of its existence, the majority do not understand how AIDS is transmitted. Moreover, many respondents professed to practice the very behaviors believed to place one at high risk for the disease. In Haiti as elsewhere therefore, the battle against AIDS necessitates changes in behaviors and attitudes profoundly anchored in the culture.

### 2. Social Context

#### 2.1 Socioeconomic Impact of AIDS

Much has been written about the effect of AIDS on individuals or particular groups, but relatively little analysis has been done of its potential long range impact on a nation. It is the contention of this portion of the social soundness analysis that AIDS has major implications for the health status of Haitians and, by extension, for the socioeconomic status of the country as a whole.

As discussed in the body of this Project Paper, AIDS is a major health problem in Haiti. The country has one of the highest HIV infection rates internationally and the health status of the general Haitian population was, according to all indicators of mortality and morbidity, the worst in the Western Hemisphere even before this crisis. For example, current life expectancy in Haiti is estimated at only 52 years, in contrast to the 64-year average for Latin America and the rest of the Caribbean. In the past, diarrhea, pneumonia, and immunizable diseases (i.e. measles, tetanus, polio) were the principal causes of child mortality; tuberculosis and malaria were the principal causes among the general adult population; the effect of too frequent childbearing was the leading killer of women of reproductive age; and malnutrition was a major contributor to death for both sexes in all age groups, but especially for children under five and women 15 to 49 years.

Although the exact death rate from the disease is as yet unknown, it is obvious that AIDS is a deadly new addition to this list of killers. From a medical point of view, it is known that the spread of many diseases, including AIDS, is accelerated by contact with immune systems already weakened by malnutrition, anemia, chronic infections, unsanitary living conditions, and other forms of stress. In other words, in Haiti, as in much of sub-Saharan Africa, the disease has found a near perfect niche. To make matters even worse, the advance of HIV infection, at an estimated increase rate of infected persons of 1 percent annually, threatens the progress which has been painstakingly made in recent years in combating these other diseases. It is predicted, for example, that the recent gains in the fight against childhood diarrhea will be wiped out by pediatric AIDS cases.

Haiti, one of the poorest nations by international standards, and the least developed in the Western Hemisphere, can ill afford the costs of this disease in either human or financial terms. Approximately 12 percent of the national budget is already expended for health, yet the present health infrastructure remains inadequate to combat even commonplace illnesses. Every dollar spent on AIDS also means less money which can be expended for the other major health problems.

The most horrendous cost of AIDS, however, is its potential cost in human terms. It is generally agreed that the primary mode of AIDS transmission in Haiti is through sexual contact, which means that the greatest number of victims are men and women in their reproductive years. People from 15 to 49 years old also comprise the most economically productive age group of any society. As with most developing nations, Haiti's age-sex profile resembles that of a pyramid: The bulk of its population, approximately 43 percent, is under 15 years old and forms the base of the pyramid. Another 4 percent of the population at the pyramid's apex is comprised of people 65 years and older. In demographic terms, these two extreme age groups constitute the "dependent" portion of any population: that portion of the population which does relatively little work and which relies on the most

economically active portion of the population from 15 to 64 years old for its food, shelter, and other necessities. In most developed nations, this dependency ratio is low. In Haiti, however, at least one half of the population is dependent on the other half for its survival.

The presence of AIDS in any society is, of course, destructive. The potential impact of a disease which preys on the most economically active part of the population in a less developed country such as Haiti, however, is calamitous. For every reproductive age adult who contracts AIDS, at least one other person will be left without any viable means of support. Needless to say, there are scant social services available to fill this lacuna. Children will be left orphans and older people destitute. The impact of AIDS, on those productive adults who contract the disease, on those who rely on them for support, and, by extension, on the nation, will thus be catastrophic.

Although more will be said below concerning the attitudinal and behavioral aspects which impact on females, it is necessary to point out here the particular susceptibility of the majority of Haitian women in the face of AIDS. As mentioned above, AIDS preys on immune systems already weakened by malnutrition, anemia, chronic infections, lack of hygienic living conditions, and stress. In Haiti as elsewhere, due to the effects of too frequent childbearing and their inferior economic condition, the majority of persons living in such conditions are female. An indicator of the potential impact is evident from the rate of AIDS progression among women in the past several years. In 1983, women represented only 14.3 percent of AIDS patients in Haiti; in 1990, they represented approximately 40 percent.

Based on the above, it is simple to conclude that there is a real, evidenced need for the Aba SIDA Project in Haiti. The existence of the pandemic in the country is irrefutable, the health status of the general population is already fragile, and the potential cost in human terms in a society such as Haiti almost staggers the imagination. Although it will be discussed below, a few words will be said here about the presence of adolescents as the project's number one priority target population. As discussed in the body of the Project Paper, there are several salient reasons for this priority: Almost half of the population 15-19 years old is already sexually active; adolescence is the prime period to influence sexual mores; and this group as a whole will have to live with the reality of AIDS for the rest of their lives. There is yet a fourth salient reason, however, for targeting this group: The bulk of Haiti's population is young with a majority, or 52 percent, under the age of 20. Presently, more than 90 percent of those with AIDS are in the 20-40 age group. The sheer number in the younger population means that, if unabated, AIDS will have an even greater target population and more victims in the decades to come. As this group moves through the reproductive years, given the present annual increase rate, the number of AIDS cases will grow with an almost geometric progression.

## 2.2 Disease/AIDS Beliefs

All diseases occur in a sociocultural context. On one hand is the biomedical definition of a disease which, in a supposedly universal and objective fashion, identifies the causal agent or agents, provides diagnostic and prognostic criteria, and indicates courses of prevention and/or treatment. On the other hand is the sociocultural definition of the same disease which may or may not concur with the biomedical one. Differences in any part of these definitions may have serious implications for any plan to combat the disease. The success or failure of a health project depends on the congruence of these definitions or, lacking that, a well devised plan to surmount these differences.

In Haiti, illness may result from a variety of natural and supernatural sources. Natural diseases occur frequently and are usually over and/or cured in a brief period of time. They are caused by purely natural agents (e.g. bone or organ displacement, gas, and, recently, mikwob or viruses) or events (e.g. minor accidents, an emotional episode producing anger or grief): A person gets a cold; a worker is careless and cuts his finger with a machete; a child has a mild case of diarrhea. The prescribed treatment for such illnesses vary according to the diagnosis, the age of the patient, and the severity of the symptoms and include purchased medications or, more frequently, home herbal remedies, and/or visits to traditional or Western healers.

Less frequently diagnosed are illnesses of a supernatural or magical origin. These occurrences are most notable for their longer duration and life threatening capability and some illnesses, initially classified as natural, may be placed in this latter category when they fail to respond to treatment. Although a few illnesses in this category may be caused inadvertently, most such episodes are perceived as the direct result of some real or perceived transgression or omission towards one's family or acquaintances, one's ancestors, or the lwa (gods and goddesses in the voodoo pantheon). For example, an enraged husband may seek revenge through magical means on his wife's lover; a dead mother may cause her offspring illness after having waited an inordinate amount of time for a suitable tomb to be built; or a lwa might strike down a servitor who has failed to fulfill his/her sacrificial obligations. One is in mortal danger from any human or supernatural agent whom one has angered, cheated, caused to be jealous, or otherwise grievously slighted. In cases of such illnesses, the usual healer of choice for diagnosis and treatment is the hougan or gangan (feminine form: mambo), the traditional ritual specialist, although of late, Protestant pastors often become involved in such healing .

From the above description of disease classification, one would predict that AIDS, due to its devastating nature, would most often be placed in the latter category. Indeed, according to the recent KAP, over half of

all respondents stated that those who contract AIDS are the victims of some sort of evil force. This finding was consistent across age groups, but was more prevalent among those living in rural than in urban areas. In comparison to this finding, it must be noted that only 24.6 percent of respondents made the association between AIDS transmission and high risk sexual behaviors. Furthermore, approximately half of those KAP respondents reporting high risk sexual behaviors professed belief in the supernatural causation of AIDS, while another 15.9 percent of those reporting such behaviors believed it may or may not be so. Only a third of those classified at highest risk for AIDS did not subscribe to supernatural causation of AIDS.

The KAP Study and qualitative data also suggest that the situation may be compounded by the belief held by some that there are two types of AIDS or two diseases which, apparently, resemble one another but have different causes. The one is SIDA naturel, or "natural" AIDS, which may be transmitted by a number of incompletely understood means, including using the eating utensils of an infected person; the other is AIDS or an AIDS-type disease which is transmitted by supernatural or magical means.

It is evident, therefore, that for the vast majority of Haitians, AIDS is a disease which is caused by external forces. The locus of control is external to the individual and thus outside the realm of preventative behavior or personal initiative. In the past, tuberculosis was viewed in much the same way. Due to the increasing use of medication for TB and higher cure rates, this disease is presently undergoing a recategorization. The problem with AIDS, of course, is that there is no cure at this time.

This belief held by most, that the disease is not the result of personal behavior but of supernatural forces, is probably the most serious impediment to the success of any AIDS project in Haiti. Most unfortunately, this belief is apparently widely held by the very people who exhibit the highest risk sexual behaviors (i.e. persons with two or more sexual partners in a given month). For those who hold this belief, strategies which stress individual initiative and behavior modification will most probably have little chance of success. In this instance, cognitive gains do not necessarily mean changes in comportment will occur. New strategies must be devised which take this belief as a starting point. To ignore it would be to chance the development of totally inappropriate and ineffective IEC strategies.

In terms of attempting to change this belief, the selection of Aba SIDA priority population targets is ideal. First, as mentioned above, adolescents, who are the number one priority target, are at the prime time of life during which to influence behavior patterns and attitudes. At this time of life, people are actively involved in the search for the models of behavior and ideas which will serve them all through adult life. Part of this process involves testing the ideas and standards of previous

generations. If they find these wanting or conflicting, youth is usually motivated to search for alternatives and is often the impetus for change on a societal basis. Youth in developing countries, who are generally better educated than preceding generations, are particularly powerful in this regard. For example, it is no coincidence that, over the course of the past six years in Haiti, much of the political unrest and impetus for change has arisen from secondary schools and youth groups. Adolescence is thus the perfect time during which to affect major beliefs such as those concerning AIDS causation. Human development is not stagnant in later periods but, rather, continues throughout the life span. Nevertheless, adolescence is the prime period to affect behavioral and attitudinal change and, due to the influence of this relatively well educated age group in Haiti, to affect changes on a societal basis.

Second, the selection of leaders as another priority target group is also well conceived for this situation. As with youth, leaders are in a pivotal position to change attitudes and behaviors. In more traditional societies, they are often the guardians of the status quo; leaders in developing countries such as Haiti, however, often rise to the position as a result of their ability to translate and transmit the need and means of change to the masses.

In terms of this AIDS causation belief, the uniformity of IEC messages is also critical. The general population is already confused enough regarding to the disease without the added burden of conflicting information from the various major actors involved in AIDS prevention. The proposed IEC strategy, which calls for strict coordination of all IEC messages through the BCPNLS, is thus well adapted to the situation. The creation and coordination of uniform messages will eliminate the potential for creating even more cognitive dissonance in the minds of the public.

### 2.3 Sexual norms and mores

As mentioned above, it is generally agreed that the primary mode of HIV transmission in Haiti is through heterosexual contact with an infected individual. Although the first cases of AIDS were found in bisexual men, women presently constitute 40 percent of the total number of known cases. Moreover, approximately 90 percent of those touched by the disease are men and women between 20 and 40 years old, the years of most intense mating and sexual activity. In addition to beliefs about the cause of AIDS, therefore, existing heterosexual norms and mores are tremendously important both in terms of influencing the path of the disease and in terms of planning interventions.

There are three major forms of conjugal union in Haiti: marve (marriage), plasaj (common law), and vivavek (literally, "live with" although there is no cohabitation). The first two are by far the most prevalent and important union types. For example, of those men and women 15-49 in union

interviewed for the recent contraceptive prevalence study (CDC/CHI: 1990), 52 percent, 39 percent, and 8.6 percent were *plase*, *marye*, and *vivavek*, respectively. Both *marye* and *plasaj* generally involve cohabitation, and implicit in both is the idea of mutual economic support and, particularly in rural areas, long term commitment.

The above, seemingly straight forward description of union types is often complicated, however, by the combination of these various forms. First, an adult may go through several forms of union with the same person. For example, many couples begin with a non cohabitating union and, after some time, enter into *plasaj*; a few couples even go from *plasaj* to *marye*. Second, although no hard data exist on the topic, some adults are known to be in several types of union simultaneously. For example, a man may be married and also in common law union with one or several women; in common law union with several women; or in common law union with one or several women and have visiting relations with one or several other women. According to one writer (Lowenthal: 1984) married men are more frequently polygynous than their counterparts in *plasaj*---the same financial wherewithal that allows marriage in the first place also enables a man to offer the kind of support that attracts a second wife. Equally, a woman may have visiting relations with several men or she may be in common law union with one man and still maintain visiting relations with another or several men. In the case of women, limited qualitative data (e.g. Alvarez, O'Rourke, & Alvarez, 1985) suggest that such polyandrous relationships are primarily the result of financial necessity. A woman maximizes her economic chances for survival by creating liens, i.e. by becoming *manman pitit* or "mother of his children", with as many men as possible. This relative plethora of union types and combinations means that any one person, while not engaging in culturally defined promiscuous behavior, may have a number of conjugal partners over the course of his/her reproductive career.

As would be expected, there is considerable variation between urban and rural areas in terms of union patterns and stability. For example, the Haiti Fertility Study (1981) found a significantly greater instability of unions in urban areas. Casual visiting unions and separations were found to be more widespread, while the initial entry into (or early transition to) stable unions that is characteristic of rural women was shown to be much less common in urban areas. In addition, female adolescent sexuality, primarily out of stable unions, appears to be considerably higher in urban areas. More recent studies are contradictory in terms of the age of first sexual encounter. According to the KAP study, 43 percent of men and 26 percent of women have had sexual relations before the age of fifteen. According to the recent CPS, however, by 15 years of age, only 4 percent of young women and 12 percent of young men are sexually experienced. Both studies are in agreement, however, that first sexual encounters are outside of stable relationships for less than 5 percent all respondents.

As stated above, no data exist on the number of adults in reproductive age in simultaneous unions. The recent KAP study provides data on those having multiple sexual partners, however, through its survey of those at high risk for HIV infection. For the purpose of the study, "high risk behavior" was defined as having had at least two sexual partners in the month preceding the study. According to this criteria, 17 percent of all respondents reported such behavior: 31.2 percent of the men to only 0.8 percent of the women. It is possible that men may over report their sexual activities as such behavior has a high cultural value for males. It is even more probable, however, that women under report as having multiple sexual partners is not highly regarded for females; women, in general, are also more reluctant to speak openly of sexual matters than are men.

As might be anticipated, the younger the male respondent, the higher the risk level; the highest risk level, 39 percent, being reported by men 15-19 years. Of this age group, 19.4 percent also report having had relations with a commercial sex worker, a particularly high risk group. Men with the highest educational level reported 35.8 percent high risk behavior, as compared to only 23 percent by those with low educational levels. Male respondents living in the metropolitan and other urban areas also reported higher risk levels than those in rural areas: 33 percent, 40 percent, and 25 percent, respectively. In a finding possibly related to these latter two, those males with high levels of knowledge about HIV transmission tend to engage more often in high risk behaviors than do those with low levels of knowledge: 35.4 percent to 24.7 percent, respectively. Obviously, this result is confounded with level of education and place of residence: Males living in urban areas tend to be better educated, and thus more knowledgeable about HIV transmission, than those living in rural areas. It may also be related to the phenomena of polygynous men discussed above: Urban men with higher education levels probably have higher economic levels and/or are otherwise more attractive sexual partners than their less educated, rural, and probably less economically advantaged, peers.

It is obvious from the above discussion that there are many sociosexual factors in Haiti which favor HIV transmission. One of the most important of these is the existence of number of different union types which, according to still widely accepted cultural values, may be entered into simultaneously. The existence of polygyny in Haitian society has long been acknowledged. Academic argument still rages over whether or not the custom of a man having multiple wives is an African survival. Less acknowledged, however, is that some women also practice a form of polyandry with simultaneous conjugal relations with several men. The reasons behind these may be different---status gains for the males, economic gains for the females---but the end result is the same: Many adults, with greater or lesser cultural approbation (men and women, respectively) have a number of conjugal partners over the course of their reproductive careers.

Perhaps even more critical in regards to HIV transmission are sexual encounters outside of union, or unions as the case is. HIV infection within stable polygamous relationships is still relatively containable. This is not so in the case of sexual relations with a number of random partners. As discussed above, 17 percent of all respondents report having had two or more sexual partners in the month preceeding the KAP Study. Many of these are most likely persons in stable, multiple unions. The largest percentage of respondents reporting such behaviors, however, were young urban men of 15 to 19 years. As was also reported, young people of this age group are seldom in stable relationships and the proportion of stable relationships is also less in urban than in rural areas. Furthermore, at least one-fifth of young urban males also report having frequented a commercial sex worker. The probability that a considerable proportion of this particular group indulges in behaviors which are especially conducive to HIV transmission is thus very high indeed.

Based on this discussion of pertinent sociosexual factors, it is again possible to conclude that 1) the project priority populations have been well selected, especially in terms of adolescents and men and women in their reproductive years; and 2) that the emphasis on IEC and the promotion of condoms is well placed. Despite the caveats about AIDS causation and the irrelevance of personal initiative in its prevention discussed above, there is still room for education. All but a few people (less than 2 percent according to the KAP Study) in the above mentioned priority populations know of the existence of AIDS and less than 2 percent believe there is an AIDS cure (CDS/CHI, 1990). Despite widely held beliefs about disease causation, most people will still be relatively open to new input when faced with the specter of an incurable disease. Even spreading a seed of doubt about AIDS causation and transmission through a well conceived IEC program will probably have an impact. When faced with a shred of doubt, most would rather be safe than sorry. (As the Haitian proverb says, "evite miyo ke mande padon", or "prevention is better than demanding forgiveness.") This is especially so when the input is tailored to coincide with other cultural norms. For example, based on the above discussion, one can judge the futility of a previous AIDS campaign which heralded "Prevent AIDS; one man and one woman throughout the road of life". However, a well conceived IEC effort, which takes into account and uses to advantage these sociosexual norms, will have a good possibility for success.

#### 2.4. Use of condoms

With the exception of complete abstinence or exclusively monogamous relations with one certifiably HIV infection free partner, the use of condoms is presently the only known means of AIDS prevention. This section will discuss the present levels of knowledge and attitudes towards condoms and how these will effect project objectives.

According to the latest contraceptive prevalence survey (CPS), 72.9

percent of women and 79.5 percent of the men of reproductive age interviewed had heard of condoms. The condom is thus the most widely recognized contraceptive for this age group as a whole, although slightly more women (73.1 percent) knew of oral contraceptives. Although this represents relatively high condom recognition, it is considerably lower than for previous CPSs. For example, in 1983, over 90 percent of women 15-49 ever in union had knowledge of the condom. Despite relatively high recognition, however, when questioned concerning use, only 0.5 percent and 3.4 percent of women and men of reproductive age in union, respectively, were using condoms at the time of the study. In comparison, the KAP study reports ever use of the condom at 18 percent for men and 6 percent for women.

On the positive side, it is obvious from this most recent CPS and from past studies that the role of condoms in preventing STDs and AIDS is rather widely recognized. For example, in the latest study, those men who had obtained condoms during the previous 12 months were questioned further as to reasons for their use. Some 60.9 percent of those not in union and 33.3 percent of those males in union said they utilize them, at least in part, for STD/AIDS protection. This finding coincides with earlier ones. In a focus group study in 1983, for example, all male participants agreed that condoms are an effective protection against STDs (at this time, AIDS was not a recognized problem).

On the negative side, this same recognition and association with STDs/AIDS also harms the image of the condom. According to the KAP study, 54.3 percent of women and 71.4 percent of men who know of condoms believe their use means a lack of confidence between partners. Condoms may thus be acceptable for casual relationships but not stable ones. This association of condoms with casual sex would seem to have some basis in reality. As discussed above, almost twice as many men not in union as those in union tend to use condoms for protection against STDs/AIDS. Reportedly, even certain prostitutes, who require condom use of their occasional clients, do not do so with their clients of long standing.

Although more men than women associate condoms with casual sex, according to the 1983 focus group results, women were more reticent regarding condoms than were men. In addition to their connection with illicit sex, condoms were perceived as a health threat by the women. According to them, the condom can come off during intercourse and enter the vagina causing complications which can only be resolved by surgery. Other research indicates a belief that condoms can cause other serious problems such as babies being born with condoms on their heads (Allman:1983). According to the KAP study, 37.3 percent of female respondents believe that the condom's lubrication causes health problems.

Other major impediments to condom utilization include the belief that they inhibit sexual pleasure, doubts about their quality, and the belief that the decision to use them is a male prerogative. First, according to the

KAP study, 28.8 percent of those with condom knowledge believe condoms diminish pleasure during intercourse. Second, focus group studies have shown that many men, especially, doubt the quality of the free condoms widely distributed by health programs in Haiti. There appears to be a broad consensus that condoms which are sold are of a superior quality to those distributed freely. Finally, according to the KAP Study, 60.2 percent of women and 78.4 percent of the men responded that the man has the right to decide whether or not a condom is used. In focus groups, women have even said that they have been beaten as result of suggesting condoms. These latter findings suggest that some women, especially commercial sex workers, may have little leverage to demand condom use.

It is obvious from the above that although the condom's purpose for STD/AIDS control is relatively well understood, much work needs to be done to improve both the condom's utilization rate and its image. The proposed social marketing approach of Aba SIDA promises to be effective in both these regards. First, social marketing will make condoms available in a greater number of places and with a greater regularity of supply than in the past. Studies have long shown that a major impediment to utilization of all types of contraceptives is availability. Even those who want to use them often cannot find a proximate and/or dependable supply. On the other hand, studies of community based distribution have shown dramatic increases in condom use as a result of this mode of distribution. Large scale distribution to specific high risk groups such as soldiers have also been successful in increasing utilization.

Second, social marketing should also go a long way toward improving the image of the condom. As discussed above, there is widespread scepticism about the quality of those condoms distributed through government and PVO programs. In Haiti, anything that is given away for free is suspect. (There are numerous Haitian proverbs in the vein of "the rich never give away anything to the poor which is worth having.") Social marketing will assure that people have a greater choice among condoms. If they associate commercial condoms with better quality, they will have the possibility of purchasing them, albeit at a "social" price, as a result of this strategy. As discussed in the body of the Project Paper, attractive packaging and amusing, provocative media messages should also be automatic image boosters.

The image of the condom should be enhanced further through the project's proposed major IEC effort. Women in union need to view the condom as a safe and reputable method for their use, and women in general must be helped to insist upon its utilization in all sexual encounters. Most health concerns arise from misinformation or lack of information. These concerns can be relatively easily addressed by a well designed IEC effort. The male prerogative issue is more problematic but will be facilitated by the project's focus on both men and women as priority groups. The recent GLAS video targeted at this group, showing an attractive young woman refusing a young man who was repulsed by her

suggestion to use a condom, is an exemplar of the type work which needs to be done. Not only the right but the duty of both sexes to insist upon condom use should be a major theme of IEC efforts.

The closer association with the condom as a contraceptive means would also be helpful in this regard. For example, young men in the 15-19 age group appear to better accept the idea of condom use than their older confreres. They also appear more anxious to evade non-planned pregnancies than those in the older age groups. The promotion of condoms as a safe and effective means to protect against unwanted pregnancies, particularly in stable unions, would help lessen the negative association with casual or illicit sex. The "protective" value of condoms of those who use them would thus be more ambiguous.

Finally, the problem concerning condoms and their perceived inhibition of sexual pleasure is one which can be rather easily overcome, as can many others, through education and counseling. For example, many family planning promoters already confront this issue in effective ways. For example, by stretching a condom over their fist and then inviting observers to touch their hand, they demonstrate that the layer of latrix is too thin to impeded tactile sensation.