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UNCLASSIFIED

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

HAITI

PROJECT PAPER

PRIVATE SECTOR FAMILY PLANNING PROJECT
AMENDMENT NUMBER 3

AID/LAC/P-758
CR - 364, 457, 565

PROJECT NUMBER: 521-0189

UNCLASSIFIED

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: C (A = Add, C = Change, D = Delete) — Amendment Number: 3

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: Haiti

3. PROJECT NUMBER: 521-0189

4. BUREAU/OFFICE: USAID/Haiti — 5

5. PROJECT TITLE (maximum 40 characters): Private Sector Family Planning

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 94

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 86 B. Quarter 3 C. Final FY 94

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

A. FUNDING SOURCE	FIRST FY 92 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	1,000	2,500	3,500	13,466	13,465,394	26,931,394
(Grant)	(1,000)	(2,500)	(3,500)	(13,466)	(13,465,394)	(26,931,394)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country						
Other Donor(s)					1,242	1,242
						5,457
TOTALS	1,000	2,500	3,500	13,466	14,707	33,630,394

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 8/19/92 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1) pop				14,521		10,543.394		26,931.394	
(2)									
(3)									
(4)									
TOTALS				14,521		10,543.394		26,931.394	

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

11. SECONDARY PURPOSE CODE

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

13. PROJECT PURPOSE (maximum 480 characters)

To increase the availability and effectiveness of Family Planning Service Delivery.

14. SCHEDULED EVALUATIONS
Interim MM YY MM YY Final MM YY

15. SOURCE/ORIGIN OF GOODS AND SERVICES
☒ 000 ☐ 941 ☒ Local ☐ Other (Specify) CACM

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 PP amendment.

Robbin Burkhart
Acting Mission Controller

17. APPROVED BY
Signature: David A. Cohen
Title: Director, USAID/Haiti
Date Signed: MM 08 DD 20 YY 92

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

AID 1330-4 (8-79)

PROJECT AUTHORIZATION
AMENDMENT NO. 3

Name of Country : Haiti

Name of Project : Private Sector Family Planning Project

Number of Project : 521-0189

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, the Private Sector Family Planning Project for Haiti was authorized on August 20, 1986 and amended through Amendment No. 1 on August 24, 1988, and Amendment No. 2 on July 17, 1990. The authorization is hereby further amended as follows:

a. In paragraph 1, delete the words and figures: "planned obligations not to exceed Sixteen Million Three Hundred Eighty Eight Thousand United States Dollars ($16,388,000) in grant funds over a five-year period from the date of authorization."

In lieu thereof, add the following: "planned obligations not to exceed Twenty Six Million, Nine Hundred Thirty One Thousand, Three Hundred Ninety Four United States Dollars ($26,931,394) in grant funds over a eight-year period from the date of authorization."

b. In paragraph 1, change the last sentence to read: "The planned life-of-project is eight years and one month from the date of initial obligation."

2. The authorization cited above remains in force except as hereby amended.

Drafter: GSpence Date 8/20/92
Clearance:
HPNO: SO'Rourke Date 8-20-92
HPNO JBurdick Date 8/20/92
CONT RBurkhart Date 8-20-92

Approved: David A. Cohen
David A. Cohen
Director, USAID/Haiti

Date: 8/20/92

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PROJECT AUTHORIZATION

Amendment No. 2

Name of Country : Haiti
Name of Project : Private Sector Family Planning
Number of Project : 521-0189

1. Pursuant to section 104 of the Foreign Assistance Act of 1961, as amended, the Private Sector Family Planning Project for Haiti was authorized on August 20, 1986 and amended on August 24, 1988. The authorization is hereby further amended as follows:

a. In paragraph 1, delete the words and figures, "planned obligations of not to exceed Eight Million Two Hundred and Fifty Thousand United States Dollars ($8,250,000) in grant funds over a four year period from the date of initial obligation..." In lieu thereof, add the following:

   Planned obligations not to exceed $Sixteen Million Three Hundred Eighty Eight Thousand United States Dollars ($16,388,000) in grant funds over a five year period from the date of authorization.

b. In paragraph 1, change the last sentence to read "The planned life-of-project is five years and eleven months from the date of initial obligation."

c. In paragraph 2, add the following at the end: (iii) a grant agreement with an international organization to implement public sector activities which will include the procurement and management of all MSPP commodities (e.g. vehicles, clinical equipment, and contraceptives). (iv) AID/W Buy-ins and local contracts to provide project elements not included in the cooperative agreement or the grant agreement.

d. In paragraph 3, which states "Goods and services financed by A.I.D. under the cooperative agreement shall have their source and origin in A.I.D. Geographic Code 000 or in Haiti", add the following:

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"except as A.I.D. may otherwise agree in writing."

2. The authorization cited above remains in force except as hereby amended.

~~Gerald Zarr~~
Acting Director
USAID/Haiti

7-17-90
Date

Drafted: PPS: GSpence 6/22/90
Clearances: PPS: RFanale
PPS: SGregoire 6/28/90
PPS: AFord 6/22/90
HRO: MWhite 6/22/90
ACONT: CJohnson 6/25/90
D/DIR: FHerder 7-17-90

PROJECT AUTHORIZATION

Amendment No. 1

Name of Country : Haiti

Name of Project : Private Sector Family Planning

Number Of Project : 521-0189

1. Pursuant to section 104 of the Foreign Assistance Act of 1961, as amended, the Private Sector Family Planning Project for Haiti was authorized on August 20, 1986. That authorization is hereby amended as follows:

a. In paragraph 1, delete the words and figures "planned obligations of not to exceed Three Million Two Hundred Fifty Thousand United States Dollars ($3,250,000) in grant funds over a four year period from the date of initial obligation..." In lieu thereof, add the following:

> planned obligations of not to exceed Eight Million Two Hundred Fifty Thousand United States Dollars ($8,250,000) in grant funds over a four year period from the date of authorization.

b. At the end of paragraph 1, add the following:

> The planned life of the project is four years and seven months from the date of initial obligation.

2. The authorization cited above remains in force except as hereby amended.

Linda E. Morse
Acting Director, USAID/Haiti

8/24/88
Date

Drafted:PPS:RFanale RF

Clearances:
HRO/H:DEckerson DE
CONT:CJohnson
A/D/Dir:CEBrooks

PROJECT AUTHORIZATION

Name of Country	:	Haiti
Name of Project	:	Private Sector Family Planning
Number of Project	:	521 - 0189

1. Pursuant to section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the Private Sector Family Planning Project in Haiti involving planned obligations of not to exceed Three Million Two Hundred Fifty Thousand United States Dollars ($3,250,000) in grant funds over a three year period from the date of initial obligation, 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 cost for the project.

2. The project consists of (i) a cooperative agreement with a U.S. based non-profit organization for a program to increase the effectiveness and availability of family planning services by enhancing the capability of private sector institutions to provide and promote family planning. The recipient will execute sub-grants with indigenous non-governmental organizations to implement the project. (ii) procurement of contraceptives through A.I.D. central purchasing.

3. Goods and services financed by A.I.D. under the cooperative agreement shall have their source and origin in A.I.D. Geographic Code 000 or in Haiti.

4. The Project Agreements, which may be negotiated and executed by the officer 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:

Gerald Zarr
Director USAID/Haiti

August 20, 1986
Date

Clearances

PHO : C. McDermott
A/DIR : C. Brooks
A/DIR : L. Morse

HAITI

PROJECT PAPER

PRIVATE SECTOR FAMILY PLANNING

PP SUPPLEMENT

Project Number: 521-0189

August 20, 1992

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ACRONYMS

AOPS	Association of Private Health Organizations
CA	Cooperative Agreement
CBD	Community Based Distribution
CHI	Child Health Institute
CHWs	Community Health Workers
CSM	Contraceptive Social Marketing
CYP	Cost Per Couple Year of Protection
FHI	Family Health International
GOH	Government of Haiti
HPNO	Health, Population & Nutrition Office
IEC	Information, Communication & Education
INHSAC	Institute for Community Health
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
LAM	Lacational Amennorrhea Method
LOP	Life of Project
MSPP	Ministry of Public Health & Population
NFP	Natural Family Planning
PACD	Project Assistance Completion Date
PAHO	PanAmerican Health Organization
PSFP	Private Sector Family Planning
PVOs	Private Voluntary Organizations
UNFPA	UN Fund for Population Activities
VACS	Child Survival Project
VSC	Voluntary Surgical Contraception

II. BACKGROUND & RATIONALE

A. Background

The Private Sector Family Planning Project (PSFP, 521-0189) was authorized on August 20, 1986 with the purpose of increasing the availability and the effectiveness of family planning services delivery. The original project had a project assistance completion date (PACD) of September 30, 1989 and a life of project (LOP) funding of $3,250,000.

The original project strategy was predicated on the then-prevalent Mission strategy of providing complementary inputs through the public and private, nongovernmental sectors. Since 1981, the Mission had had a large family planning and population project, the Family Planning Outreach Project (521-0124), with the Ministry of Public Health and Population (MSPP). In 1986, PSFP was designed to extend the reach of this public sector project by making use of Haiti's extensive network of private voluntary organizations (PVOs) active in health care delivery. On August 24, 1988, in the wake of the aborted election of November 1987 and the discontinuation of USAID assistance to the public sector, which included the closure of the Family Planning Outreach Project, the PSFP was extensively amended. The goal and purpose remained the same, but the PACD was extended 18 months to March 31, 1991, the LOP funding was increased from $3.25 million to $8.25 million, the scope of work was substantially enlarged, and new project elements were added. PSFP, with its PVO focus, became the Mission's principal vehicle for providing family planning services to Haiti's rural and urban poor.

In June of 1990, based on the recommendations of a favorable mid-term evaluation, and due to the U.S. Congressional authorization of resumed support to the Government of Haiti (GOH), PSFP was again amended. The project's PACD was extended from March 31, 1991 to June 30, 1992 and subsequently to September 30, 1992; the funding authorization level was increased by $8,138,000 to $16,388,000; and the scope of work was amended to include support for GOH population and family planning activities, particularly support for long-term clinical methods, pending the design of a new project. Design for the comprehensive new project, which included support for both sectors according to their competitive advantages, which was scheduled to begin on October 1 of 1992, was well under way at the time of the coup d'etat of September 30, 1991. As stipulated under Section 513 of the Foreign Assistance Appropriations Act of 1991, all assistance to the GOH/MSPP was immediately suspended. As a result, the Mission must once again amend the PSFP in order to ensure uninterrupted, critically needed family planning services to the Haitian population uniquely through PVOs.

PSFP is primarily implemented through a Cooperative Agreement (CA) with the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR). IPPF/WHR makes subgrants to large and small Haitian PVOs to provide services directly or to assist

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other PVOs to provide services. A Handbook 13 International Organization Grant to the Pan American Health Organization (PAHO), originally designed to promote delivery of long term clinical services such as voluntary surgical contraception (VSC) and NORPLANT with both the public and private sectors, has been refocused since the coup to support only PVO services. Other types of technical assistance needed have been supplied through buy-ins with AID/W cooperating agencies such as Family Health International (FHI), The Futures Group, and John Short Associates.

B. Rationale

Under provisions of Section 123(e) of the Foreign Assistance Act of 1961, as amended, PSFP grantees and subgrantees have continued to provide life saving, health enhancing family planning services since the coup d'etat. Presently, approximately 750,000 persons have access to a variety of PSFP services, including community and factory based distribution of temporary methods, clinical methods such as VSC and NORPLANT, counseling, fertility awareness, and a contraceptive social marketing program (CSM) for oral contraceptives. These PVO services have been especially important due to the virtual suspension of MSPP service activities. As never before, the full burden of family planning service delivery to a population critically in need has fallen squarely on the PVOs.

Haiti's population is currently growing a the rate of 2.9 percent per year, an increase of almost 1 percent during the last decade. If the population growth continues at this rate, the population will double from its present level of 6.1 million to over 12 million by the year 2014. In a country which is characterized by political instability, economic decline, environmental degradation, food insufficiency, outmigration, and the poor quality of life, this prospect is daunting.

At an average of 6.5 children per woman, Haiti's fertility rate is among the highest in the world, and is the highest in the Western Hemisphere. High fertility has serious demograhic consequences and contributes to the poor quality of life. At the macro level, it means that the population will continue to grow in the future as increasing numbers of women enter reproductive age. With approximately 45 percent of the population under age 15, increasing numbers of people will continue to need housing, fuel, food, education, employment, and income. At the micro level, high fertility places an economic burden on the family to provide adequate food, health care, and education for the children. High fertility also has severe, life or death consequences on maternal/child health and limits women's educational and economic prospects.

A.I.D. has traditionally been the largest donor in the family planning/population sector in Haiti and, since the coup, the few other donors, most notably the UN Fund for Population Activities (UNFPA) and Canada, have withdrawn their support. Several of the PSFP-funded PVO programs have been constrained by loss of

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supplementary funding from other donors. The MSPP has all but suspended services. Designed to utilize the dynamic private sector, PSFP is presently the only source of family planning service support. Although at 10.5 percent of married women of reproductive age it is still the lowest in the Western Hemisphere, Haiti's contraceptive prevalence rate has more than doubled in the years since the inception of PSFP. More than 750,000 Haitians presently have access to family planning services and more than 130,000 have accepted these services, accounting for approximately 20,811 couple years of protection (CYP).

The continuation of family planning services provided under the Mission's Humanitarian Assistance Program will be particularly important for the next two years due to the general deterioration in living conditions brought on by the coup and its aftermath and the 1992 drought. Approximately 140,000 urban-based jobs have been lost due to the post-coup crisis, with a subsequent loss of income for a large segment of the population. Additionally, current projections of the USAID Monitoring Unit indicate that the recent drought may result in decreased agricultural production for the year. The decrease in purchasing power from loss of both employment and agricultural income has had a ripple effect throughout the economy. The financial situation of many Haitians, especially low income people, has gone from acute to catastrophic. There is anecdotal evidence from PVO service providers that the present financial crisis has already begun to influence the family planning decisions of many clients. According to the providers, clients report they have finally decided to space or limit their children due to the present situation. Service statistics also tend to support these anecdotes. Although it fell dramatically in the first three months after the coup, the number of new acceptors almost achieved pre-coup levels during the succeeding three months. Additionally, as mentioned above, all international donors have suspended assistance to the GOH as a result of the coup, and many have suspended or reduced assistance to PVOs. Many PVO programs are thus crippled financially when need is greatest. Finally, for the most part, PSFP and the Voluntary Agencies for Child Survival Project (VACS, 521-0206) work with the same PVOs to provide both family planning and child survival services. The Mission has recently extended VACS from September 30, 1993 to September 30, 1994. An extension of the PSFP to the same date would allow the Mission sufficient time to plan appropriate future health sector assistance that would integrate these two projects into one.

This PP supplement proposes increasing PSFP authorization levels by $10,543,394, from $16,388,000 to a new LOP total of $26,931,394, to provide for continuation of critical PVO family planning services during FY 93 and FY 94. The PP supplement further proposes extending the PACD by two years, from September 30, 1992 to September 30, 1994, to provide the Mission with adequate time to plan for a more integrated and efficient child survival/family planning program in the evolving program/policy context.

III. SUMMARY PROJECT DESCRIPTION & STATUS

A. Goal and Purpose

The goal of PSFP is to reduce the population growth rate in Haiti. The project purpose as originally written is to increase the availability and effectiveness of family planning services delivery. This PP supplement does not propose changes to the goal or purpose. The conditions that indicate the purpose has been achieved, or end-of-project-status (EOPS), in most instances remain valid, but several quantitative measures will be slightly changed.

1) Thirty five PVOs will be providing basic or improved family planning services. The number of PVOs to be providing services by the PACD will be slightly reduced from 40 to 35. As summarized below, 33 PVOs are presently supplying or supporting services. The restructuring of the Association of Private Health Organizations (AOPS), however, also discussed below, makes the goal of 40 impractical as AOPS would have primary responsibility for the new PVOs. Only two more large PVOs will thus be added. While the number of PVOs will be reduced, the inclusion of these large organizations will allow for greater population coverage and an economy of scale.

2) Twenty three facilities will offer VSC services. The number of facilities offering VSC will be augmented slightly from 21 to 23. Presently, 9 PVOs have permanent VSC facilities; by the new PACD, an additional 3 PVOs will have such facilities and, through the utilization of mobile, joint PROFAMIL/AOPS teams, another 10 PVOs will be able to offer periodic VSC services.

3) Ten thousand cycles of oral contraceptives will be marketed monthly at 200 commercial sales points. The goal for number of commercial sales points, 200, had been reached as of the last semester of FY91. The previous goal for the monthly number of cycles to be sold, 5,000 units, had also been achieved by the end of October, three months ahead of schedule. For the remainder of the project, the focus for social marketing will be to increase the number of unit sales to 10,000 cycles of orals per month. For the most part, this new sales target will be achieved by renewing promotional efforts in the provincial cities.

4) Haitians will be better informed about family planning issues and services. As discussed below, considerable progress in the realm of information, communication, and education (IEC) has been made under this amendment.

education (IEC) has been made under this amendment.

5) Sixteen percent of women of reproductive age in union will be using contraception nationally. As mentioned above, as of 1989, just three years after the inception of the PSFP, the contraceptive prevelence rate for women in union of reproductive age had doubled from approximately 5 percent to 10.5 percent. Project records indicate that nearly 750,000 Haitians of reproductive age presently have access to family planning services provided by PSFP PVOs, and that over 52,000 men and women currently use these services, accounting for 20,811 CYPs. Under this PP Supplement, the number of persons having access to services will increase to 1,150,000. This augmentation will be possible though the number of PVOs providing services will be slightly decreased, by the inclusion of two large local PVOs into the program. The updated contraceptive prevalence rate for women of reproductive age in union will be established by a survey during FY 93.

B. Project Outputs and Inputs

Table 1 provides a comparison of planned and actual allocation of project resources to date. The table shows that, as planned, about 76 percent of funding has gone to cooperative agreements and grants with international organizations to support PVO service delivery. Approximately 9 percent has been expended for technical assistance, mostly for AID/W buy-ins; 2 percent has been spent for international training for PVO and MSPP staff; 10 percent has been used to purchase contraceptives; and the remaining 3 percent has been used for USAID/H project oversight.

Table 1: Private Sector Family Planning, Allocation of Project Resources, FY86 - present (Dollars 1,000)

Project Element	Planned LOP Obligation	(%)	Obligated to date	(%)
FP Services	12,318	(76)	11,010	(76)
TA/Buy-Ins	1,310	(8)	1,265	(9)
Training	390	(2)	350	(2)
Contraceptives	1,594	(10)	1,367	(10)
AID Mgmt.	726	(4)	421	(3)
TOTALS	16,388	(100%)	14,413	(100%)

Progress toward project outputs is summarized below. The originally targeted output goals and their expected magnitude are highlighted in bold print, followed by a short description of status-to-date. Changes in magnitude of output under this PP Supplement are underlined in the text:

1.) Improved capability of project institutions to attract and retain family planning users.

a) **"103,000 new acceptors and a 70 percent user retention rate".** The total for this output was more than doubled at the time of the last amendment in anticipation of work with the public sector which would have almost doubled the number of service delivery points and the population served. Nevertheless, with the numbers tabulated only for PVOs due to the suspension of all work with the MSPP, the project has enrolled approximately 160,000 new acceptors to date. The present estimated retention rate has risen slightly from approximately 45 percent of acceptors in 1990 to approximately 50 percent in 1992, although the computation of this rate has been complicated by the recent suspension of services following the coup. It is obvious from the above figure, however, that for the remainder of the PACD, the focus must change from emphasizing recruiting new acceptors to retaining acceptors. <u>The new target for number of new acceptors will thus be a modest 200,000</u>.

2) Expanded institutional capacity of project assisted agencies to plan and deliver family planning services.

a) **Major family planning donor coordinating committee functional:** Before the coup, this committee played a major role in conjunction with the MSPP in terms of designing and implementing coordinated national family planning strategies. The main committee, of which the MSPP, PAHO, USAID, all other major donors, and PVO service providers were members, met bimonthly to discuss and plan for issues of general interest. In addition, a number of sub-committees, such as one for contraceptives, met periodically to coordinate activities. The contraceptive sub-committee was especially effective in setting annual national needs for each type of contraceptive and deciding which agency would supply which contraceptives for the national program. Since the coup, this coordinating committee has continued functioning with PAHO, UNFPA, UNICEF, USAID, and the PVOs, but the major focus has changed, with the exception of contraceptive supply, to coordination and support of PVO family planning programs only.

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b) **AOPS is managing all sub-grants; the Child Health Institute (CHI) has established research and evaluation capacity; PROFAMIL is providing contraceptive support to 40 PVOs; and the Haitian Institute for Community Health (INSHAC) has trained 317 PVO and 370 MSPP staff:** AOPS, as a major IPPF/WHR grantee, was to provide sub-grants and technical and management assistance to 30 small Haitian PVOs not directly served by IPPF/WHR. Presently, AOPS is providing such subgrants and limited technical assistance to 20 small PVOs and this number will not be increased for the period of this PP Supplement. The organization has yet to develop the capacity to provide enhanced management assistance and certain types of technical assistance to those organizations. AOPS is currently undergoing a major restructuring and staff turnover, however, which USAID finds encouraging. In conjunction with VACS, PSFP funding will provide increased technical assistance and other types of support during the remaining years of the project to enhance the performance of the AOPS staff. PROFAMIL has also assumed major responsibility for supplying technical assistance to project subgrantees for VSC and NORPLANT activities. This will allow AOPS technical staff more time to devote to the community based distribution (CBD) programs which are the major focus of its membership.

CHI underwent restructuring and leadership changes last year and the results have been highly positive. In addition to meeting project research needs in a superior fashion as will be discussed below, the institution has been working to diversify funding sources and, prior to the coup, had successfully obtained funding from Canada, PAHO, and other non-USG sources. Since the coup, CHI has played a vital role in monitoring humanitarian health conditions throughout the country. Funding provided through this supplement, in conjunction with funding provided through VACS, will allow CHI to meet project research needs and to continue to play its leading role in the areas of health monitoring and information systems.

As stipulated in the midterm evaluation, PROFAMIL has transferred responsibility for the management of several subgrantee programs to AOPS and concentrated its primary support function on the project's contraceptive logistic system. The institution's performance in this capacity continues to be excellent. In addition to supplying contraceptives for all project related services, PROFAMIL presently stores contraceptives for the Mission's AIDS Control Project with AIDSTECH, has been asked by the UNFPA to store its supplies, and will serve as the contraceptive logistics arm of the new PAHO essential

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drug program with PVOs. This latter request from PAHO means that, in addition to project PVOs, PROFAMIL will be supplying contraceptives to the entire PVO service delivery network.

INHSAC has developed a longer-term institutional development strategy which emphasizes the creation and delivery of short-courses based on requests from other organizations, with fee payments which include administrative overhead. INHSAC anticipates that over time it can decrease its reliance on A.I.D. funding and cover an increasing share of core costs through the short-course program. Thus far, the institution has trained a total of 901 people or 130 percent of the projected total. Under the PP Supplement, the targetted number of persons to be trained will increase to 1,2000. The Mission will also process a buy-in with the centrally funded Johns Hopkins University International Program in Gynecology and Obstetrics (JHPIGO) to assist INHSAC to up-date the technical content of its courses. It is particularly important that the VSC course contains the latest developments in technology and knowledge.

c) **Reduced PVO administrative costs per CYP:** Based on a 1991 study, CYP costs of the largest service providers, PROFAMIL and AOPS, are approximately $15 per CYP, a very favorable figure in terms of international programs. In addition, AOPS is preparing the draft report of a study which determined the costs per acceptor of each PVO. This draft will incorporate suggestions for lowering costs even more while retaining quality. Under this PP Supplement, preference in terms of the initiation of new services will be given to large, cost-effective PVOs. This strategy will mean a greater economy of scale. Some PVOs have already instituted successful cost recovery strategies, including reasonable fees-for-service. Under the PP Supplement, the project will also experiment with the implementation of these strategies in a more uniform way.

d) **Two PVOs have signed fee-for-service agreements with 10 private companies:** Before the coup, this output promised to be one of the most interesting components in the program. In the six month period before September 30, 1992, the three PVOs active with factory based programs had established a working group for the purpose of establishing fee-for-service programs; had taken a fact finding trip to see how such programs work elsewhere; and, upon their return, had developed a plan of action which included a pilot program and a research plan to be implemented by CHI to study such factors as employer/employee ability and willingness to pay for high

quality family planning services. Since the coup and the subsequent loss of jobs in this sector, however, all plans have necessarily been put on hold. As discussed below, should normalization and the resurgence of this sector occur within the next two years, this component would again be given priority.

3) **Expanded family planning service coverage and contraceptive method mix.**

a) **Thirty thousand beneficiaries being served by CBD:** Presently, over 30,000 beneficiaries are already receiving services in CBD programs. As discussed above, responsibility for VSC programs has been transferred from AOPS to PROFAMIL which will permit AOPS to devote more resources to this activity. As mentioned above, CBD is a major programmatic component of most AOPS subgrantees. The new goal under this PP Supplement will be 50,000 persons served by CBD.

b) **Natural Family planning (NFP) added to method mix:** Immediately prior to the coup, the NFP Institute of Georgetown University had performed an assessment of NFP needs. This assessment included a survey of the technical assistance needs of those PVOs already supplying NFP services and those who would like to include NFP methods, including the exclusive breastfeeding method or Lactational Amenorrhea Method (LAM). LAM is of particular interest to the Mission because it brings together general child health aims in the promotion of exclusive breastfeeding for the first six months with those of child spacing. In FY93, as soon as funds become available, the Mission will implement a buy-in with the Institute to provide needed NFP technical assistance to interested PVOs.

c) **NORPLANT research finalized and method launched nationally:** In May of this year, as specified in the Mission's Wind Down Plan, FHI finalized the six year-long NORPLANT pre-implementation research trials. The most important conclusions suggested by this research are that 1) NORPLANT is a method uniquely adapted to the realities in Haiti; 2) medical personnel trained in the method are highly competent in the full range of NORPLANT procedures and are extremely vocal about their desire to continue working with the method; and 3) women who participated in the trials showed a degree of method satisfaction almost unparalleled in the history of family planning in Haiti. Over two-thirds of the women who had the inserts removed at the end of the obligatory five year period demanded new five year inserts. Moreover, virtually all of the approximately 3,000 insertions to date were provided to

women in the study or to women who learned of the method by word-of-mouth and came to the centers requesting NORPLANT.

At the time of the research finalization visit, the Mission discussed the limitations imposed under the Humanitarian Assistance Program with FHI and proposed the development of a NORPLANT strategy for the private sector. This strategy would include the development of client selection norms, training of additional PVO service providers in NORPLANT procedures, program evaluation (particularly quality of care issues and the comparison of NORPLANT acceptors to women requesting VSC), and cost-recovery initiatives. The Mission will obligate additional funding to FHI for this highly successful six year effort in FY93. An additional 3,000 NORPLANT insertions will be targeted under the PP Supplement.

d) **CSM program has trained 300 pharmacy staff and CSM Phase II implemented.** The CSM program had reached this training goal and was recording sales of approximately 5,000 cycles of oral contraceptives per month by September 30, 1991. Although USAID suspended funding to this project after the coup, the pharmaceutical company employed as the local CSM affiliate has independently continued to promote the product. Despite a slight augmentation in price and with only limited advertising in the metropolitan Port-au-Prince area, the company presently reports monthly average sales of 3,895 cycles. This PP Supplement will allow for the resumption of this highly successful activity, particularly resumption of promotional activities in the provincial cities.

4) **Research results applied to improve family planning service delivery.**

a) **Four operations research projects to test new CBD approaches developed.** These operations research projects were originally envisaged as part of the PAHO grant in support of MSPP activities. Presently, however, this activity is being implemented in a reduced fashion by PAHO through CARE's community based pilot family planning program. The CARE program is testing only two CBD service delivery models and this number will not be augmented under this PP Supplement. The identification of new cost-effective CBD models is one of the major priorities of the PSFP. In a country such as Haiti, 100 percent access to family planning services can only be achieved through the use of CBD programs. Additional operations research to test more models must be a major component of the new, integrated family health project.

b) **Six mini-prevalence surveys completed:** Seven such mini-surveys and three operations research studies for PVOs had been completed by CHI at the time of the coup. The results of these studies have all been applied in various ways to improve project performance. Additionally, the project has been responsible for the development of a major new quality-of-service study instrument, the Mystery Client Interview. Satisfied clients who have been trained in this research method anonymously visit each PVO on a bimonthly basis and record their observations of the quality of services offered to them, e.g. waiting time, freedom of choice in the selection of method, quality of counseling, helpfulness of staff. The confidential results of these visits are periodically reported to the PVO directors, who use them to plan training, institute new systems, etc. This innovative new approach has already received considerable international interest from other service providers. A new contraceptive prevalence rate study is also planned for FY 93.

5) **National IEC strategy formulated and implemented.**

a) **Intersectoral IEC team operational:** This team has been operational since mid-1990. Among its achievements to date are the development of a new family planning training course for community health workers (CHWs), the implementation of this course for 163 CHWs, the design and creation of identification badges and special water-proof material bags for the CHWs, the design and field test of new family planning educational materials for people with limited literacy, and the promotion of a logo which identifies PVO facilities where people are trained to provide family planning services.

b) **IEC training manual developed and distributed:** The IEC training manual has been field tested and will be distributed by INHSAC in October.

c) **Multi-media campaign launched:** In addition to the above, the project has financed several radio broadcasts of family planning messages. This component of the project will receive greater attention under the PP Supplement with a FY93 buy-in to Johns Hopkins University's Population Communications Services (PCS) Project. This buy-in had been anticipated in FY92 but had to be cancelled as a result of the coup. With the assistance of PCS, a new output under this PP Supplement will be the development of an extensive new Health, Population, and Nutrition Office (HPNO) IEC plan. This plan will span HPNO's project portfolio and will include the use of such diverse media as a family life promotion

curriculum for secondary schools, television and radio broadcasts, popular theater, and songs.

C. Project Sustainability

As summerized above, PSFP has experimented with various strategies to ensure project sustainability over the long term. These strategies include CSM, reduced costs per CYP, and the initiation of reasonable fees for service. These strategies will be continued and expanded upon under this PP Supplement. FHI will also be requested to develop a cost-recovery plan for NORPLANT, a relatively expensive but exceedingly popular method in Haiti. An equally, if not more important across-the-board strategy under this PP Supplement will emphasize improvement in the quality of project services. In the long run, the only way family planning services will ever be truly sustainable in Haiti is through the provision of high quality services which will increase both demand for these services and willingness to pay for them.

Studies indicate there is a wide disparity between the number of persons of reproductive age who express the desire to limit or space their children and the number who actually avail themselves of family planning services. This disparity exists in part due to the unavailability of family planning services in many regions of the country, particularly the south. In part, however, there is disparity because often even those who want to limit or space, do not utilize the services available to them or, if they do so, do not continue using them after the first visit. As mentioned above, although there has been a slight augmentation recently, retention rates are still woefully low. The major focus of the final 24 months of project implementation will thus be on a more broadly elaborated IEC plan, as discussed above, in order to better inform the public of family planning and population issues, and other measures to improve quality of services.

D. Normalization of Situation

There would be few changes in project implementation under this PP Supplement even should the political situation be normalized before the end of the new PACD. The most notable change would be the resumption of limited assistance to the MSPP, specifically in the areas of population policy, training and contraceptive procurement. In terms of PVO implementation, as mentioned above, the only change which might occur would be a resumption of the fee-for-service pilot project in the factories. Resumption of this activity is also dependent, however, on the resurgence of employment in the off-shore assembly sector.

E. Project Management, Monitoring and Evaluation

The PSFP Project will continue to be managed by the HPNO of USAID/Haiti. The PSFP Project Coordinator will continue to play a key role in assuring that project inputs are delivered on time and in an effective manner, and for providing oversight of the IPPF/WHR and PAHO grants. During the time prior to political resolution, when the limitations of Section 513 of the Foreign Appropriations Act remain in effect, the Project Coordinator will also ensure that project-financed activities fall within the guidelines of Section 123(e) of the Foreign Assistance Act.

IV. BUDGET

Table 2 provides a revised estimate of the LOP obligations for the overall project with the new PACD of September 30, 1994. Table 3 provides a comparison of planned and proposed revised allocations of resources. The table demonstrates continuing major emphasis on family planning service delivery, at approximately 75 percent of total costs. Table 4 provides more detail, per grantee or contractor, followed by a supporting narrative. The basis for cost estimates and the methods of implementation and financing have not changed from Amendment 2, except for the exclusion of the public sector.

Table 2: Private Sector Family Planning, Proposed Revised LOP Obligations (Dollars 1,000)

Project Element	Planned LOP Obligation	Obligated to date	Proposed Add'l FY 92 FY 93, FY 94	NEW LOP TOTALS
FP Services	12,318	11,010	9,461	20,471
TA/Buy-Ins	1,310	1,265	1,000	2,265
Training	390	350	400	750
Contraceptives	1,594	1,367	1,200	2.567
AID Mgmt.	726	421	457	878
TOTALS	16,388	14,413	12,518	26,931

Table 3: Private Sector Family Planning, Allocation of Project Resources, FY86 - present (Dollars 1,000)

Project Element	Planned LOP Obligation	(%)	Proposed Revised LOP Obligation	(%)
FP Services	12,318	(76)	20,471	(76)
TA/Buy-Ins	1,310	(8)	2,265	(8)
Training	390	(2)	750	(3)
Contraceptives	1,594	(10)	2,567	(10)
AID Mgmt.	726	(4)	878	(3)
TOTALS	16,388	(100%)	26,931	(100%)

Comments keyed to the budget line items in Table 4 follow.

Family Planning Services will increase from $12.318 million to $20.471 million, or 76 percent of total project budget allocation. Service delivery will be supported through two mechanisms:

1. With monies supplied through a Cooperative Agreement, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) will continue to make subgrants to large and small Haitian PVOs to provide services themselves or to assist smaller PVOs to provide services. IPPF/WHR will also supply technical assistance as needed, particularly in the areas of quality of services and financial management and fiscal accountability.

2. With monies supplied through an International Organization Grant, PAHO will continue to provide financial and technical support to PVOs providing long term clinical services and to those doing operations research on community based distribution.

Technical Assistance and Buy-Ins

1. As during the past six years, Family Health International (FHI) will provide critically needed technical assistance for NORPLANT activities. This assistance will include the development of a NORPLANT strategy for the private sector and client selection norms, training for PVO service providers in order to increase the number of institutions providing the method, and limited program evaluation in the areas of quality of care and cost-recovery.

2. The Futures Group (OPTIONS) will continue to provide technical assistance in the areas of family planning service mapping,

demographic data gathering, and population policy constituency building in the private sector.

3. The Futures Group (SOMARC) will continue to provide technical assistance to the highly successful project for the social marketing of oral contraceptives. The focus under this PP Supplement will be increased sales in the provincial cities.

4. The John Short Associates (TIPPS) buy-in was terminated in FY 91 at the end of the TIPPS Project.

5. The Johns Hopkins University International Program for Gynecology and Obstetrics (JHIPGO) will provide assistance to INHSAC to improve the technical content of that institution's courses. It is critically important to project objectives that INHSAC's technical courses, particularly those dealing with VSC, include the latest developments in the field.

6. Population Communications Services (PCS) buy-in will provide critically needed technical assistance to the project's IEC effort, especially the mass media component.

7. The buy-in to the centrally funded Natural Family Planning Institute of Georgetown University will provide PVOs with assistance to upgrade the teaching of NFP methods and to integrate existing exclusive breastfeeding activities for nutritional purposes with the LAM method of child spacing.

8. Funding will be provided in FY92 and subsequent years for Public Health TA to provide support for implementation and various evaluation related activities.

Training

1. Modest funding in FYs 92 and 93 for short-term training and more substantial funding in FY 94 are planned to support professional training and up-grading at well-established programs in the U.S. Full utilization of this funding is subject to resolution of the current Haitian crisis and/or accommodation by the U.S. Consulate so that potential participants can receive U.S. visas.

Contraceptive Procurement

1. Contraceptives will be centrally purchased by R&D/POP.

AID Management, Monitoring, Audit, & Evaluation

This component clusters a number of project disbursements for analytic rather than functional planning purposes. Continued funding will provide for the PSFP Project Coordinator and Secretary in USAID/HPNO, as well as for additional management and USAID-

specific TA over time. Funds will be provided in FY 92 to assess the performance of certain project components and in FY93 to finance the Project Paper design. Funds remaining in a contract with DATEX executed in FY 91 will be used to provide additional TA as needed.

TABLE 4: PSFP ESTIMATED LOP OBLIGATIONS AND EXPENDITURES BY COMPONENT
(U.S.DOLLARS)

PROJECT ELEMENT & GRANTEE/CONTRACTOR	PLANNED LOP OBLIGATION	OBLIGATED TO DATE	ACCRUED EXPENDITURES 6/30/92	PLANNED FY92 OBLIGATIONS	ESTIMATED EXPENDITURES JULY-SEPT 92	ESTIMATED PIPELINE AS OF SEPT 30 1992	PLANNED FY 93 OBLIGATIONS	ESTIMATED EXPENDITURES FY 93	ESTIMATED PIPELINE AS OF Sept 30 1993	PLANNED FY 94 OBLIGATIONS	ESTIMATED EXPENDITURES FY 94	NEW LOP TOTALS LOP TOTAL OBLIGATIONS	NEW LOP TOTALS LOP TOTAL EXPENDITURES
I. FAMILY PLANNING SERVICE DELIVERY	12,564,000	11,010,065	11,183,581	3,593,143	919,000	2,500,647	3,000,000	4,357,450	1,143,187	2,867,877	4,011,174	20,471,206	20,471,206
1. Int'l Plannd Parenth'd Fed/West. Hemis. Region		9,799,118	10,288,581	3,193,143	600,000	2,103,680	2,300,000	3,380,000	1,023,680	2,349,494	3,373,174	17,641,755	17,641,755
2. PanAmerican Health Organization (PAHO)		1,210,967	895,000	400,000	319,000	396,967	700,000	977,450	119,517	518,483	638,000	2,829,450	2,829,450
II. TECHNICAL ASSISTANCE/BUY-INS	1,114,000	1,265,043	1,217,189	0	32,000	15,854	600,000	375,000	240,854	400,000	640,854	2,265,043	2,265,043
1. Family Health International (FHI/NORPLANT)		434,000	418,790	0	12,000	3,210	100,000	60,000	43,210	25,000	68,210	559,000	559,000
2. The Futures Group (OPTIONS)		300,000	300,000	0	0	0	50,000	20,000	30,000	100,000	130,000	450,000	450,000
3. The Futures Group (SOMARC)		400,000	367,356	0	20,000	12,644	100,000	75,000	37,644	100,000	137,644	600,000	600,000
4. John Short Assoc. (TIPPS)		80,000	80,000	0	0	0	0	0	0	0	0	80,000	80,000
5. Johns Hopkins University (J-HPECO)		0	0	0	0	0	75,000	50,000	25,000	25,000	50,000	100,000	100,000
6. Population Communications Services (PCS)		0	0	0	0	0	125,000	75,000	50,000	75,000	125,000	200,000	200,000
7. Georgetown University (NFP Institute)		0	0	0	0	0	100,000	45,000	55,000	25,000	80,000	125,000	125,000
8. Assorted technical assistance		51,043	51,043	0	0	0	50,000	50,000	0	50,000	50,000	151,043	151,043
									0			0	
III. TRAINING	390,000	350,000	305,000	100,000	100,000	45,000	100,000	100,000	45,000	200,000	245,000	750,000	750,000
1. Short- and Long-term participants		350,000	305,000	100,000	100,000	45,000	100,000	100,000	45,000	200,000	245,000	750,000	750,000
IV. CONTRACEPTIVE PROCUREMENT	1,594,000	1,367,490	804,830	0	0	562,660	400,000	900,000	62,660	800,000	862,660	2,567,490	2,567,490
1. Contraceptive procurement		1,367,490	804,830	0	0	562,660	400,000	900,000	62,660	800,000	862,660	2,567,490	2,567,490
V. AID MANAGEMENT, MONITORING, AUDIT, EVALUAT	726,000	420,799	384,000	456,857	68,000	425,658	0	190,000	235,658	0	235,658	877,658	877,658
1. USAID/HAITI PSC's, administrative ass't		420,799	384,000	406,857	18,000	425,658	0	190,000	235,658	0	235,658	827,658	827,658
2. Audit		0	0	0	0	0	0	0	0	0	0	0	0
3. Evaluation		0	0	50,000	50,000	0	0	0	0	0	0	50,000	50,000
4. Design		0	0										
GRAND TOTALS	16,388,000	14,413,417	13,894,600	4,150,000	1,119,000	3,549,817	4,100,000	5,922,450	1,727,367	4,267,877	5,995,344	26,931,394	26,931,394