

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add  
C = Change  
D = Delete

Amendment Number

DOCUMENT CODE  
3

PD-ABA-437

COUNTRY/ENTITY: Haiti  
 BUREAU/OFFICE: IAC 05  
 PROJECT NUMBER: 521-0218  
 PROJECT TITLE: Expanded Urban Health Services  
 PROJECT ASSISTANCE COMPLETION DATE (FACD): MM DD YY 01 9 30 94  
 ESTIMATED DATE OF OBLIGATION: A. Initial FY 89 B. Quarter 4 C. Final FY 94

8. COSTS (\$1000 OR EQUIVALENT \$1 = )

A. FUNDING SOURCE	FIRST FY 89			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total						
(Grant)	( 742 )	( 1,203 )	( 1,945 )	( 9,898 )	( 902 )	( 10,800 )
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S.						
1. Host Country (user fees)		376	376		2,293	2,293
2. Other Donor(s)		1,582	1,582		5,487	5,487
<b>TOTALS</b>	<b>742</b>	<b>3,161</b>	<b>3,903</b>	<b>9,898</b>	<b>8,682</b>	<b>18,580</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) HE	530	510				755		6,000	
(2) AIDS	530	550				150		1,800	
(3) CS	530	510				1,040		3,000	
(4)									
<b>TOTALS</b>						<b>1,945</b>		<b>10,800</b>	

10. SECONDARY TECHNICAL CODES (maximum 8 codes of 3 positions each)  
 550 920 700 800  
 11. SECONDARY PURPOSE CODE: 660  
 12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)  
 A. Code: BU NUTR PVON  
 B. Amount:

13. PROJECT PURPOSE (maximum 480 characters):  
 To provide slum dwellers in 5 urban areas with access to an effective primary health care system.

14. SCHEDULED EVALUATIONS: Interim MM YY 10 94 Final MM YY 06 94  
 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.

*Claire Johnson*  
 Claire Johnson, Controller USAID/Haiti  
 06/28/89

17. APPROVED BY: Signature: Gerald Zarr  
 Title: Director, USAID/Haiti  
 Date Signed: MM DD YY  
 18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION: MM DD YY

**HAITI**  
**PROJECT PAPER**  
**EXPANDED URBAN HEALTH SERVICES**

**Project Number: 521-0218**

## TABLE OF CONTENTS

### LIST OF ACRONYMS

I.	SUMMARY AND RECOMMENDATIONS	5
II.	BACKGROUND	7
	A. Overview of the Health Situation in Haiti	7
	B. The Community-Based Integrated Urban Health Model	9
	C. Donor Support	10
	D. USAID Support	10
	E. Expanding the Integrated Urban Health Model	12
III.	PROJECT RATIONALE	14
	A. Introduction	14
	B. A.I.D. Policy: Health and Development	15
	C. Latin America and Caribbean (LAC) Bureau Policy	15
	D. USAID/Haiti Strategy	15
	E. Government of Haiti Strategy	17
	F. Center for Development and Health (CDS) Strategy	17
	G. Sustainability Issues	18
IV.	PROJECT DESCRIPTION	19
	A. Project Summary	19
	B. Goal, Purpose, Inputs and Outputs	20
	C. Project Components	22
	1. Primary Health Care/ Child Survival	22
	2. Family Planning/ Child Spacing	26
	3. AIDS Prevention and Control	29
	4. Human Resources Development (Cite Soleil)	33
	5. CDS Institutional Strengthening	36
V.	FINANCIAL PLAN AND COST ESTIMATES	37
	A. Financial Plan	37
	B. Cost Estimates	43
VI.	IMPLEMENTATION ARRANGEMENTS	49
	A. General	49
	B. Schedule	49
	C. Procurement Procedures	50
	D. Methods of Financing	51
	E. USAID Project Management Responsibilities	52
	F. CDS Implementation, Monitoring and Reporting	53

VII. EVALUATION AND AUDIT	55
VIII. SUMMARIES OF PROJECT ANALYSES	56
A. Technical	56
B. Administrative	59
C. Financial and Economic	61
D. Social	64

List of Tables

1. National Indicators for Child Survival in Haiti	9
2. Health Coverage: CMSCS vs. Nationwide	13
3. Summary Financial Plan by Component Category	39
4. Summary Financial Plan by Expense Category (A.I.D.)	40
5. Budget Summary, USAID/User Fees/Overall	41
6. Summary of USAID Inputs by Year	42
7. Volume of Curative Visits at Outreach Centers	47
8. Client Groups and Type of Training, Cite Soleil (HRD)	59

List of Annexes

1. Logical Framework
2. Bibliography
3. Budget Backup
4. Technical Analysis
5. Administrative Analysis
6. Financial Analysis
7. Social Analysis
8. Statutory Checklist
9. CDS Letter of Request
10. CDS PL480 Proposal

LIST OF ACRONYMS

AED	:	Academy for Educational Development
AIDS	:	Acquired Immune Deficiency Syndrome
AIDSCOM	:	Centrally Funded Project with the Academy for Educational Development
AIDSTECH	:	Centrally Funded Project with Family Health International
AOPS	:	Association des Oeuvres Privées de Santé
AVSC	:	Association for Voluntary Surgical Contraception
BCG	:	Bacille Calmet-Guérin
CARE	:	Cooperative for American Relief Everywhere
CDS	:	Center for Development and Health
CHA	:	Centre Haitiano-Arabe
CHW	:	Community Health Worker
CMSCS	:	Centre Médico-Social de la Cité Soleil
CRS	:	Catholic Relief Service
CWS	:	Church World Service
DHFN	:	Family Health Division of Ministry for Health
DTP	:	Diphtheria, Tetanus, Pertussis
EDH	:	Electricité d'Haiti
EMMUS	:	Enquête Mortalité, Morbidité et Utilisation de services
EOPS	:	End of Project Status
EPI	:	Expanded Program on Immunization
EUHS	:	Expanded Urban Health Services (Project)
FDLC	:	(Religious Order: Sisters of Charity)
FHI	:	Family Health International
FIS	:	Financial Information System
FOSREP	:	Fondation pour la Santé Reproductive et l'Education Familiale
GHEKIO	:	Haitian Study Group of Sarcoma Kaposi and Opportunistic Diseases
GLAS	:	Groupe Lutte Anti Sida (Group Against AIDS)
GOH	:	Government of Haiti
GODNE	:	Three Northeast Sites
HIV	:	Human Immune Deficiency Virus
HRC	:	Haitian Red Cross
HRD	:	Human Resource Development
INHSAC	:	Haitian National Institute of Public Health
IQC	:	Indefinite Quantity Contract
IUD	:	Intra Uterine Devices
IMR	:	Infant Mortality Rate
IEC	:	Information, Education and Communications
IOP	:	Life of Project
MSPP	:	Ministry of Health and Population Planning
MIS	:	Management Information System
ORT	:	Oral Rehydration Therapy
PACD	:	Project Assistance Completion Date
PHC	:	Primary Health Care
PVO	:	Private Voluntary Organization
STD	:	Sexually Transmissible Diseases
UHCD	:	Urban Health and Community Development
UNFPA	:	United Nations Fund for Population Activities
WHO	:	World Health Organization

## I. SUMMARY AND RECOMMENDATIONS

The Project Committee recommends approval of The Expanded Urban Health Services (EUHS) project, which is a five year, \$10.8 million project which will assist the private sector to continue to deliver primary health care and child survival health services to Cite Soleil in Port-au-Prince and to Gonaives, and to three additional urban areas, Ouanaminthe, Fort Liberte, and Cap Haitien.

The goal of this project is to improve the health status of residents of economically depressed urban areas of Haiti. Its purpose is to provide Haitian slum dwellers in five urban areas with access to an effective primary health care system.

EUHS will reinforce and replicate an integrated urban community health care model developed by the Centers for Development and Health (CDS), a Haitian PVO. The model, which is based upon community outreach through community health workers, includes the range of child survival interventions, along with tuberculosis and other disease control, AIDS prevention, and provision of basic curative health care services.

The health care model has matured over 14 years of implementation in Cite Soleil, and has already proven itself in terms of impact on service delivery coverage and health status indicators. A recent financial review determined that CDS health care services compare favorably with similar programs in other developing countries, and that the program approach is highly cost effective.

The project has five components:

(1) Primary Health Care with an emphasis on child survival activities at five project locations, to include immunizations; diarrheal diseases control and ORT delivery; and nutrition surveillance, education, rehabilitation and improvement; and safe childbirth;

(2) Family Planning/Child Spacing activities for two years at all project locations;

(3) AIDS Prevention and Control, a two year component with an emphasis on education;

(4) Human Resources Development in Cite Soleil for two years, with an emphasis on targeted improvements in ongoing vocational and educational programs; and

5) Institutional Strengthening to assist CDS to strengthen its financial and administrative management at all project locations.

Taken together, these five components will support an integrated program to:

- continue basic health services to residents of urban slums in Cite Soleil (Port-au-Prince) and Gonaives;
- provide services in three additional urban sites (Cap-Haitien, Fort-Liberte, and Ouanaminthe);
- incorporate family planning/child spacing in all program sites and support this component for the first two years of the project, after which this activity will be funded through USAID's planned FY91 Population and Family Health project;
- support the efforts of Haitian FVOs to inform and educate on AIDS prevention and control activities during the first two years of the project, after which AIDS activities will be funded through a planned FY91 stand-alone AIDS control project;
- continue support for vocational and educational programs at Cite Soleil for two years, after which other funding sources will be sought by CDS to support this project component;
- strengthen the ability of the implementing agency, CDS, to manage an expanded program and to increase its sustainability.

Conditions that will indicate the the purpose is being achieved ("End of Project Status" or EOPS) include the following at CDS project sites:

- (1) that the CDS urban health model is operational, functioning well and reaching target populations (estimated as 150,000, Cite Soleil; 50,000, Gonaives; 46,000, Ouanaminthe; 34,000, Fort Liberte; and 87,000, Cap Haitien);
- (2) that the proportion of operating costs of service delivery generated by user fees increases to 17% of total operating costs;
- (3) that the non-AIDS infant mortality decreases to 85/1000 and non-AIDS 0-5 mortality decreases to 120/1000;
- (4) that other health indicators are as follows: a decrease in low birth weight to 14%, a decrease in 0-5 malnutrition to 45%, a contraceptive prevalence of 10%.

Also, as a result of the AIDS prevention and control component, there will be widespread AIDS awareness (50% of the urban population).

A.I.D. funds will be obligated through a Cooperative Agreement with CDS (estimated cost, \$10,087,500), and through a buy-in with the A.I.D. centrally funded project, AIDSTECH (estimated cost, \$712,500). The project will begin in FY89 and last for five years, with a PACD of September 30, 1994.

The global cost of the project is estimated at \$18,580,285. Thus, A.I.D. will finance 58% of the global cost. Non-A.I.D. financing will come from user fees, a health care prepaid scheme (Plan Parrainage), the GOH, other donors, and CDS. User fees will generate an estimated \$2,292,791, and other sources will provide an estimated \$5,487,494. A.I.D.-financed inputs will include salaries and operating costs, technical assistance, training, commodities, and construction/renovations.

## II. BACKGROUND

### A. Overview of the Health Situation in Haiti

In the health sector, less than half of the Haitian people have access to a health care facility and services. The government's per capita health care budget is \$8 per annum. Eighty five percent of the government health care budget is spent on personnel, leaving a very small amount for operating funds to provide health care services. The public sector health care system is not well managed and is characterized by excessive centralization and poor distribution of resources. This situation is complicated by a very weak water and sanitation infrastructure, especially in urban areas. The entire health sector is highly dependent on international donor agencies and private voluntary organizations (PVOs), with numerous PVOs operating service delivery systems outside of the government structure.

Infectious diseases, parasites and diarrheal disease combined with nutritional deficiencies and insufficient caloric intake create one of the least propitious natural environments for child survival. The health problems in the urban areas of Haiti are caused by extreme poverty and low levels of education; poor housing and hygienic conditions; political and social disintegration; and lack of health information and services.

The overall health situation in Haiti, which is more fully described in the Technical Analysis (Annex 4), is summarized in the following table:

TABLE 1  
 NATIONAL INDICATORS FOR CHILD SURVIVAL IN HAITI  
 (EMMUS, 1987: Urban Areas)

Infant mortality rate	101/1000
Child mortality (0-5 years)	151/1000
Oral rehydration therapy use rate	23%
DPT immunization coverage (0-5 years)	50%
Tetanus Toxoid immunization coverage (pregnant women)	28%
Supervised childbirth	Unknown but low
Malnutrition (Gomez 1,2,3) (0-5 years)	75%
Low birth weight (less than 2500 grams)	18%
Knowledge of AIDS	Unknown but low

## B. The Community Based Integrated Urban Health Model in Haiti

The Expanded Urban Health Services (EUHS) project will support and replicate into expansion areas a community based, integrated urban health model that has been developed and tested by private voluntary organizations (PVOs) in Haiti over a period of fifteen years.

In 1974 Dr. Carlo Boulos and a group of Haitians of Middle Eastern descent established the Centre Haitiano-Arabe (CHA), a private, non-profit association, and they opened a small dispensary to provide free health care to 7,000 students of schools operated by the Salesian Fathers in Cite Soleil (then called Cite Simone), a densely populated urban squatter settlement in Port au Prince, Haiti. This was the beginning of what has been called the Cite Soleil integrated urban health model.

Gradually CHA combined their efforts with other groups working to improve the social and economic conditions in urban slums. In July 1980, the CHA incorporated under Haitian law with the Sisters of Charity of St. Vincent de Paul, forming the Complexe Medico-Social de la Cite Soleil (CMSCS). The CHA, parent organization of the CMSCS, was subsequently renamed the Center for Development and Health (CDS). Since the CMSCS program is geographically linked to Cite Soleil in Port-au-Prince, and since the parent organization, CDS, will be the proposed Recipient of the Cooperative Agreement which will implement activities under the EUHS project, this Project Paper will henceforth use the term "CDS" to describe the function, organization and management of the integrated urban health model, except when specifically referring to activities of the Complex in Cite Soleil.

The CDS range of services has grown to include pediatric care, pre-natal and post-partum care, family planning and child spacing, child survival, nutrition, and other health prevention and education services. The facilities now include the original dispensary (CHAPI), two primary health care centers (Boston and Brooklyn), a 90-bed hospital (St. Catherine Labouré Hospital), an activity center for Cite Soleil youth, six nutrition demonstration centers, a nutrition recuperation center, a family planning center, and a human resources development center consisting of an elementary school and a vocational high school. Beginning in 1988, the model has been expanded and refined in two urban areas in the secondary city of Gonaives.

Its community-based approach to health services, facilitated by household visits by Community Health Workers (CHWs) and nurses, involves the extensive use of human resources, currently including 30 physicians, 30 nurses, 35 auxiliary nurses, 45 teachers and 151 CHWs.

Overall, CDS now manages one of the most comprehensive private health and social service programs in Haiti, targeted to approximately 200,000 low income urban residents.

#### C. Donor Support and Self Financing

CDS financial strategy has evolved from funding solely from local sources in its first few years to almost exclusive reliance on a small number of mostly foreign donors in its middle years. CDS has now matured into an organization with a broadly diversified financial base of local and foreign donors. USAID support has been substantial and has represented over 50% of the total budget. Among private donors, CDS has attracted wide support to include the International Foster Parents' Plan, OXFAM, Josiah Mach Foundation, Appropriate Technology International, Misereor, Caritas, Catholic Relief Services, CARE, Church World Services, Friends of Children, the Rotary Club, and private individuals.

CDS has also developed internal financial mechanisms such as user charges, revenue generating activities and cost cutting methods to improve its financial self-sufficiency. The share of operating costs covered by user payments and sales revenues over the last several years has risen from 8% in 1985-86 to a projected 14% in 1988-89 (Wong and Makinen, 1988). Two financial strategy components, one involving a donor-funded prepayment system for Cite Soleil residents and the other involving a prepayment insurance scheme for factory workers, were found by the financial review team to be particularly innovative and promising with regard to cost recovery.

#### D. USAID Support

USAID/Haiti involvement with CMSCS began in 1980 when it authorized the Urban Health and Community Development I project (521-0136) in an effort to respond to the needs of Haiti's urban poor. That project provided a four year grant of \$1,243,000 to support overall grantee program goals and operating expenses for administration and various health, education and vocational training programs.

In 1984, USAID/Haiti signed a \$2.1 million five-year Cooperative Agreement with CMSCS for the Urban Health and Community Development (UHCD) II project (521-0159). Although both of these projects achieved great success in improving health services and the health status of residents of Cite Soleil, the grantee was unable to raise enough funds to sustain its activities at the planned levels and turned to USAID in 1986 for additional financial assistance.

A mid project evaluation was conducted, and on the basis of its positive recommendations, USAID amended the UHCD II in August 1986 and added \$1.0 million to the Cooperative Agreement. These funds were intended to assist the grantees to:

1. Respond to the 50% increase in the Cite Soleil population by expanding services.
2. Cover an operating deficit resulting from the failure of anticipated donations to materialize.
3. Increase and accelerate efforts to reach self-sufficiency and strengthen financial management and planning systems.
4. Replicate the Cite Soleil health service delivery model in Gonaives.

In June 1988, CDS requested additional funds to sustain existing services in Cite Soleil and Gonaives. USAID again amended the UHCD II project to add \$1.4 million, which included \$1,220,000 additional for the CDS Cooperative Agreement, \$150,000 for the Groupe Lutte Anti SIDA (GLAS), a local PVC, and \$30,000 to AIDSCOM for the design and monitoring of an AIDS prevention campaign. The UHCD II Project Assistance Completion Date (PACD) was extended by 6 months to August 1989. These funds were intended to serve as a interim measure until a new urban health project could be initiated, a development activity which is the subject of this Project Paper.

USAID/Haiti has remained concerned about CDS' continued need for USAID financial assistance. In order to better assess CDS' financial position, the Mission requested a financial review of CDS activities, which was conducted during August-September of 1988 (Wong and Makinen, 1988). The purpose of the review was to assess the cost effectiveness of CDS programs and to analyze the CDS financial strategy and prospects for self-sufficiency.

The financial review determined that the operating costs of providing health services within Cite Soleil were \$7.40 per capita, including capital replacement costs, for the 1987-88 fiscal year. During the same period, the costs of providing human resources development programs were \$1.86 per capita including replacement costs. The replication of the Cite Soleil health model in Gonaives cost \$6.07 per capita including capital replacement costs. (See Annex 6, Financial Analysis, for a more thorough discussion of the findings of this review.)

On the whole, the study concluded that the CDS model for integrated urban health care services compares favorably with similar indicators in other developing countries and that the program approach is highly cost effective.

#### E. Expanding the Integrated Urban Health Model

The community based integrated urban health model has been developed and tested in Cite Soleil over the past fifteen years, and refined through an expansion to Gonaives. Additional refinements are expected as the program expands to new sites and as CDS learns from this experience.

It is important to stress that the model to be expanded has already proven itself in terms of impact on service delivery coverage and health status indicators in Cite Soleil. Table 2 shows health coverage and health indicators in Cite Soleil vs. nationwide. In 1987, national coverage for measles and tetanus immunizations was 26% and 27%, respectively, while coverage in Cite Soleil was 78% and 85%, respectively. Difference in ORT usage was substantial, with 16% nationwide and 77% in Cite Soleil. Infant mortality in Cite Soleil has been reduced from over 200/1000 live births to estimated current levels of less than 80/1000, while national averages remain approximately 101/1000.

Table 2

## HEALTH COVERAGE CMSCS VS. COUNTRY-WIDE

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

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

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

@: Among 3000 pregnant women in 1986-1987.

Essential points to consider concerning continued support to CDS and its expanded program include that (1) CDS has a long and successful track record in developing and delivering coherent and cohesive primary health care and its emphasis on child survival through its dedicated team; the model is technically sustainable; (2) CDS has adequate technical and administrative capacity to manage its Cite Soleil and Gonaives operations and, with modest technical assistance in organizational development, to expand to additional locations in order to meet a great demand for needed health care that will not otherwise be provided; (3) CDS is concerned about and is making adequate progress towards financial self-sufficiency; (4) the CDS model is cost-efficient; and (5) CDS collaborates effectively with the MSPP and its plans are acceptable to the Government of Haiti.

These points are elaborated in the technical, administrative and financial analyses (see Annexes).

An AIDS education program, representing less than 10% of the EUHS project resources and which will involve CDS and two US organizations, has also been included in the overall activities to be funded under the proposed project.

### III. PROJECT RATIONALE

#### A. Introduction

There are probably as many causes and perceived problems as there are theories and solutions concerning health issues and health care in Haiti: there are economic factors such as unemployment and underemployment, low salary and income levels, and micro- and macro-economic problems; there are social issues of rural to urban migration, poor housing, family disintegration, access to education, lack of public and private social services, poor sanitation and lack of potable water, and urbanization; there are political problems of corruption, inefficiency, instability; there are environmental and man-made problems of congestion, urban blight, pollution and crime.

After the debate recedes, the facts are that about twenty five percent of Haitians live in urban areas and that most do not have access to a basic human need of affordable health care.

A.I.D., the Government of Haiti, and the Center for Development and Health have developed strategies, which are briefly summarized in the next section, that address the issue of access to Primary Health Care (PHC) and its emphasis on child survival activities. The proposed project is being developed to assist the private sector to carry out a cost-effective activity to continue to deliver private sector primary health care and child survival health services to Cite Soleil in Fort-au-Prince and to Gonaives, and to expand CDS's activities to three additional urban areas, Ouanaminthe, Fort-Liberte, and Cap-Haitien.

#### B. A.I.D. Policy: Health and Development

Policy. While recognizing that health status is influenced by overall socio-economic, political, institutional, educational and environmental conditions, A.I.D. health policy focuses on maternal and child health services as the most direct way to improve health status. Child survival interventions emphasizing immunization, oral rehydration therapy, improved infant and child nutrition, birth spacing and safe childbirth activities, are given very high priority in carrying out the Agency health policy.

EUHS Rationale. The proposed EUHS project will reinforce and replicate an integrated urban community health care model, which stresses these child survival interventions, along with tuberculosis and other disease control, AIDS prevention, provision of basic curative care services, and limited human resources development. This model is consistent with A.I.D. policy and strategy, and the model has proved to be appropriate and cost-effective in low income urban areas in Haiti.

#### C. Latin America and Caribbean Bureau (LAC)

Strategy. The two major objectives of the LAC health strategy are to reduce mortality among infants and children under five years of age and to reduce disease and disability in the labor force.

EUHS Rationale. With its substantial emphasis on child survival and safe child birth, the EUHS project is compatible with the Bureau's overall strategy and with its special emphasis on children. In addition, the smaller EUHS components concerning institutional development, human resources development, and AIDS awareness also complement other Bureau policies and emphases on employment and income generating opportunities, education, strengthening the private sector's involvement and participation in development projects, AIDS education, and addressing urbanization issues.

#### D. USAID/Haiti

Strategy. The FY 1989 and 1990 strategy of USAID/Haiti is keyed to four "core" areas: 1) Child Survival/Population, 2) Agriculture/Natural Resources, 3) Private Sector and 4) Education.

These four core program areas are designed to lower infant mortality, increase access to voluntary family planning services, raise the productivity and income of Haiti's peasant farmers, increase employment through private sector growth, and raise the low quality and standards of primary education.

To address child survival issues, USAID plans to:

- promote improved cooperation between the Ministry of Health and Population Planning (MSPP) and PVO health providers;
- help increase vital child survival services (vaccination coverage, feeding practices, expand P.L. 480 feeding programs at maternal and child health centers, increase utilization of Oral Rehydration Therapy (ORT) for prevention of dehydration due to diarrhea, and promote child spacing) -- all through expansion of the PVO network currently implementing community based programs;
- strengthen management and outreach capabilities of PVO health providers; and
- continue support to the national EPI and diarrheal disease control programs.

To address the population problem in Haiti, USAID strategy during the next two years will focus on:

- provision of family planning services, both clinical and non-clinical, through the private voluntary sector;
- commercial programs with the private-for-profit sector;
- expansion of donor coordination; and
- policy dialogue with the Government of Haiti.

To address the AIDS threat in Haiti, USAID/Haiti will expand significantly its support for AIDS control activities during the next years.

EUHS Rationale. The proposed EUHS project addresses the USAID strategy by supporting primary health care and child survival interventions through systematic application of cost-effective activities concerning immunization, diarrheal disease control, nutrition improvement, and safe childbirth; by carefully targeting disease control such as tuberculosis, malaria and leprosy and expanding awareness of AIDS; by supporting family planning activities; by strengthening the institutional capacity of a major PVO involved in health care services delivery; and by promoting collaboration between the private and public sector through the contractual arrangements between CDS and the MSPP.

E. Government of Haiti (GOH) and the Ministry of Health and Population Planning (MSPP)

Strategy. While direct assistance to the Government of Haiti was terminated on November 29, 1987 as a result of the failed elections, GOH policies can be taken as the basic reference point in the design of the current project. The GOH health sector policy, known as "New Orientation," focuses on PHC services of oral rehydration therapy, immunization, nutritional surveillance, family planning, and malaria and tuberculosis prevention as the priority interventions for improving the health status of the Haitian population. The "New Orientation" policy identified private voluntary organizations as collaborators with MSPP-sponsored national programs to assist in the delivery of health care. The Ministry of Health and Population Planning has begun to develop a program to address the AIDS epidemic.

EUHS Rationale. The Expanded Urban Health Services project responds to the Ministry of Health and Population Planning policy by delivering the priority child survival/health interventions advocated in the "New Orientation" policy. The project also will complement the Government of Haiti AIDS program by providing support for much needed information and education activities not addressed by other participants in the Government of Haiti AIDS program. Collaboration with the Ministry of Health and Population Planning is an important feature of the proposed project, as demonstrated in the contractual arrangements negotiated between CDS and the MSPP to use selected MSPP staff and facilities to carry out project activities at each site. This type of "contracting out" arrangement facilitates public and private sector cooperation in health delivery in Haiti, increases the return on MSPP investment in facilities and personnel, and increases coverage of health/child survival services.

F. Center for Social Development and Health (CDS)

Strategy. The CDS primary health care model is a community based integrated urban health care model developed in Cite Soleil and refined during expansion to Gonaives. The model places a special emphasis on child survival activities.

The model is based on the employment of a cadre of trained and supervised outreach workers, known as community health workers (CHWs), who are recruited from within the community and who are in constant contact with residents of the community.

The strategy of the CDS is to extend its primary health care model to other underserved urban populations. The criteria adopted by the CDS Board for selection of sites for extension of the model are:

1. That compared to other urban zones in Haiti, the expansion project sites demonstrate the greatest need. This need is expressed by limited or absent PHC services for poor urban dwellers;

2. That suitable medical facilities are available at the project site. Facilities are defined as medical buildings, hospital infrastructure, maternity facilities, equipment, pharmacy, and electrical power from a generator;

3. That medical personnel are available at the project site. Personnel consists of Ministry of Health and Population Planning staff (doctors, nurses, auxiliary nurses, hygienists, pharmacists, lab technicians, and maintenance staff) and non-MSPP staff (sister-nurses, volunteers, and traditional birth attendants);

4. That the Government of Haiti, namely the Ministry of Health and Population Planning, endorses and supports public/private sector cooperation in the delivery of health care services in general, and specifically at proposed sites.

EUHS Rationale. Evaluations of CDS activities have substantiated the conceptual strengths of the PHC model and have provided indications of the model's ability to deliver cost-effective primary health care. Expansions to Fort-Liberte, Cap-Haitien and Ouanaminthe meet the CDS criteria for site selection and replication. Continued activity operations in Cite Soleil and in Gonaives and carefully planned and executed expansions into three other areas will yield positive and tangible results if there is continued emphasis on developing a self-sustaining program.

#### G. Sustainability Issues

Sustainability, or the ability of development programs to continue to deliver benefits after donor assistance terminates, should be an important underlying objective of all development assistance programs. A.I.D. has, in fact, recently examined this question (A.I.D./PPC/CDIE, 1988). In the cited paper, the definition of sustainability is expanded to include many factors, including government policies, management capacity, local participation, financial factors, technological factors, and external factors such as political and economic instability or natural disasters.

Although most discussions of sustainability concern its financial aspect, a wider and more disaggregated definition of sustainability, which separates its financial, technical and administrative aspects, is appropriate in the case of CDS. Analyses carried out in the preparation of this project paper indicate that the proposed activity scores very high on non-financial sustainability criteria.

The project is based on appropriate technology and has evolved an indigenous, locally appropriate model for delivery of integrated urban health care services. Current medical staff are capable and, with few exceptions, do not require specialized technical assistance or training to work effectively. The CHW outreach methodology has been tested and shown to be effective. This project will assist CDS to provide additional technical training required by staff in the expansion sites. The CDS program is expected to be fully sustainable, in a technical sense, by the end of the EUHS project.

While CDS has proven its administrative strengths through the implementation of a successful program in Cite Soleil over many years, expansion from a single site to a nationwide program will require some reorientation and administrative changes. Major organizational decisions have been made and additional steps, particularly in information systems, need to be taken so that CDS staff and operations are adequate for a national program. CDS management is aware of the need to adjust its operations and has been taking steps to do so, in consultation with USAID. As discussed in the project description below (Component 5), USAID is directly supporting, apart from EUHS, and plans to support through EUHS, technical assistance to strengthen CDS administrative and financial management. With this technical assistance, the CDS 5-city program should be sustainable, in the administrative sense, by the end of the EUHS project.

Financial analyses have indicated that, although the program is unlikely to be completely sustained on the basis of locally generated revenues (due in large measure to the income levels of the target groups), it is moving in the right direction by increasing the proportion of costs which are covered from locally generated revenue, and initiating revenue-raising schemes (e.g. prepayment). Also, the program is moving toward increased cost effectiveness in its delivery of services. The financial analysis carefully documents CDS' current financial position and projects that position over the LOP. Although donor support will still be required at project end, CDS' technical and administrative strengths and program effectiveness should make it a strong candidate for such funding.

#### IV. PROJECT DESCRIPTION

##### A. Project Summary

The Expanded Urban Health Services project is a five year, \$10.8 million (D.A.) project with five components:

1) Primary Health Care with an emphasis on child survival activities at five project locations.

2) Family Planning/Child Spacing activities for two years at all project locations.

3) AIDS Prevention and Control, a two year component to be implemented through buy-ins with centrally funded AIDS projects and by continued support to CDS's AIDS initiative, with an activity emphasis on AIDS education, prevention, and control.

4) Human Resources Development in Cite Soleil for two years, with an emphasis on targeted improvements in ongoing vocational and educational programs.

5) Institutional Strengthening, technical assistance to assist CDS to strengthen its financial and administrative management at all project locations.

Collectively taken, these five components will support an integrated primary health care program to:

- continue basic health services to residents of urban slums in Cite Soleil (Port-au-Prince) and Gonaives;
- replicate the integrated urban health care model in three additional urban sites (Cap-Haitien, Fort-Liberte, and Ouanaminthe);
- incorporate family planning/child spacing in all program sites and support this component for the first two years of the project, after which this activity will be funded through USAID's planned Population and Family Health project;
- inform and educate on AIDS prevention and control activities during the first two years of the project, after which AIDS activities will be funded through a planned stand-alone AIDS control project.
- continue support for vocational and educational programs at Cite Soleil for two years, after which other funding sources will be sought by CDS to support this project component;
- strengthen the ability of the implementing agency, CDS, to manage an expanded program and to increase the sustainability of the program.

B. Logframe Summary: Goal, Purpose, Inputs and Outputs

1. Goal

The goal of this project is to improve the health status of residents of economically depressed urban areas of Haiti.

The achievement of the goal will be measured by increases in life expectancy, reductions in the non-AIDS infant mortality and morbidity rates, and improved cooperation between public and private sector health delivery systems.

2. Purpose

The purpose of this project is to provide Haitian slum dwellers in five urban areas with access to an effective, primary health care system.

Conditions that will indicate the the purpose is being achieved ("End of Project Status" or EOPS) include the following at CDS project sites:

- (1) that the CDS urban health model is operational, functioning well and reaching target populations (estimated as 150,000, Cite Soleil; 50,000, Gonaives; 46,000, Ouanaminthe; 34,000, Fort Liberte; and 87,000, Cap Haitien);
- (2) that the proportion of operating costs of service delivery generated by user fees increases to 17% of total operating costs;
- (3) that the non-AIDS infant mortality decreases to 85/1000 and non-AIDS 0-5 mortality decreases to 120/1000;
- (4) that other health indicators are as follows: a decrease in low birth weight to 14%, a decrease in 0-5 malnutrition to 45%, a contraceptive prevalence of 10%.

Also, as a result of the AIDS prevention and control component, there will be widespread AIDS awareness (50% of the urban population).

### 3. Inputs and Outputs

A.I.D. financed inputs will include salaries and operating costs, technical assistance, training, commodities, and construction/renovations.

Anticipated outputs include delivery of primary health care services (immunizations; diarrheal diseases control and ORT delivery; nutrition surveillance, education, rehabilitation and improvement; limited curative care, and operations research); delivery of family planning services for two years; human resources development for two years at Cite Soleil; institutional strengthening of CDS; and AIDS education and control programs for two years.

The estimated magnitude of project outputs will be as follows:

#### Component 1: Primary Health Care/Child Survival

- 450,000 registered participants in CDS programs;
- immunization coverage (0-5) at 85%;
- ORT use (0-5) to 60%;
- tetanus toxoid coverage among pregnant women to 90%;
- prenatal coverage (pregnant women) to 90%;
- TB cases identified at 7200;
- operations research studies completed.

#### Component 2: Family Planning

- services to 11,000 women;
- CDS staff trained;
- information, education, and communications campaign reaching target population.

#### Component 3: AIDS Prevention and Control

- a safe blood supply program implemented;
- implementation of AIDS epidemiology surveillance;
- education campaigns for different target groups.

#### Component 4: Human Resources Development

- 600 persons trained in upgraded vocational-educational programs;
- 480 trainees placed in relevant jobs;
- 2000 additional trainees (basic education, literacy, etc.)

#### Component 5: Institutional Strengthening

- management improvements in place to include:
  - operational Management Information System,
  - operational Financial Information System,
  - organizational structure and staffing suitable to program needs;
  - staff adequately trained to perform range of required tasks.

### C. Project Components

#### Component 1: Primary Health Care

##### Summary

For this project, PHC is defined as a cost-effective approach to expanding access to essential health services, particularly in underserved areas. PHC denotes a basic package of preventive, promotive and curative services effective against major causes of illness and death. PHC is usually provided by at least minimally trained, community based workers who are supported by a referral system of more specialized health facilities and personnel. Active community involvement is a central aspect of PHC, as is the importance of affordability and close proximity to potential users.

The principal services that will be provided by CDS at five project locations over five years are summarized. (AIDS-related activities are described below under Component 4.)

a) Immunizations, to include neo-natal tetanus, typhoid, pertussis, diphtheria, polio, and BGC vaccinations.

b) Safe Child Birth, to include pregnancy monitoring; pre- and post-natal care; maternal/child care; well baby clinic; training traditional birth attendants;

c) Diarrhea Prevention and Treatment, to include Oral Rehydration Therapy, health education on clean water use, and campaigns against bottlefeeding and in favor of breastfeeding;

d) Nutrition Surveillance, Education, Rehabilitation and Improvement, to include child growth monitoring; education in favor of breastfeeding, malnutrition identification and control; proper caloric intake; vitamin A and other food supplements distribution;

e) Curative Care, to include limited outpatient and hospitalization; pharmacy; dentistry and ophthalmology; malaria, leprosy and tuberculosis identification and treatment;

f) Operations Research to monitor and evaluate the health and development impact of project and Recipient activities. Activities and studies may include but not be limited to assessments on the impact on health indicators such as infant and child mortality and morbidity rates, and progression of AIDS seropositivity among pregnant women.

This Component will be implemented through a Cooperative Agreement with the Center for Development and Health (CDS).

A.I.D. will help finance direct costs of health services at Cite Soleil and outreach sites to include (1) salaries; (2) operating costs (office supplies, pharmacy supplies, laboratory supplies, gas/per diem, and maintenance; (3) capital costs (some building construction and renovation, vehicles, equipment); and (4) local training. These direct costs represent 52% of the direct costs of these activities.

The project will also help finance indirect (administrative) costs of CDS. These indirect costs have been divided into two categories: (1) CMSCS, or Cite Soleil, Administrative budget, and (2) CDS General Administration budget. Again, AID funds will help finance salaries, operating costs (supplies, transport, utilities, rent, etc.). These indirect costs represent an estimated 68% of the total administrative costs under these categories.

The summary illustrative budget for Component 1 is as follows:

Component 1 Costs:

Cite Soleil Health	3,622,788
CDS Outreach	3,287,503
Total Component Direct Cost	6,910,291
Cite Soleil Admin	574,190
CDS Administration	911,248
Total Component Indirect Cost	1,485,438
Total Component Cost	\$8,395,729

Amplification

Cite Soleil

The Cite Soleil model is community based and consists of health care services and related educational programs designed to improve the health and socio-economic status of poor, urban residents. Special interest has been placed on child survival activities and maternal and child care. The primary health interventions implemented at Cite Soleil under the Urban Health and Community Development I project and continued at Cite Soleil and expanded to Gonaives in the current Urban Health and Community Development II project, have been designed to address Haitian health problems with cost-effective and feasible solutions. The target population is 150,000.

Within Cite Soleil, CMSCS implements a health care system which includes a wide range of services: child nutrition, surveillance and rehabilitation; immunization for mothers and children and pre-natal and maternity services; training and supervision of birth attendants; control of endemic diseases; emergency treatment and general hospitalization, and family planning.

CMSCS focuses on priority problems presenting the highest risk to the population served, such as malnutrition, diarrhea, and communicable diseases. Its active approach seeks out, identifies, registers, and follows all families living in Cite Soleil through a trained network of community health workers who provide liaison between the CMSCS and the target population. These community health workers are a crucial aspect of the activist approach between the Complexe Medico-Social of Cite Soleil and the area it serves, Cite Soleil.

Cite Soleil is the only location where some hospital costs will be supported by the Expanded Urban Health Services project. Most of the costs associated with the support of the hospital are for the maternity and pediatric wards and focus on child survival. Other hospital costs, more specifically the cost of the surgical facilities, which had been supported by USAID/Haiti project funds in the past are now absorbed by users of these services.

As the original site, Cite Soleil, there is both a degree of maturity of project interventions and a more complex program than that which is projected for the other project locations. This is reflected in the health indicators attained and in the level of cost effectiveness achieved by the program thus far.

### Project Expansion

Beginning in 1988, CDS replicated and refined the Cite Soleil model in two slum areas of Gonaives, using as a base two clinics, Raboteau and Ka-Soleil.

The Cite Soleil model, refined at Gonaives, will be expanded during Year 1 of the project to three new sites, Cap-Haitien, Fort-Liberte and Ouanaminthe. At these three sites the program will be patterned after the existing program at Gonaives.

The expansion sites will provide essentially the same services as provided at Gonaives, such as typical child survival activities including pre-natal and post-natal care, immunization, Oral Rehydration Therapy, growth monitoring, some nutrition activities, and a birth spacing program. (Family planning activities are described separately in Component 2.) As in Cite Soleil, the CDS program in other sites is supported by community outreach and integrated health education.

Since each project location has specific population characteristics and benefits from different resources levels, there will be some programmatic variations and model adaptations.

-Funding limitations preclude support of even limited hospital facilities at other project locations, with the exception of maternity services in Fort-Liberte to serve both Fort-Liberte and Ouanaminthe.

-There will be greater participation of the project beneficiaries who will not only support an increasing share of the cost of services as the project matures, but they will increasingly be associated with health decisions affecting their community.

-As activities commence at each new location, a local health committee will be created and will meet on a regular basis. The committee's first task will be to discuss the initial fee schedule, which will be reviewed annually, to provide the community with the opportunity to comment on the quality and adequacy of the services for which they paying.

Planned target populations are as follows: Gonaives, 150,000; Ft. Liberte, 34,000; Ouanaminthe, 46,000; Cap Haitien, 87,000.

## Component 2: Family Planning/Child Spacing

### Summary

The Family Planning/Child Spacing component of this project has been designed for a period of two years. The cost of the component for A.I.D. is \$267,060. IPPF will contribute \$190,343, largely from the Private Sector Family Planning project. A.I.D. will thus finance 58% of this component. After the initial two year period, USAID plans to fund the activities started under EUHS through the planned Population and Family Health project (521-0219), scheduled to begin in FY91.

A.I.D. will finance costs of salaries; operating costs (medical supplies, laboratory supplies, utilities and rent), training, and some capital costs.

The component's principal elements include information, education and communication on child spacing, high risk births and poor birth spacing; provision of birth control methods (natural family planning, pills, Intra Uterine Devices (IUDs), condoms, vaginal tablets, voluntary surgical contraception); training selected Recipient family planning staff at levels A, B, and C courses at Haitian National Institute of Public Health (INHSAC); and, training and refresher programs for volunteer collaborators and community health workers and others engaged in family planning.

Funds for this component will be included in the Cooperative Agreement with CDS.

Additional details are provided in the description of the family planning component included in Annex 4, Technical Analysis. Of note is Table 3 in that annex, "Summary of Planning Activities", which shows in tabular and columnal form the essential elements of this component, including method availability, funding source, training, evaluation, and donor collaboration.

### Amplification

#### Historical and Cultural Setting

The urban areas targeted by the project have varying population characteristics. The beneficiaries of the project range from persons in the metropolitan area of Port au Prince, who have had wider exposure to family planning activities, to farmers who will use the facilities in Ouanaminthe. In addition, family planning programs have been administered by lay and religious institutions with differing styles and attitudes to family planning.

Given the history, culture, and difficulties of developing and administering a family planning program in Haiti, the CDS strategy for family planning is the development of a "vertical" program minimally integrated with other child survival activities. This is the case in Cite Soleil; the program in Cap-Haitien will be vertical as well. This vertical approach has the advantage of concentrating both the resources and the efforts required to achieve the goal pursued. In other sites, however, family planning will be integrated more closely with other services. This will be the case in Gonaives, Fort-Liberte and Ouanaminthe.

For each site, family planning activities will: (1) take into consideration differences in past family planning management and sensitivities; (2) aim to maximize project inputs and utilize the physical and human resources provided by the Ministry of Health and Population Planning in the most cost effective way; (3) strive to complement other local family planning resources to ensure that the target population has convenient access to the most complete choice of methods possible without duplication of services; (4) monitor and evaluate the integration of family planning into health delivery systems.

#### Coverage

At each project location, family planning services will be made available to couples who wish to space or limit their children.

The total population in the catchment area of the project will progress from an expected 367,000 beneficiaries at the onset of the project to an estimated 397,000 two years later. Project interventions are designed to provide regular Family Planning services to an estimated 4,550 sexually active reproductive age women during the first year and 6,500 during the second year.

This level of coverage should bring the prevalence of contraceptive use to about 10% among women at risk of becoming pregnant. This level of coverage may appear limited, but it must be remembered that at several of these locations the program will be starting from scratch, and only modest progress can be expected over a period of two years. Once the service delivery program has reached a certain momentum, it is anticipated that acceptability and use of family planning services will grow at a much faster pace.

#### Method Mix

A.I.D.-financed family planning methods available at CDS project sites are oral contraception, barrier methods, IUDs, and voluntary surgical contraception.

Oral contraceptives have had moderate successes in Haiti, and greater use of this method will be based on improved education on how to use the method properly. EUHS will finance efforts to expand and enhance pill programs, including training of CDS staff, education campaigns for the target population, and the addition of progestogen-only oral contraceptives (such as Ovrette) to the procurement list. Progestogen-only oral contraceptives are particularly well adapted to the needs of women who partially breastfeed their infants for a long duration but not intensively enough to remain anovulatory, a situation often encountered in Haiti.

IUDs are a relatively less attractive contraceptive option. Given the sexually transmitted disease risk level in Haiti and religious and cultural opposition to IUD use in Haiti, CDS will promote its use with limited expectations of expansion of this method.

CDS will promote efforts to provide access to voluntary surgical contraception for project beneficiaries who wish to use it with appropriate counseling prior to surgery. Although this method is well accepted by both men and women in Haiti, and it is suited for stable couples who have achieved their desired family size, religious and cultural traditions may limit its use. CDS expects that limited use of voluntary surgical contraception will be achieved at the Cap-Haitien project site.

Condoms have not traditionally been a very popular method of contraception in Haiti. Increased condom use in Haiti is expected to affect the rate of sexually transmitted diseases (STD) but to have relatively little effect as a family planning method over the life of the project. In recent months condom use has started to grow, mostly as a result of the fear of AIDS. New image building programs for condoms are currently underway as part of AIDS prevention efforts. It is still unclear, however, how popular condoms will be from the family planning point of view; it is anticipated that the method will gain in popularity although its use will probably remain mostly among persons in movable sexual relationships rather than among stable unions.

#### Information, Education and Communication (IEC)

A.I.D. will finance CDS IEC programs to increase awareness of family planning/child spacing through the preparation and use of printed material, through counselling, and through public information awareness campaigns.

#### Training

Under this project, A.I.D. will finance limited training for family planning service providers, consisting of:

-Technical training of selected staff involved in family planning service delivery who will attend level A, B and C courses at INHSAC;

-Technical and refresher training for community health workers and volunteer collaborators to ensure quality of care and a high level of motivation for all family planning personnel in the project;

Orientation and in-service training to the entire staff of CDS, whatever their health care responsibility may be, to ensure that all personnel have a good understanding of the relationship between properly spaced births, good health, and child survival. Although the family planning program may be executed independently of the primary health care activities at some of the project locations, the entire project staff must have a full understanding of the health benefits of birth spacing.

### Component 3: AIDS Prevention and Control

#### Summary

Because of the nature of AIDS, its high treatment costs and the absence of a cure, emphasis in this project component is placed on AIDS education and prevention, seen in the larger context of reproductive health and coordinated with family planning initiatives and sexually transmitted disease prevention.

The AIDS activities to be funded under this project component will be the first step toward increased project assistance to Haiti to control the AIDS epidemic. The Expanded Urban Health Services project will support an AIDS component for two years starting in FY89, in order to build a technical base for AIDS control and prevention within a group of institutions so that they will be prepared to expand their programs, depending on the level of future A.I.D. and other donor support.

The AIDS Component will be implemented (1) with a buy-in to the A.I.D. centrally funded project with AIDSTECH (\$712,500) and (2) as part of the EUHS Cooperative Agreement with CDS (\$142,500). A.I.D. will fully fund the AIDSTECH activity. An additional \$90,000 will be provided by other donors to CDS activities under this component.

A.I.D. will finance:

- Technical assistance, and
- Direct costs for salaries, operating costs (office and medical supplies and local transportation), capital costs (minor building renovation), and training.

First year funding will provide technical assistance to reinforce ongoing activities in epidemiologic surveillance and blood screening; to upgrade counselling and media development skills; and to develop proposals for intervention strategies. A local coordinator will be hired to assure that first year activities are implemented in a timely fashion and coordinated with other public and private sector organizations working in AIDS prevention and control.

Second year funding will continue to support interventions begun during the first year, evaluate the effectiveness of AIDS activities, and assist A.I.D. planning for a stand alone, follow-on AIDS project.

A more detailed discussion of the AIDS problem in Haiti and EUHS interventions by fiscal year, type of activity, and executing agency is included in the Technical Annex 4, and its Table 4, "Proposed AIDS Activities, EUHS."

#### Amplification

#### Description

EUHS AIDS education and control activities to be undertaken through the buy-in and by CDS include:

1) Safe Blood Supply: Develop a national strategy, implement, evaluate and institutionalize a cost effective program to maintain clean blood supply in Haiti; laboratory technician training in Abbott Elisa screening technology.

2) AIDS Epidemiology Surveillance: Case definition for AIDS in Haiti; development of a methodology, reporting form, and implementation of surveillance.

3) AIDS Information, Education and Communication: Through radio, television, workshops, printed matter and posters, EUHS will finance strategic planning based on cost-effective and sustainable precepts; campaigns to make the public aware of AIDS transmission and prevention; curriculum development; counseling; institutional development; public sector/private sector dialogue and organizational coordination; monitoring and evaluation of activity effectiveness.

4) CDS expansion: AIDS education programs and STD services, including expansion to clinics in Cap-Haitien, Fort-Liberte and Ouanaminthe.

#### Intermediaries for A.I.D.-Financed AIDS Activities

A.I.D. will finance AIDS activities with Haitian private sector organizations through a buy-in with AIDSTECH (83% of AIDS Component funds), and through the Cooperative Agreement with CDS (17%).

AIDSTECH provides technical assistance to respond to specific local needs of private organizations involved in AIDS prevention in developing countries. It is a division of Family Health International (FHI). It provides technical assistance for interventions, focusing on the prevention of HIV infection that may be transmitted sexually through the blood supply and from skin piercing instruments. AIDSTECH develops sentinel surveillance systems to monitor the spread of the disease; analyzes costs and benefits of different prevention strategies; evaluates the impact of the epidemic on the country's economy; trains health professionals in planning AIDS prevention strategies and techniques; and implements operations research activities. AIDSTECH administers a PVO small grants program focused on target risk groups to fund activities in the private sector. These programs are supported by an active information dissemination unit focusing its effort on providing AIDS workers with updated information on the latest findings of AIDS research.

Through the buy-in, EUHS will assist private organizations which have been active in developing, securing funding for and implementing AIDS activities in Haiti. These local organizations and their activities are:

(1) The Haitian Study Group of Sarcoma Kaposi and Opportunistic Diseases (GHESKIO). This is a group of Haitian physicians who were the first to become interested in AIDS in Haiti. In collaboration with Cornell University, GHESKIO is conducting studies of the natural history of HIV and AIDS. This group receives patients referred from both the public and private sectors in and outside of Port-au-Prince and has followed over 2500 seropositive cases.

--EUHS will finance the design, implementation, follow up and evaluation of a national AIDS sentinel surveillance strategy; a workshop to prepare health personnel to implement this strategy; a seminar for institutions already involved in counseling AIDS patients to reinforce their counselling program; and an evaluation of the institutionalization of GHESKIO activities.

(2) The Haitian Red Cross (HRC). The Haitian Red Cross is mandated to test blood and thus to assure a clean blood supply. The Abbott Elisa technology is used to test approximately 1000 samples of blood from donors each month for HIV, Hepatitis B and syphilis. This blood is delivered on a regular basis to hospitals in Port-au-Prince or shipped to other parts of the country.

--EUHS will finance a consultant to develop a national strategy for a safe blood supply, to enhance the testing program including the possible introduction of rapid tests in Haiti, to conduct training, seminars, and workshops, and to evaluate the sustainability, cost effectiveness, and institutionalization of HRC programs.

(3) Inter-Aide. This is a French NGO working with the Haitian Social Welfare Institute which has implemented a six month pilot project (Jan-July 1988) to educate prostitutes in the Carrefour section of Port-au-Prince about the dangers of AIDS, how the disease is transmitted, and what prevention measures to take. Based on its initial success, Inter-Aide has recently begun a similar project in Gonaives and is preparing a proposal for an expanded project.

--EUHS will finance the expansion of Inter-Aide programs to other bars and hotels in Carrefour, Pétionville, and Gonaives, and explore the opportunities of site expansion to other cities and towns in Haiti. Technical assistance will evaluate the training program and educational materials used and suggest necessary adaptations for effective institutionalization of Inter-Aide activities.

(4) The Group for the Prevention of AIDS (GLAS). This is a group of businessmen who are interested in increasing awareness and knowledge about HIV infection and prevention among private sector employees.

--EUHS will finance workshops for employers; personnel directors, company medical personnel and union leaders to sensitize them to the need to educate employees; production and distribution of educational materials; development of a mechanism for condom sales.

(5) The Factory Workers Center (CPFO). This group has developed a project to address 3000 women factory workers to build awareness about AIDS and its prevention; promote changes in attitudes and behavior, especially promoting "safe sex" practices and hygienic medical injection procedures; involve factory workers in the distribution of condoms; and encourage factory workers to convey this knowledge to coworkers, partners, family and other community members.

--EUHS will support the continuation of CPFO's activities and evaluate program effectiveness.

Activities of CDS will be an important part of this component. CDS carried out a pilot project to estimate the seroprevalence of HIV among clients of two clinics in Gonaives, and preliminary results show a prevalence of 9% among parturient women. CDS also provides STD consultations as part of its health services program.

--EUHS will finance:

(1) follow up of the seroprevalence study with counseling HIV positive clients and studying the evolution of the disease in the target group;

(2) IEC community outreach to inform the population, and especially high risk groups (e.g. adolescents, prostitutes) of the existence of the AIDS problem. A sample of clients will be tested for HIV to determine the seroprevalence in this target group and to determine the relation between HIV and certain STDs.

(3) an evaluation of CDS AIDS activity effectiveness by the increase in demand for STD consultations since the initiation of the program and by increased condom use. A sample of clinic users will be surveyed to determine the effectiveness of the AIDS message in reducing risk factors among this group.

(4) STD services for the populations of Cap-Haitien, Fort-Liberte and Ouanaminthe.

AIDSTECH will assign a resident advisor in Haiti. The advisor's role will be to coordinate the inputs of consultants and to monitor the planning and implementation of the AIDS activities. AIDSTECH will provide some home-office support for planned activities, which will include stateside staff time for preparation of site visits and consultancies, and internal administrative costs not directly related to field activities.

#### Component 4: Human Resource Development (HRD) (Cite Soleil)

##### Summary

The component will be A.I.D. financed for two years, after which time direct A.I.D. funding under this project will cease. However, an evaluation of this component will be undertaken at that time, and if the results are encouraging and funding permits, USAID might seek other sources of funding outside of the health account.

For a total cost of \$500,000, A.I.D. will finance vocational and educational programs in Cite Soleil to develop marketable employment skills for men, women, and adolescents. This will include:

- salaries and operating costs for the Boston (\$119,632), Brooklyn (\$39,160) and Papayo (\$67,090) skills development centers, total \$305,880.

- a focused effort to strengthen the human resources development program, through administrative salaries, training (teacher training and materials), capital costs for equipment, and technical assistance, total \$194,120.

A.I.D. funds will be 55% of the total cost of this component for the two years it is funded.

#### Amplification

Readers will find a detailed discussion of the HRD activities in Cite Soleil, an evaluation of the program and its cost effectiveness, and recommendations for future A.I.D. financing in "Assessment of the Human Resource Development Component of the Complexe Medico-Social de la Cite Soleil" (David Evans, AID/LAC/DR/EST, January 1989). That document is incorporated by reference as a part of the Technical Annex of this Project Paper.

The HRD programs at Cite Soleil encompass a broad range of education and training activities for men, women and adolescents. Each of these target groups has a separate facility which provides a variety of education, vocational and social services tailored to meet their needs and aspirations. The three centers are Centre de Promotion Familiale for adult males (Papayo); the Brooklyn Mothercraft Center for adult females (Brooklyn) and the Foyer Cultural for Adolescents (Boston).

The Human Resource Development (HRD) component of the CMSCS in Cite Soleil is conceptually integrated with the overall urban health care model, in that the Cite Soleil model aims to improve socio-economic status of residents through improvement in their health, educational level, and income-generating potential. However, the HRD component is administratively separate from health services. The HRD component will be managed by The Sisters of Charity of St. Vincent de Paul. The Sisters are a legal partner of the CMSCS whose parent organization is Center for Development and Health.

The Evans evaluation and analysis of the HRD component concluded that:

- substantial but uneven progress has been made in human resources development and in income and employment generation;

- even under unfavorable assumptions, the component has resulted in modest returns on the investment and it is judged to be economically sound and justified;
- the vocational training programs at Papayo and income generation activities at Brooklyn offer the best chance of achieving the goal of increasing the employability and income of individuals at Cite Soleil;
- the project should place greater emphasis on efforts to find employment for graduates.

In order to increase the quality, relevance and efficiency of the training, the HRD component of the EUHS project will finance salaries, operating costs and technical assistance to modify and improve key elements of the human resource component (primary/remedial, vocational training and job placement). USAID does not plan to finance the component beyond the first two years of EUHS. The HRD component activities should be sufficiently strengthened by the end of the 2 year period for other donor funding to be sought and obtained.

Illustrative examples of A.I.D-financed component activities include:

- Establishing and maintaining a formal steering committee, as a policy-making body, composed of CMSCS, Sisters of the Charity of St. Vincent de Paul, an employment/training coordinator, and private sector employers (who will be in the majority);
- Upgrading the level and content of existing training programs at Papayo with improved educational and training materials and equipment and in-service training programs for instructors;
- Employing an employment/training coordinator as a permanent CMSCS staff member as soon as possible;
- Evaluating and improving the remedial education and skills training programs for adolescents at Boston with limited inputs of training materials;
- Developing, with technical assistance from a Women in Development specialist, new income generation training programs for women at Brooklyn;
- Installing and managing an automated student record and follow-up system; and
- Establishing and maintaining a student placement center whose role will be to maintain contacts with manufacturers and potential employers.

Component 5: Institutional Strengthening

The objective of this component is to strengthen CDS' capability to deliver FHC services on a cost effective and sustainable basis in the context of a national program.

This component will assist CDS to put into place a system of efficient and effective organizational and financial management. The emphasis will be on the development of a system of management that CDS has the capacity to manage which allow for sound management. Also, depending on needs identified jointly by CDS and USAID/Haiti, some of the funds budgeted under this component will be used for the procurement of other operating procedures, and make recommendations to CDS for adjustments.

A total of \$220,000 has been budgeted for the component, with \$110,000 per year for the first two years, \$30,000 per year for the next two years, and \$50,000 each in year 5 and 6. (Timing may vary, however, depending on the outcome of an initial assessment of information system needs.) Of the total, \$100,000 is estimated as a local currency requirement, with technical assistance to be provided by local management consultants; a total of 10 p/m of assistance is planned. CDS will execute contracts for technical assistance with Haitian, U.S. or other firms or individuals according to contracting procedures set forth in the Standard Provisions to the grant.

It must be noted that activities under this component are to be preceded by related, initial technical assistance. This initial technical assistance will be separately funded during FY89 by USAID/Haiti, and will set the stage for the institutional strengthening activities to be funded through EUHS.

These several prior and separate activities, costing an estimated \$100,000, should be completed by the end of FY89. They include a comprehensive audit of the current accounting system and initial design and development of the new system.

Since CDS, the current grantees under the Urban Health and Community Development II project, has never been audited, audit findings and recommendations should be very useful as the FIS and MIS are developed.

For the initial steps toward implementation of the FIS and the MIS, USAID/Haiti plans to contract with one or more IQC firms. The contractor(s) will examine the current accounting system, the needs of an expanded program, and recommend the elements of an integrated accounting system for CDS, including internal controls. The initial assessment will look broadly at CDS as an operating entity and at organizational changes

which have recently been taken, are underway, or are proposed. The assessment will look at the types and quality of data on costs, revenues, service, performance, commodity supply, and other monitoring data collected or planned to be collected by CDS. The assessment will examine information needs for different levels of the organization and activity sites, and recommend the elements and basic configuration of an information system to assist CDS management direct the program toward increased cost containment, increasing revenues, and cost effectiveness. A MIS and FIS will be recommended which are linked to maximize efficiency and avoid replication.

Following the results of these initial steps, the funds under EUHS will be used to:

- install and assist CDS in the implementation of the FIS, including on the job training as needed;

- install and assist CDS in the implementation of the MIS, including on the job training as needed;

- conduct a progress review of CDS functional requirements, and the effectiveness of organizational changes made to accommodate expansion, and make recommendations for improvement;

- assist CDS with further definition of policies and procedures for administrative, financial and personnel management, including preparation of appropriate manuals.

## V. FINANCIAL PLAN AND COST ESTIMATES

### A. Financial Plan

The global cost of the project is estimated at \$18,580,285, of which A.I.D. plans to finance \$10,800,000. A.I.D. funds will be obligated through a Cooperative Agreement with CDS (\$10,087,500), and a buy-in with an A.I.D. centrally funded project (\$712,500). The project will begin in FY89 and last for five years, with a PACD of September 30, 1994.

Budgets have been developed on the basis of cost centers. The EUHS project encompasses a range of activities (Primary Health Care, Family Planning/Child Spacing, AIDS Prevention and Control, Human Resources Development, Institutional Development) at five geographic locations (Cite Soleil in Port-au-Prince, Raboteau and Ka-Soleil in Gonaives, Ouanaminthe, Fort-Liberte, and Cap-Haitien). The budget developed for the EUHS project provides the basis for effective financial and administrative management of its various elements. Cost centers and other components included in the budget are:

Cite Soleil (CMSCS-CDS) programs:

- 6 PHC cost centers
- 3 HRD cost centers (Yrs 1 and 2 Only)
- 1 HRD Strengthening program (Yrs 1 and 2 Only)
- 1 Administrative cost center (CMSCS)

Outreach Site (CDS) programs:

- 5 PHC cost centers - 2 at Gonaives (Ka-Soleil and Raboteau),  
1 each at Ouanaminthe, Fort-Liberte and Cap-Haitien.

CDS Administrative cost center

CDS Institutional Strengthening Component

Family Planning Component (Yrs 1 and 2 Only)

(USAID inputs to 5 centers at or near PHC outreach sites)

AIDS Component (Yrs 1 and 2 Only)

1 program budget includes funding by USAID to 2 implementing agencies (CDS, AIDSTECH)

Audit/Evaluation

Contingency

Annex 3 includes various detailed budget tables for each PHC cost center in Cite Soleil and other sites, for Cite Soleil administration, for CDS general administration, and for the family planning, human resources development and AIDS components.

Table 3 summarizes global project cost estimates by component. The five project components (Primary Health Care, Family Planning, Human Resources Development, Institutional Strengthening, and AIDS) are shown, with separate costs given for CDS General Administration, Audit/Evaluation and Contingency. Sources of funds are given in the following categories: A.I.D. (foreign exchange and local currency), user fees, and "other" inputs. Other sources include other donors, CDS, the GOH, and the Plan Parrainage prepaid scheme.

Table 3

EXPANDED URBAN HEALTH SERVICES  
SUMMARY FINANCIAL PLAN  
BY COMPONENT CATEGORY

<u>COMPONENT</u>	<u>SOURCE</u>				<u>TOTAL</u>
	<u>LC</u>	<u>A.I.D.</u> <u>FX</u>	<u>USER FEES</u>	<u>OTHERS</u>	
<u>Primary Health Care</u>					
Cite Soleil	3,622,788		1,112,015	2,312,319	7,047,122
Gonaives	1,104,682		225,837	328,440	1,658,959
Other	<u>2,182,821</u>		<u>764,010</u>	<u>1,649,415</u>	<u>4,596,246</u>
Sub-Total PHC	6,910,291		2,101,862	4,290,174	13,302,327
<u>Family Planning</u>	267,060		0	190,343*	457,403
<u>Human Resources Dev</u>	500,000		190,929	218,666	909,595
<u>Inst. Strengthen.</u>	100,000	120,000	0	0	220,000
<u>AIDS</u>			0	0	945,000
Buy-ins		712,500	0	0	0
CDS	142,500		0	90,000	0
<u>CDS General Admin.</u>	1,485,438		0	698,311	2,183,749
<u>Audit</u>	120,000	30,000	0	0	150,000
<u>Evaluation</u>	60,000	40,000	0	0	100,000
Sub-totals	9,585,289	902,500	2,292,791	5,487,494	18,268,074
Contingency	312,211				312,211
<b>GRAND TOTALS</b>	<b>10,800,000 (A.I.D.)</b>		<b>2,292,791</b>	<b>5,487,494</b>	<b>18,580,285</b>

\*To be provided by IPPF under the Private Sector Family Planning Project.

Of the total global cost, A.I.D. will contribute 58%. User fees will be 12% and other sources of funds will provide 32% of the total global project cost.

Table 4 shows a summary of costs of USAID/Haiti by various expense categories: technical assistance, training, commodities, construction/renovation, general administration, evaluation and audit, and contingency. Tables 3 and 4 show foreign exchange costs will total an estimated \$902,500 in technical assistance for institutional strengthening, evaluation and for buy-ins. The bulk of A.I.D. financing will go for salaries and operating expenses.

Table 4  
EXPANDED URBAN HEALTH SERVICES  
SUMMARY FINANCIAL PLAN  
BY EXPENSE CATEGORY  
(A.I.D)

	AID	USERFEES	OTHER	TOTAL
Salaries	8,667,923	85,033	4,089,768	12,842,724
Operating Expenses	950,136	2,207,758	859,926	4,017,820
Sub-Total	9,618,059	2,292,791	4,949,694	16,860,544
Technical Assistance	315,940	0	6,500	322,440
Local Training	64,790	0	7,000	71,790
Commodities	209,500	0	100,500	310,000
Construction/Renovation	29,500	0	423,800	453,300
Evaluation	100,000	0	0	100,000
Audit	150,000	0	0	150,000
Contingency	312,211	0	0	312,211
<b>TOTAL</b>	<b>10,800,000</b>	<b>2,292,791</b>	<b>5,487,494</b>	<b>18,580,285</b>

The following two tables provide more detailed estimates of costs by geographic location and component, broken down by USAID, user fees and other sources (Table 5), and of costs by year for USAID, broken down by geographic location and component (Table 6).

Table 5  
EXPANDED URBAN HEALTH SERVICES PROJECT  
BUDGET SUMMARY: USAID, USER FEES, OVERALL PROJECT  
1989-1994 (5 years)

	INCOME SOURCE			OVERALL All Sources
	USAID	USER FEES	OTHER	
CITE SOLEIL (CDS-CMSCS)				
CITE SOLEIL, HEALTH				
CHAPI	560,782	376,282	420,335	1,357,399
BOSTON	537,751	67,365	145,110	750,226
BROOKLYN	775,467	90,698	274,986	1,141,151
HOSPITAL	1,669,660	577,670	1,141,227	3,388,557
FOOD DISTRIBUTION	79,128	0	90,594	169,722
OTHER	0	0	240,067	240,067
CITE SOLEIL HEALTH TOTAL	3,622,788	1,112,015	2,312,319	7,047,122
CITE SOLEIL HRD *				
BOSTON	199,630	49,161	153,971	402,762
BROOKLYN	39,160	139,784	39,072	218,016
PAPAYO	67,090	1,984	25,623	94,697
HRD PROG. STRENGTHENING	194,120	0	0	194,120
CITE SOLEIL HRD TOTAL	500,000	190,929	218,666	909,595
CITE SOLEIL (CMSCS) ADMIN	574,190	0	698,311	1,272,501
TOTAL FOR CITE SOLEIL	4,696,978	1,302,944	3,229,296	9,229,218
CDS OUTREACH SITES				
KASOLEIL	510,770	112,748	193,740	817,258
RABOTEAU	593,912	113,089	134,700	841,701
OUANAMINHE	691,607	219,157	491,949	1,402,713
FORT LIBERTE	500,116	164,579	510,069	1,174,764
CAP HATTIEN (YEAR 1:0 MO.)	991,098	380,274	647,397	2,018,769
TOTAL FOR OUTREACH SITES	3,287,503	989,847	1,977,855	6,255,205
FAMILY PLANNING * (Cap-Hait. - Yr 1: 9 Mo.)	267,060	0	190,343	457,403
<hr style="border: 2px solid black;"/>				
CDS GENERAL ADMINISTRATION	911,248	0	0	911,248
AUDIT	150,000	0	0	150,000
EVALUATION	100,000	0	0	100,000
AIDS (AIDSTECH CDS**)	855,000	0	90,000	945,000
TOTAL WITHOUT CONTINGENCY	10,487,789	2,292,791	5,487,494	18,268,074
CONTINGENCY (USAID COMPONENT)	312,211	0		312,211
TOTAL	10,800,000	2,292,791	5,487,494	18,580,285

402

- \* IN EJHS BUDGET ONLY FOR PROJECT YEARS 1 AND 2
- \*\* IN EJHS BUDGET ONLY FOR FY'S 1989 AND 1990 (PROJ. YRS 1 AND 2)

Table 6

EXPANDED URBAN HEALTH SERVICES PROJECT  
1989-1994 (5 YEARS)

## SUMMARY OF USAID INPUTS BY YEAR

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
CITE SOLEIL (CDS-CMSCS)						
CITE SOLEIL HEALTH						
CHAPT	107,759	109,914	112,112	114,355	116,642	560,782
BOSTON	106,555	107,012	107,509	108,048	108,627	537,751
BROOKLYN	152,364	153,670	155,034	156,458	157,942	775,468
HOSPITAL	334,141	333,912	333,806	333,826	333,975	1,669,660
FOOD DIST	14,764	15,271	15,801	16,356	16,935	79,127
CITE SOLEIL HEALTH TOTAL	715,583	719,779	724,262	729,043	734,121	<u>3,622,788</u>
CITE SOLEIL HRD *						
BOSTON	101,460	98,170	0	0	0	199,630
BROOKLYN	20,295	18,865	0	0	0	39,160
PAPAYO	34,068	33,022	0	0	0	67,090
HRD PROGRAM STRENGTHENING	128,000	66,120	0	0	0	194,120
CITE SOLEIL HRD TOTAL	283,823	216,177	0	0	0	<u>500,000</u>
CITE SOLEIL (CMSCS) ADMINS.	109,029	111,838	114,740	117,740	120,843	<u>574,190</u>
TOTAL FOR CITE SOLEIL	1,108,435	1,047,794	839,002	846,783	854,964	<u>4,696,978</u>
CDS OUTREACH SITES						
KASOLEIL	101,448	102,159	101,254	102,847	103,062	510,770
RABOTEAU	117,490	118,522	117,944	119,871	120,085	593,912
OUANAMINIHE	147,339	135,883	134,526	138,116	135,742	691,606
FORT LIBERTE	109,358	97,712	96,143	99,672	97,232	500,117
CAP-HAITIEN	196,998	198,022	196,880	200,677	198,521	991,098
TOTAL FOR OUTREACH SITES	672,633	652,298	646,747	661,183	654,642	<u>3,287,503</u>
FAMILY PLANNING	146,507	120,553	0	0	0	<u>267,060</u>
CDS INSTITUTIONAL STRENGTHENING	70,000	60,000	50,000	20,000	20,000	<u>220,000</u>
CDS GENERAL ADMINISTRATION	185,965	171,830	177,965	184,384	191,104	<u>911,248</u>
AUDIT/EVALUATION	30,000	30,000	80,000	30,000	80,000	<u>250,000</u>
AIDS (AIDSTECH, AIDSOOM, CDS)	498,750	356,250	0	0	0	<u>855,000</u>
TOTAL WITHOUT CONTINGENCY	2,712,290	2,438,725	1,793,714	1,742,350	1,800,710	10,487,789
CONTINGENCY	81,175	71,808	53,076	53,000	53,152	312,211
GRAND TOTAL	2,793,465	2,510,533	1,846,790	1,795,350	1,853,862	<u>10,800,000</u>

## B. Cost Estimates

This section provides background on how budget estimates were reached for primary health care and human resources development components and for CDS administration. Following this is a detailed discussion of non-A.I.D. sources and, finally, a summary of cost estimation for the family planning and AIDS components.

### 1. Salaries, CDS

Salaries for budgeted personnel at Cite Soleil and Gonaives are based primarily on current staffing levels and payrolls, with a modest increase for employees at the start-up of the EUHS Project. New positions at Cite Soleil include an HRD coordinator and additional Community Health Workers to bring the CHW staff up to the level recommended by the project planning team. Provision is made in the Gonaives budgets for one administrative coordinator and a few staff positions currently unfilled or needed to implement the new project design for outreach sites.

A cost center for CDS headquarters operations is included in the EUHS budget. This CDS administrative unit will have responsibility for overall management of the EUHS project at Cite Soleil and outreach sites. Several of the staff members assigned to this unit will have other responsibilities as well; for this reason, only part of their salaries are charged to this unit.

Personnel levels and budgets for new outreach sites (Ouanaminthe, Fort Liberte and Cap-Haitien) have been developed by the project planning team in discussions with CDS. Staffing levels are based on project design parameters and take into consideration the personnel currently assigned to these areas who are already employed and whose salaries will be partially paid by MSPP.

In addition to A.I.D. funds, personnel costs for this project will be covered by: the MSPP, the Sisters of St. Vincent de Paul (which provides both funds and the donated services of eleven nuns of their order); Johns Hopkins University; Foster Parents Plan International; user fees paid by clients of the various project centers; and CDS itself.

The inflation rate on most salaries throughout the LOP has been pegged at 2%/year. Since MSPP policies do not provide for inflation increases, the MSPP paid salaries in the budget are maintained at the same level during the LOP. Although a 2% inflation rate is considered by the planning team to potentially be a problem, local personnel practices, irregular and inconsistent inflation rates (from -4% to +8% in Haiti during the past 4 years) and the level of funding currently assured for the overall project led the determination of this rate. The Cooperative Agreement will state that any other salary increase beyond the 2% programmed must come from other sources additional to those included in the global project budget.

## 2. Operating Costs

As with salaries, operating costs for Cite Soleil and Gonaives are projected based on current expenses. In expanding health services programs to three new sites, the experience obtained in the programs of Cite Soleil, and especially at Gonaives, have provided the basis for projected operating costs for the LOP. It should be noted that the two types of costs (pharmaceutical and laboratory supplies) most affected by the number of persons visiting the center are partly or wholly covered by fees paid by center clientele. (See discussion of user fees below.)

For operating costs, the inflation rate has been pegged at 6%/year for the LOP. This rate has been chosen with a view toward insuring that the project has adequate funds to obtain all necessary supplies, some of which must be obtained from overseas.

The COH will contribute to operating costs by providing free electricity at Cite Soleil; this represents a considerable cost saving and the value of this contribution is shown in the Cite Soleil budgets.

## 3. Capital Costs

Capital expenditures in the EUHS project include the purchase of equipment for the HRD program in Cite Soleil, the renovation of facilities at some outreach sites, and acquisition of equipment at all outreach sites. At all three new sites, the provision of buildings, vehicles and equipment by MSPP is included in the capital budgets for these locations.

## 4. User Fees Generation

An important element in the financial plan of the EUHS project is the income generated through the collection of fees from patients who come to Cite Soleil and outreach centers for health care. Income is also generated in the Cite Soleil HRD programs through the sale of craft and other items produced at some of the the centers.

The methods used to project income from user fees during the five years of the EUHS project will be different for Cite Soleil and outreach centers, as discussed in the following paragraphs. :

### Cite Soleil Health Program

The user fee structure at Cite Soleil includes a fee (2 gourdes = U.S. 40 cents) for each patient visit to a center for diagnosis and treatment of health problems. The curative centers, Chapi and the hospital, both generate a considerable income through these fees. The Brooklyn and Boston PHCs are primarily preventative care centers, and there is no user fee structure for this type of care. However, doctors at these centers may prescribe drugs for clients at the time of visits to Boston or Brooklyn. The fees charged for drugs prescribed at all four centers are pegged at slightly above cost, or in some cases for expensive products, at below cost. Thus user fees are also generated by drug purchases.

At the hospital, where the fee structure has recently been revamped, charges to registered participants represent the actual variable cost of materials for the service performed (non-reusable medical supplies used for operations or other treatment). Several sections of the hospital have been underutilized in the past. Through new promotional and insurance programs, CMSCS is attempting to attract other patients to the hospital, and a fee structure has recently been established to cover variable and a part of fixed costs. There has not yet been sufficient time to evaluate the income generating potential of these programs.

Based on the stated policy of CDS to modestly increase user fees for registered participants at a rate slightly higher than inflation, the user fee portions of the EUHS budgets for health services have been projected to cover all operating costs by Year 5 of the project at Chapi, the Hospital and the Brooklyn and Boston PHC Centers. (It should be noted that the Plan Parrainage account is charged, rather than the patient directly, for their participants. These funds are allocated to the various centers on the same basis as user fees and are also used to cover operating costs.)

User fees generated at the Chapi Center already more than cover the operating costs there, and this overage will be applied to the preventive centers, Brooklyn and Boston. Thus the budget for the 5 year project includes a reduction of 25%/year in operating costs covered by USAID inputs to the Boston, Brooklyn and hospital budgets. These costs, plus the project inflation of 6%/year, will be covered by user fees.

### User Fees, Outreach Sites

Gonaives: Establishment of user fees for curative care at outreach sites follows a somewhat different plan. Current user fees at the Gonaives Centers of Ka-Soleil and Raboteau are 7 gourdes (\$1.40) per visit, with no additional charge for drugs. This fee is now adequate to cover pharmaceuticals costs at the two centers. There has been no resistance on the part of participants to payment of this fee, and a modest

increase of 1 gourd (\$.20) per year is planned. Funds generated through user fees are to be used to cover pharmaceuticals, plus a portion of other operating costs (office and lab supplies, and building maintenance). To a large extent the costs to be covered by user fees are those that vary depending on the patient flow. Should a center have more, or fewer, clients than projected, the income generated by user fees will be adequate to meet the variable costs.

Ouanaminthe, Fort-Liberte, and Cap-Haitien: The number of clients expected to visit the outreach centers have been conservatively projected based on the number of curative visitors at the two Gonaives centers for three months during the fall of 1988. During that period an average total of approximately 2,000 patients were seen monthly at the two centers. On an annual basis then, 24,000 patients, close to 50% of the target population, are seen, and the centers have not yet been in operation for a year.

At these centers, the user fee at project start-up will be 10 gourds (\$2.00). This fee has already been discussed and readily accepted at a community meeting held in Ouanaminthe in December 1988. Community residents have indicated that knowing in advance what their visit will cost, regardless of the treatment or medication necessary, is a great advantage.

At these sites, the user fee of 10 gourdes will be maintained for Years 1 and 2 of the project, then increased by 1 gourde per year, to cover inflation increases on center costs and also to expand modestly the percentage of overall costs covered by user fees.

For the three new sites, as at Gonaives, user fees will be used to cover variable costs - including all pharmaceutical supplies, and one-half of laboratory and office supplies. User fee income will also be used for building maintenance costs and to cover the inflation costs programmed on the salaries covered by the USAID input. Thus there will be an incentive for staff to strive to attract more patients. To the extent that they do this above projected usage levels, there will be funds available to further augment salaries. It should be noted that at Gonaives, the lower fee base at project start-up only allows for coverage of salary inflation in Year 5.

In sum, the number of curative patients conservatively expected to visit the various outreach centers, and on which user fee income generation has been projected, is shown on the following table.

Table 7. Volume of Curative Visits at Outreach Centers  
Based on Target Populations (TP)

Center	Target Population	Year 1		Year 2		Years 3 - 5	
		% TP	Visits	% TP	Visits	% TP	Visits
Kasoleil	25,000	40	10,000	50	12,500	50	12,500
Raboteau	25,000	40	10,000	50	12,500	50	12,500
Ouanaminthe	46,000	30	13,800	40	18,400	50	23,000
Ft. Liberte	34,000	30	10,200	40	13,600	50	17,000
Cap Haitien	87,000	30	26,100	40	34,800	50	43,500

#### 5. Other Funding Sources

Several private and public agencies also provide substantial support to this activity. The ability and intention of each of these agencies to carry out their planned participation in the project, on a timely basis, has been reviewed by the design team. Based on long term, good faith relationships, and specific agreements currently in effect, it appears reasonable to assume that each of these agencies will provide the level of support indicated as "Other Donors" in the global activity and its individual budgets: primarily the Sisters of Charity of St. Vincent de Paul, Ministry of Public Health and Population, Johns Hopkins University, Foster Parents Plan International and Centers for Development and Health. Indeed, these estimates are considered to be conservative, with additional funds and/or other sources likely to materialize. Of particular interest is the possibility of a prepaid insurance scheme for neighboring factory workers, discussed in the Financial Analysis, Annex 6.

#### 6. Family Planning Component

A family planning program is underway at Cite Soleil, under a grant from IPPF to the CMSCS. Considered to fall within the scope of the EUHS project, the IPPF funding is included in the overall budget summary for EUHS family planning. Detailed operating budgets are provided for the five outreach sites.

At all outreach sites except Cap Haitien, family planning staff and clinics will be shared with the PHC programs. Family planning units at Gonaives, Ouanaminthe and Fort Liberte will operate in the afternoon, after regular clinic hours. Thus, salaries included in the family planning budget at these sites are additional to the salaries paid staff for their basic assignments to the PHC centers. These salary adjustments (and time commitments) vary for different staff members and range from 8% to 25% over the base.

The Cap Haitien family planning activity is scheduled to begin in the second quarter of project year 1, at approximately the same time as the Cap Haitien PHC center. Others will start in the first quarter of project year 1.

CDS management of this program will be under the direction of a full-time coordinator, included on the summary sheet of the family planning budget. Training, programmed for year 1 for staff from all 5 centers, will take place at INSHAC at Cite Soleil, and at the project sites.

Capital costs for this program include a computer to be located at Cap Haitien which will be used for evaluation of program activities. Capital costs for renovation will be required primarily in Cap Haitien, where a separate building, not now used for health related services, will be prepared for project use.

#### 7. AIDS Component

The AIDS component provides funding for two entities, one of which (AIDSTECH) will be responsible for channeling funds to sub-grantees for a variety of interventions in AIDS prevention and control. AIDSTECH will, through a buy-in to a centrally funded project, provide technical assistance and/or manage and monitor activities of subgrantees: InterAide, Red Cross of Haiti, GHESKIO, GLAS, Factory Workers Center, and CDS. (CDS will get a very small subgrant through AIDSTECH; most CDS activities under this component will be funded through the Cooperative Agreement.)

The second direct recipient of USAID funds in this component is CDS, which will establish three clinics for sexually transmitted diseases. These clinics will be established in Ouanaminthe, Fort Liberte and Cap Haitien in project year 1. Within the current EUHS budget, funding is assured for these clinics for 12 months. AIDSTECH will provide some technical assistance and monitoring services to CDS in the operation of these clinics.

AIDS-related programs in Cite Soleil are currently being funded by Johns Hopkins University as part of their research program. In Gonaives, the AIDS-related programs are funded by FHI. These inputs can also be considered as part of the EUHS project, and are shown in the overall budget summaries.

Funds allocated to salaries and operating costs for the three CDS clinics have been divided equally between them in the detailed budget. It is expected that the budgets for each clinic will be somewhat revised depending on the target populations and other factors at the time the clinics are established. However, costs will not exceed the budgeted total. Staffing of the STD clinics at Ouanaminthe, Fort Liberte and Cap Haitien will be by personnel not otherwise affiliated with the EUHS project efforts.

## VI. IMPLEMENTATION ARRANGEMENTS

### A. General

The EUHS Implementation Plan schedules an FY 1989 authorization. Funds will be obligated through a Cooperative Agreement with the Center for Development and Health, and through a buy-in with AIDSTECH. The project will be incrementally funded, with obligations dependent upon the availability of funds.

### B. Schedule

An illustrative implementation schedule is as follows:

CDS Cooperative Agreement Signed	Jun 1989
Accounting and Information Systems Upgrade Begins	Jul 1989
First Annual Action Plan/Budget Submitted	Jul 1989
Procurement Plan Submitted	Jul 1989
Vocational Training Coordinator Hired	Jul 1989
Training of CHWs in Ouanaminthe, Ft. Liberte Completed	Jul 1989
Family Planning Clinics Open (Ouanaminthe, Ft. Liberte)	Jul 1989
Buy-in Executed with AIDSTECH	Jul 1989
Opening of Curative Center, Cap Haitien	Jul 1989
Training of CHWs in Cap Haitien Completed	Aug 1989
AIDS Coordinator in Place	Sep 1989
Vocational Education Information System in Place	Sep 1989
Family Planning Clinic in Cap Haitien Opens	Oct 1989
Survey, Registration in Ouanaminthe, Ft. Liberte Completed	Oct 1989
STD Clinics Open (Ouanaminthe, Ft. Liberte Cap Haitien	Dec 1989
Training Courses Selected, Developed in Cite Soleil	Dec 1989
Accounting Upgrade Completed	Jan 1990
New Vocational Training Program Begins	Apr 1990
MIS/FIS in Place	Apr 1990
Survey, Registration in Cap Haitien Complete	Apr 1990
Annual Action Plan, Budget Submitted	May 1990
Annual Audit	Jul 1990
Annual Action Plan, Budget Submitted	May 1991
AIDS Subgrants Completed	Jun 1991
AIDS Component Buy-ins Terminate	Jun 1991
USAID/CDS Mini-evaluation of Family Planning, HRD Program	Jun 1991
Annual Audit	Jul 1991
Mid-project Evaluation	Nov 1991
Annual Action Plan, Budget Submitted	May 1992
Annual Audit	Jul 1992
Annual Action Plan, Budget Submitted	May 1993
Annual Audit	Jul 1993
Final Evaluation	Mar 1994
Final Audit	Aug 1994
PACD	Sep 1994

The schedule shows the expansion of PHC services in Ft. Liberte, Ouanaminthe and Cap Haitien, and the startup of family planning services in these locations. The pace of expansion of PHC services is a function of CDS training of its community health workers and their integration into the new model of primary health care service delivery.

CDS will phase in its expansion beginning first with the opening in all three new locations of limited curative care. Implementation progress will involve substantial coordination with MSPP, which is providing the physical facilities and the basic medical cadre at the expansion sites based on protocols signed between CDS and MSPP. Therefore, by the end of the first quarter of the project, curative services will be initiated.

In all three locations, soon after curative services have been made available, CDS will recruit and train the CHWs in a single training cycle. However, these newly trained CHWs will be gradually included in the project as the census and registration of the population progresses. Since each of these new expansion sites will be supervised by different technical coordinators, project activities will be phased in simultaneously.

It will take approximately six months to register the population of Ouanaminthe, four months to register the population of Ft. Liberte, and nine months to register the population of Cap Haitien. Therefore, preventive services will be phased in over a twelve month period. The CDS goal is to be fully operational at all expansion sites by May 1990.

#### C. Procurement Procedures

CDS will follow its own procurement policies and practices for the procurement of goods and services under the Cooperative Agreement, provided they conform 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.

Immediately following the signing of the Cooperative Agreement, CDS will submit to USAID for written approval a procurement plan for commodities and services to be procured over the life of the project. All goods and services which will be reimbursed under the Cooperative Agreement will have their source and origin in AID Geographic Code 000 or in Haiti.

The USAID/Haiti project manager will collaborate with CDS project management in the development of host country contracts, and these contracts will be formally reviewed and approved by USAID/Haiti.

AIDSTECH and AIDSCOM will follow the procurement requirements set forth in their respective centrally-funded contracts for the procurement of goods or services under their respective buy-ins.

D. Methods of Financing

A chart showing methods of implementation and financing is shown below:

<u>Method of Implementation</u>	<u>Method of Financing</u>	<u>Approx. Amount</u>
CDS C.A. (for operating costs, commodities, locally sourced TA, training)	Direct Reimbursement with Periodic Advances	\$ 9,897,500
Buy-ins	Buy-in with Advice of Charge from AID/W	712,500
HC Contract (U.S. technical assistance) (CDS C.A.)	Direct Payment USAID/Haiti L/Comm	190,000 <u>\$10,800,000</u>

The recipient's capability to finance project costs from its own resources or lines of credit will be determined in the course of the pre-award audit which will be performed in conjunction with the close out of a previous grant to CDS and the preferred method of financing will be direct reimbursement. It is anticipated however, that periodic advances to CDS will be required to finance local project costs.

U.S. technical assistance will continue to be financed using Direct Payment procedures.

Procurement of goods and services will conform to Section VI.C. (Procurement Procedures).

As required for non-US PVOs, CDS will be audited annually by a local independent auditor, according to a scope of work approved by USAID/Haiti. Further, a RIG/A supervised non-federal audit will be performed for close out of the cooperative agreement.

#### **E. USAID Project Management Responsibilities**

The project will be managed by a USDH in the Population and Health Unit of the Human Resources office. Day-to-day monitoring and coordination of operational responsibilities with CDS will rest with a full time, experienced FSN direct hire in the Population and Health Unit. The project manager will monitor overall project implementation, review all reports, and ensure that adequate control and management methods are being applied by the grantee. He/she will be the principal point of contact with other USAID/Haiti staff on matters of project implementation.

The USAID/Haiti direct hire project manager or the FSN project officer will make site visits approximately every two months to all five locations to observe specific activities, and to maintain familiarity with staff and operations. USAID/Haiti will also establish a calendar of regular bi-weekly meetings with the Executive Director of CDS or his designate.

Project progress will also be monitored and reviewed by a Mission Project Implementation Committee, which will include representatives from the Office of the Controller and the Office of Program and Project Support, as well as the Human Resources Office. A human resources specialist from the latter office will participate on the committee during the period that the project includes a human resources development component.

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

A Cooperative Agreement has been selected as the grant instrument in order to allow USAID regular involvement in project implementation decisions. Illustrative areas of substantial USAID involvement include:

Approving the Annual Action Plan/Budget;

Participating in periodic project reviews with the grantee;

Collaboration in defining needs and developing scopes of work for short term technical assistance;

Agreeing with the selection of the evaluation teams and actively participating in joint evaluations;

Reviewing and approving host country contracts related to A.I.D. financed activities;

Reviewing and approving scopes of work of annual audit;

Reviewing and approving any new CDS activities within and outside this project, (i.e. expansion, new field of activities etc ) to ensure that they are financed with funds in addition to the other donors support and user fees budgetted in this project.

F. CDS Implementation, Monitoring and Reporting

The Executive Director of CDS will have overall responsibility for the execution of the Cooperative Agreement with A.I.D. However, CDS will make every effort to decentralize decision-making within the central staff and render these decision makers more accountable for this authority. Thus, a management team will receive increasing levels of responsibility and authority.

CDS' management plan calls for a two tiered system with a local management team for each site supported by central staff. Each site will have a director and an administrator. Although in the beginning this staff will have limited decision-making authority, as the project evolves, administrative responsibilities of the on-site administrators will be upgraded to assume greater responsibility for day-to-day management of on-site administration such as personnel management, record-keeping, and accounting. This will be a step-by-step process and will be periodically examined, with due consideration given to accountability controls by CDS central management.

As the project evolves and new FHC centers are set up, five technical coordinators will assume positions in Port au Prince, reporting to the Executive Director. Each technical coordinator should be able to change places with another if need be. The coordinators will meet once a week with the Executive Director to review problems and progress in their areas of responsibility. Each coordinator will be responsible for one or two expansion sites as well as units of the Cite Soleil complex. They will visit the FHC expansion sites at least once a month, and if possible, twice a month.

The technical support system described above will be complemented by a similar support system for administration. For each outreach site, there will be an Administrative Liaison at CDS headquarters in Port au Prince. The liaison person is responsible for administrative functions such as personnel records and contracts, payroll, delivery of salary checks, procurement of drugs and other commodities as requested by personnel on site, and maintenance of records and communication. The administrative liaison will travel to the sites twice a month.

A management information system (MIS) will be designed and established under this grant, with the assistance of external technical expertise. This effort will build on the existing information base established under the current project (Urban Health & Community Development II - 521-0159), and will assist CDS in streamlining the data gathering and analysis process, and maximizing the flow of critical program and financial information to managers on a timely basis, to inform the decision-making process.

As in the past, the community health workers (CHWs) will continue as the cornerstone of the MIS by generating the raw health service statistics, such as vaccination coverage, ORT use, contraceptive prevalence, low birth weight incidence, and nutritional status. The record keeper and the statistician assigned to each project site will review and compile those forms, which will be transmitted to the CDS evaluation unit, after site management clearance. This unit, headed by an epidemiologist, is expected to manage the MIS and, inter alia, will be charged with the preparation of a monthly report summarizing information compiled from the field data collection forms. This report, to be distributed to all project management levels, will guide discussion in the monthly meeting of the implementation planning and monitoring committee, composed of the CDS executive director and CDS coordinators, which will review progress status and take appropriate corrective measures, where necessary. Each quarter, a report will be prepared for external reporting to donor agencies. The quarterly report will summarize information from the monthly reports, and will form the basis of discussion in reviewing project implementation status with USAID project management.

In addition, special information gathering activities may be performed on an as-needed basis to respond to the urgent information needs of decision-makers, or to respond to information needs not addressed by the routine project reporting system. In this context, a baseline survey is planned to be conducted at the initiation phase of activities in each expansion site, to establish a pool of socio-demographic information, e.g., shelter profile education level, access to potable and sanitary waste disposal facilities, etc., for comparative purposes. Possible areas of interest to decision-makers which could be addressed by rapid, low cost studies include: progression of AIDS seropositivity among pregnant women who have received HIV prevention education; periodic KAP case studies to determine the effect of various health education activities; comparative analyses of clinical management protocols of new drugs; and cost-effectiveness issues associated with the HRD program.

Financial information such as expenses per category will also be included in monthly internal reports. The Financial and Management Information Systems that will be designed during the first year of the project will allow management to generate meaningful financial reports which will enable CDS to control progress on cost recovery and to make the necessary modifications to avoid cost increases.

Using their internal reports, CDS will prepare quarterly financial and technical reports for USAID. Financial reports will be consistent with uniform reporting procedures and financial reporting requirements for recipients of Handbook 13 grants (Handbook 13, Chapter 1M). Quarterly technical reports will be consistent with Chapter 1N of Handbook 13, "Monitoring and Reporting Program Requirements."

In addition, CDS will submit an overall Annual Action Plan and Budget which sets achievement objectives, quantified where possible, for the following year and presents an annual budget. This Action Plan and Budget will include CDS activities not only for the EUHS project but for the whole program. All of the annual reports except the first will also review actual accomplishments in comparison with those planned at the beginning of the period.

## VII. EVALUATION AND AUDIT

### A. Evaluation

A total of \$100,000 has been budgeted for a midterm and final evaluation of the project.

Baseline data for evaluation purposes will be available from a number of sources, including the project's Financial Information System and Management Information System, and reports discussed in Section VI, Implementation. Throughout the life of the project, financial, administrative, and technical inputs, as well as project outcomes as measured by service statistics will be monitored by the existing and planned health, management and financial information systems. In addition, estimates of overall health outcome measures are available from the recent EMMUS. Another EMMUS is planned within two years, which will inform both midterm and final evaluations. Also, special studies (to measure coverage, changes in knowledge and practice, etc.) will be carried out with both project and non-project funds for operations research; these will be quite useful for project evaluation.

USAID and the grantees will conduct these evaluations, utilizing both internal staff and external experts to be funded under the project. The first, or midterm, evaluation should be conducted 24-30 months after signature of the Cooperative Agreement. Exact timing should depend on implementation progress and the need to make implementation decisions. This evaluation will focus on progress in the delivery of services, training and technical assistance inputs, development of program information systems, management improvements and achievements in cost recovery. This evaluation will also examine the results of the human resources development component and the AIDS component, both two-year activities.

The second and final evaluation will be carried out in the final year of the project and will review progress in attaining planned outputs, as well as progress toward attainment of project purpose and contribution to the project goal. Specifically, the final evaluation will assess data on increased availability and use of primary health care services, including vaccination coverage, ORT access and use, nutritional status indicators, access to and use of child spacing services, prenatal care and safe childbirth coverage, and AIDS knowledge and practice indicators. To the extent possible, changes in disease incidence and mortality and life expectancy over the life of the project will be measured.

#### B. Audit

CDS will follow the financial management standards for non-U.S. non-governmental grantees as set forth in the Standard Provisions of the Cooperative Agreement. CDS will be audited annually by a local firm, according to a scope of work approved by USAID/Controller. A total of \$150,000 has been budgeted for audits.

### VII. SUMMARIES OF PROJECT ANALYSES

#### A. Technical Analysis

##### 1. Health Care Services

The urban health problems of Haiti are caused by extreme poverty, over-crowding, and social disintegration. Health indicators demonstrate the importance of infectious and parasitic diseases, and especially diseases of infancy, in addressing the health problems of the country, and particularly of urban populations.

The Center for Development and Health (CDS) integrated urban health model, developed at Cite Soleil, Port-au-Prince, has evolved into an efficient, effective, and locally appropriate approach to attacking the health problems of the urban poor in Haiti. The CDS health care package consists of a standard program of integrated primary health care services adapted to the needs of the urban poor. Key interventions include:

Diarrheal disease control, including ORT, health education on use of clean water, and campaigns against bottle feeding;

Nutrition interventions, including growth monitoring, nutrition education, vitamin A supplement distribution, food supplementation, and nutrition rehabilitation;

Immunization;

Safe childbirth and family planning;

Tuberculosis prevention and control.

Operations research is an important component of the program, and is used as a means of testing new approaches, monitoring technical and managerial issues, and evaluating ongoing interventions.

## 2. Family Planning/Child Spacing

The family planning/child spacing component of this project has been designed for a period of two years. After this period it is anticipated that the family planning needs of the beneficiaries of the urban health project will be incorporated into the future Population and Family Health project. At each location of the project family planning services will be made available to couples who wish to space or limit their children. At each site there will be a slightly different approach to provide family planning services to the target population. This variety will exist for a range of reasons. Primarily, each urban area targeted by the project is different and the people to be served have different characteristics. The beneficiaries of the project range from people in metropolitan Port-au-Prince to farmers who will use the services in Ouanaminthe.

The total population in the catchment area of the project will progress from an expected 367,000 beneficiaries at the onset of the project to an estimated 397,000 two years later. The project interventions are designed to provide regular family planning services to an estimated 4,550 sexually active reproductive age women during the first year and 6,500 during the second year.

The family planning activities to be funded under this project will be added to an environment where there are already numerous family planning activities. To avoid duplication and ensure the optimal utilization of resources, it is advisable to establish good coordination with other actors in family planning in Haiti from the onset of the project.

## 3. AIDS Prevention and Control.

The AIDS epidemic began early in Haiti and has progressed rapidly, with reported cases reaching 1853 by November, 1988, according to the CDC revised case definition. In 1987 a National AIDS Commission was formed, and WHO funds were programmed for a one-year short-term plan. A medium-term plan has been developed with assistance from WHO to cover the period 1989-1993, and a donors meeting is planned to generate resources for the \$7.6 million five-year budget.

A number of private sector initiatives also have emerged in response to the AIDS crisis. These include:

- The Haitian Study Group of Sarcoma Kaposi and Opportunistic Diseases (GHESKIO), a group of Haitian physicians involved in epidemiological research on AIDS.
- The Haitian Red Cross, which is responsible for testing blood and assuring a clean blood supply.
- Inter-Aide, a French NGO that works with the Haitian Social Welfare Institute to educate prostitutes about AIDS transmission and prevention.
- The Group for the Prevention of AIDS (GLAS), a group of business people interested in increasing awareness about HIV infection among private sector employees.
- The Factory Workers Center (CFFO), an organization which educates women workers about AIDS prevention.
- The Center for Development and Health (CDS), a service delivery FVO which is participating in a number of epidemiological research and intervention studies.

USAID/Haiti has focused on reinforcing the Haitian private sector in its AIDS activities, and will continue to do so through EUHS, through buy-ins to A.I.D. centrally-funded AIDS projects, AIDSTECH and AIDSOOM. The two years of support under EUHS will allow a first phase of support to local private institutions, after which USAID can evaluate this experience and proceed to support a stand-alone AIDS control project.

#### 4. Human Resources Development

The present human resource development programs at Cite Soleil include:

1. Elementary and primary schooling
2. Literacy training
3. Pre-vocational training
4. Vocational training
5. Production and sale of crafts

The administration and supervision of these programs is divided into three units, based on the clientele they are designed to serve: mothers of malnourished children (who participate in training while their children are in a rehabilitation program), children and young men and women who have not had access to or dropped out of other educational institutions; and adult, unemployed males. The types of training in each unit are indicated below.

Table 8  
Client Groups and Types of HRD Training at Cite Soleil

<u>Group</u>	<u>Elem./Secon.</u>	<u>Type of program</u>			<u>Inc.Gen.</u>
		<u>Literacy</u>	<u>Pre-voc.</u>	<u>Vocat.</u>	
Mothers			X		X
Youth	X		X		X
Males		X		X	

The evaluation of CMSCS HRD programs was completed in January 1987 and indicates that the HRD programs of the CMSCS provide an important service to residents of Cite Soleil. While results have been uneven, substantial progress has been made in improving the HRD component of the CMSCS during the past few years.

Based on the results and recommendations of the evaluation report, human resources development activities have been included in Years 1 and 2 of the EUHS project design and budget. Project interventions planned for the CMSCS HRD programs should serve three purposes: (1) improve the quality, level, content and relevance of CMSCS training programs; (2) strengthen the relationship between private sector employers and the training program; and (3) upgrade the management and efficiency of the training centers.

#### B. Administrative Analysis

By the end of the project, curative and preventive care, community outreach and health education activities will be operational in five urban project sites. CHWs, their supervisors, TBAs, nurses, nurses-aides, family planning promoters, and other medical and paramedical staff will be working at fully operational health and family planning centers. A major output of the project will be an improved institutional capacity of CDS to deliver health care services to the population of five urban communities. The strengthening of CDS will not only include the technical capacity of the institution to deliver services, but also the efficiency of delivery and the cost effectiveness of project interventions.

The program involves the effective application of a PHC model based on the use of CHWs as outreach workers in an urban low-income setting. This system functions effectively because of well-designed procedures for on-site training, technical supervision, and administrative support. Although the administration of the Cite Soleil program is itself a complex task which CDS has proven able to manage, the concurrent administration of the same type of activities at five different locations throughout the country will escalate the administrative challenge to CDS. To face these difficulties and position itself for success, CDS must make some management changes. Some of these changes have already been put in place and others involve refinements which are planned with the startup of EUHS in outreach sites.

CDS has determined the appropriate level of various staff it will need to attain program objectives. The Administrative Analysis examines each PHC site in detail, specifying staffing patterns and ratios (such as for administrative to technical staff, and staff to clients, or to target population). Overall, the target population of 367,000 - 450,000 in the five sites will be served by a staff of 769 (388 at CMSCS and 381 at the outreach sites). Additional administrative staff at CMSCS and CDS bring the total staff to approximately 800, resulting in an overall staff to population ratio of 1:460 (1:357 in Cite Soleil, where hospital curative services are included; and 1:543 in the outreach sites, where only preventive and outpatient care are provided). CDS' planned levels are deemed appropriate for effective PHC services.

CDS staff will be trained or retrained in medical and health administration topics relevant to their assignments. Extensive on-the-job training will be provided to all levels of project staff. Community health workers and family planning promoters will receive initial training on site before being assigned to their duties. Periodic retraining and in-service activities are part of the supervision function of the community outreach program. Other project staff will receive in-service training, and selectively will be designated to attend enrichment training programs at INHSAC (level A and B courses). These training activities are included in the operating costs of each site.

The Administrative Analysis examines the structure of CDS and discusses the impact of the new project on the existing institution. The current structure of CDS has been refined to provide the necessary leadership and coordination to successfully implement a nationwide program.

CDS management has planned for such adjustments and some of them are already in place as a result of the initiation of the program in Gonaives. Administrative functions will be a discrete from operational functions. The new organizational structure, described in detail in the Administrative Analysis annex, has functional units for administration and for program planning, and operational units responsible for medical/community outreach, family planning, AIDS and human resources development. In the new organizational structure, emphasis is placed on both field site coordination with the central office, and on decentralization of decision making. This should ensure smooth field operations and effective supervision and evaluation of the community outreach program by CDS management. Site specific adjustments will be encouraged so that the program can remain close to the needs of each population served.

Selected technical assistance has been budgeted under project component 5 to enhance aspects of the program's management, with the objective of ensuring CDS administrative sustainability. (Some management technical assistance will be provided to CDS prior to EUHS, apart from EUHS funding.) Overall needs are as follows: (1) technical assistance to enhance the financial management system of CDS and to develop an accounting system; tracking income and expenses by cost center will be included; (2) technical assistance to define new directions in the human resources development program and to plan for utilization of funds for new materials; (3) technical assistance to design a comprehensive management information system to include a Financial Information System and a Management Information System.

With the new management information system in place, CDS will be better able to monitor progress, adjust its financial strategy and coordinate project site activities. The system will permit timely quantified information on various aspects of the program including cost information, staffing patterns, commodities utilization, community outreach efforts and aggregated service statistics. The existing system at Cite Soleil combines manual and computerized operations to monitor the program in a cost effective way; it will be used as a starting point for the new CDS system. The new system should be designed to take advantage of new technologies but not be overly dependent on computers, especially in the distant sites, to avoid the need for expensive and difficult-to-hire staff to maintain the system in these locations.

## C. Financial and Economic Analysis

### 1. Methodology

Annex 6 analyzes the economic and financial basis for the Expanded Urban Health Services project through an assessment of:

- cost-effectiveness of the proposed project;
- the financial impact of expanding the project from two to five locations;
- the CDS financial strategy to respond to USAID's concerns about financial sustainability and decreased dependency on outside donors like A.I.D.

### 2. Summary Financial Analysis

Health and administration will represent 83% of the total budget over the IOP, with health in the strict sense representing 74% of the total project costs.

In the proposed project, salaries represent 74% of operating costs in Cite Soleil and 86% of costs of the outreach program.

The cost estimates and the financial plan are reasonable and the global activity has a reasonable expectation of acquiring the funds needed to carry out its objectives over five years.

For all the primary health care facilities, CDS will be cost-effective in that annual costs per target population fall in the range \$3-\$7. This range corresponds to the range calculated for primary health care programs worldwide, when adjusted for inflation. Adding the cost of the Cite Soleil hospital, however, puts Cite Soleil health care \$1.78 outside the upper end of the range. Specifically, in 1987-88, operating costs per capita costs of the Cite Soleil health services component amounted to \$6.56 and the operating costs of the Gonaives program totaled \$5.27 per capita. The costs of the HRD component amounted to \$1.51.

During the recent past, user fees represented 8% of total income in 1985-86 and grew to 12% in Cite Soleil in 1987-88; they are projected to reach 14% in 1988-89. Non-USAID sources of income represented 55% and 58% of total income in the same years. For the health component alone, user fees grew from 9.4% (\$0.85) in 1985-86 to 13.3% (\$1.06) in 1987-88. In the Gonaives outreach program, user fees of \$1.00 per capita in 1987-88 represented 27.7% of total income.

Estimated costs of year 1 of the project are considerably higher than costs estimated for previous years, due mainly to different methodologies used for the prospective and retrospective analyses. Differences such as these will be removed once an integrated management information system is put into place, as is planned in the near future. Year 1 costs are estimated as:

- \$8.78 per capita for full health services in Cite Soleil;
- \$4.60 per capita for preventive and outpatient services;
- \$4.87 per capita for outreach sites.

As for financial sustainability, analysis has indicated that, although the CDS program is not likely to be completely sustained on the basis of locally-generated revenues, it is moving in the right direction by increasing the proportion of costs which are covered from locally-generated revenues. User fees as percent of total income are projected to increase slightly over the life of the project. Over the LOP user fees will average 16% for Cite Soleil and 17% for the outreach program. Average non-USAID, non-user fee income represents 32% of total income in Cite Soleil and 25% in the outreach program. Over the LOP, using the most conservative estimates, which do not anticipate increased income from planned prepayment and insurance schemes, the USAID contribution will decrease from 59% to 56% of total project costs from year 1 to year 5.

### 3. Financial Strategy

The CDS financial strategy includes:

- Identification of new methods for cost containment, cost coverage, and improved monitoring of methods already instituted (including increasing fees for emergency services to discourage non-necessary use; decreasing employee free medication benefits; and monitoring physician prescribing practices);
- Institution of a Financial Information System and a Management Information System which will serve purposes of accounting, financial control, and monitoring of program unit cost and cost-effectiveness simultaneously.
- Careful monitoring of the implementation of the Plan International de Parrainage program in which costs of full coverage of health services are paid to CMSCS by Plan International de Parrainage at a cost of \$36 per family per year; in 1988-89 approximately 5000 families will be covered at a total cost of \$200,000;
- Careful monitoring of a proposed private insurance scheme in which industrial employers will prepay for full health services at a cost of \$71 per family per year, with the profit used to cross-subsidize other costs of the system;
- Assess the curriculum changes needed in the HRD component to increase job relevance, and consider establishment of a micro-enterprise credit program directed at graduates of CMSCS vocational training.

As discussed in the Financial Analysis annex, the proposed strategy is comprehensive and combines dual objectives of achieving a greater degree of self-sufficiency and maintaining equity in the delivery of services to a very low-income population.

### 4. Summary Economic Analysis

Annex 6 describes project benefits but does not attempt to measure them in quantifiable cost benefit terms. For example, the gamut of health and education benefits are highlighted to include improvements in productivity as measured in terms of increased work output because of reductions in mortality and morbidity; increased ability to absorb nutrients; increased educational efficiency due to a greater capacity of well nourished children to learn; and enhanced ability to access employment and income generating opportunities.

Health benefits have been measured and are substantial. They are also greater than comparable programs of this scope and size in Haiti. The CDS health care delivery model, including its family planning component, have achieved gains in reducing infant mortality rates, increasing contraceptive use, virtually eliminating neo-natal tetanus, carrying out immunization programs, reaching a large segment of the target population through its community health workers. Impressive gains are anticipated in Gonaives and the outreach areas while the achievements made in Cite Soleil will be continued.

The HRD component that A.I.D. will continue to support for two more years should improve the well-being of residents in Cite Soleil through improvement in their educational level and income-generating potential. The recent analysis of the HRD component concluded that the HRD component is economically sound and justified and that, even under unfavorable assumptions, the project has resulted in modest returns on the investment.

The cost effectiveness of the urban health model has been strongly demonstrated. The EUHS project is based on appropriate technology and has evolved into an indigenous, locally appropriate model for delivery of urban health care services. The project has "worth" in that the CDS model is a least cost option to effectively deliver health care in urban Haiti.

Given USAID/Haiti's objective of improving the health status of underserved populations of Haiti, and specifically of improving child survival, and A.I.D.'s broad humanitarian assistance objective in Haiti, the planned support for the CDS program through the EUHS project is strongly justified.

#### D. Social Analysis

By reaching out into depressed urban communities with quality health care services, this project aims to stop the further deterioration of human capital in Haiti. It is hoped that by initiating changes and improving human dignity, stabilization will be effected and the quality of life improved for the beneficiaries of this project. The methodology of intervention of this project rests upon a carefully developed and tested model of integrated urban development focused on providing primary health care services with a special emphasis on child survival. The model has evolved at the "Complexe Medico Social De La Cite Soleil" (CMSCS) in Port au Prince over the last 14 years. It has been strengthened through careful evaluation and by the work of a dedicated team who have shown themselves to be sensitive to beneficiaries' needs.

The model is locally appropriate and flexible. It has been shown, through evaluation reports and special studies, to be cost effective and technically sustainable with local skills. It has been adapted to the realities and values of the localities where it has been implemented and is sustained by community outreach. The model is conceived to help virtually all segments of the target population who are in need, in a caring, systematic and equitable manner. In February 1987, the Cite Soleil program was expanded to Gonaives. This expansion permitted the refinement of the model by focussing activities on those health interventions most effective and needed by the target population. The model as refined in Gonaives will be expanded to the 3 new sites, since it, and not the CMSCS program, is considered most appropriate to populations in secondary towns.

The beneficiaries of the EUHS project will be approximately 350,000 people at project outset; this number is expected to grow to approximately 450,000 by project end. This represents an estimated 25% of the urban population of Haiti. The EUHS project is expected to bring direct benefits to recipients by significantly improving their health status. The health care component including family planning will primarily benefit women and children and the HRD component will benefit males and adolescents as well. The AIDS component will benefit approximately 500,000 Haitians over the life of the EUHS project with information and education on AIDS transmissions and measures public and private organizations and ordinary Haitians can take to prevent its spread. The Institutional Strengthening component will directly benefit the CDS staff and indirectly benefit other participating donors, and ultimately benefit the slum dwellers that the project serves who will have services delivered at the least cost within a cost effective health delivery model.

A serious consideration is the potential impact of the project on the Haitian community as a whole. Will the project encourage further migration from rural areas to urban slums, or will it foster migration from other urban slums not served by the project towards neighborhoods where services will be provided? It is unlikely that this project alone will precipitate exodus from rural areas towards poor urban communities. The forces that drive people out of farming communities are the lack of arable land and the need for income, not potential health improvements.

A more serious concern is the potential impact for intra-urban migration. Currently, people who move into Cite Soleil are keenly aware of the services that are available. It should be remembered, however, that the complex has been in existence for 14 years, adequate time for urban Haitians to observe the benefits of the program. A similar concern is not appropriate for the proposed three new sites Cap-Haitien, Fort-Liberte and Ouanaminthe, nor for Gonaives where health services started only about one year ago. This situation should be reassessed at the time of the midterm evaluation, however, since it could affect the projected target population figures.