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PROJECT REVIEW PAPER FACESHEET
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1. COUNTRY/ENTITY HAITI

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5. PROPOSED PF SUBMISSION DATE
mo. yr. 04 77

6. PROJECT TITLE - SHORT (stay within brackets)
Strengthening of Health Services - II

7. ESTIMATED FY OF AUTHORIZATION/OBLIGATION
a. INITIAL FY 77 b. FINAL FY 81

9. ESTIMATED TOTAL COST (\$000 or equivalent, \$1 =)

a. FUNDING SOURCE	FIRST YEAR FY <u>77</u>			ALL YEARS		
	b. FX	c. L/C	d. Total	e. FX	f. L/C	g. Total
AID APPROPRIATED TOTAL	1,383	1,020	2,403	6,630	4,348	10,978
(Grant)	(703)	(100)	(803)	(3,470)	(500)	(3,970)
(Loan)	(680)	(920)	(1,600)	(3,160)	(3,840)	(7,000*)
Other 1.						
U.S. 2.						
HOST GOVERNMENT		600	600		5,600	5,600
OTHER DONOR(S) PAHC	164		164	900		900
TOTALS	1,547	1,620	3,167	2,530	9,940	12,470

10. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

a. Approp-riation (Alpha Code)	b. Primary Purpose Code	c. Primary Tech. Code	FY <u>77</u>		FY <u>78</u>		FY <u>79</u>		ALL YEARS	
			d. Grant	e. Loan	f. Grant	g. Loan	h. Grant	i. Loan	j. Grant	k. Loan
PH			803		831		831		3,970	
				1,600*		1,650*		1,425*		7,000*
TOTALS			803	1,600	831	1,650	831	1,425	3,970	7,000

11. PROJECT PURPOSE(S) (stay within brackets) Check if different from PID

To assist the Government of Haiti (GOH) to strengthen its institutional capabilities for monitoring and controlling endemic diseases such as malaria, and concurrently to integrate this capability into its health service system by the most effective and economical means.

*All loan funds obligated in FY 77.

12. WERE CHANGES MADE IN PID FACESHEET DATA, BLOCKS 12, 13, 14, or 15? IF YES, ATTACH CHANGED PID FACESHEET.

Yes No

13. PLANNING RESOURCE REQUIREMENTS (staff/funds)

14. ORIGINATING OFFICE CLEARANCE

Signature [Signature]
Title 918photogrp, AID REPRESENTATIVE

Date Signed
mo. day yr.

15. Date Received in AID/W, or for AID/W Documents, Date of Distribution

mo. day yr.

PROJECT REVIEW PAPER

Title: Strengthening of Health Services - Phase II

Fiscal Years Proposed for Project: FY 1977 - FY 1981

Appropriate Category: Health Development

Project Development Team: Dr. Charles L. Weldon; Mr. John Craig;
Mr Edwin McKeithen (AID/HAITI),
Mr L.T. Cowner (AID/H)

I. Priority and Relevance

The purpose of this project is to assist the Government of Haiti (GOH) to strengthen its institutional capacity for monitoring and controlling endemic diseases and concurrently to integrate this capability into its health service system by the most effective and economical means. The project is aimed specifically at improvement of health in the rural areas of Haiti where malaria and other endemic diseases continue to be a major health threat to the population. It is estimated that 75 percent of all morbidity in Haiti is due to endemic and communicable diseases.

The selection of health as one of USAID/HAITI's areas of concentration is in direct response to the increasing importance that the GOH has been according health over the last year. In 1975 the GOH has allocated approximately 14% of its regular budget for health activities, which is a high proportion when compared to other developing countries. In addition to the amount of funds in the regular GOH budget for health, additional funds are provided to health activities through specialized revenue producing agencies. For a number of years the USAID has emphasized the importance of preventive health activities with the GOH to more realistically meet the country's pressing health problems, rather than attempting to overcome these problems through clinical measures. It is apparent from recent developments within the GOH, such as the emphasis on a decentralized regional health service and the increasing financial support for health, that the stage is set for more active AID assistance in strengthening the health services of Haiti to provide realistic and practical field-oriented efforts. This project specifically provides assistance to the GOH in endemic disease control which the GOH itself has identified as a priority area of health and which is responsive to preventive health interventions. The USAID is presently developing other projects in nutrition and MCH/Family Planning, and this project complements these assistance efforts. The AID projects will be carried on concurrently and will provide experience for developing the elements of an integrated public health delivery system emphasizing maternal and child health, endemic disease control, nutrition and health planning.

This project is designed to complement the efforts of GOH, multilateral agencies, other bilateral agencies and other USAID/HAITI development efforts. The project will provide specific technical assistance, training, local support and commodity assistance in an area of GOH concern, and will result in the improvement of the health and well-being of the people in the poorer economic strata of the country. The project is also in accord with the AID strategy for health presented in the Development Assistance Plan (DAP) for Haiti which was completed in April, 1975. The DAP specifically notes that to provide basic medical services to the rural areas a health delivery system must be developed which administers to the basic health needs of the rural population. As 90% of the population of Haiti is considered rural in nature, the project is in direct accord with the policies and directions of the DAP.

The project will work toward the objective of developing the type of health system needed to meet the basic health needs of the people of Haiti by providing assistance to the GOH in health planning and commodity support, and by assisting in integrating the GOH malaria organization into the basic health service structure.

AID has held in depth discussions with the Ministry of Health and Population with respect to assistance for such development in the field of health, and the present proposal represents the fruits of these collaborative dialogues.

AID support of malaria control programs is consistent with AIDTOCIRC A-733 dated July 3, 1973, which provides for assistance to worldwide malaria programs when a country demonstrates its own interest and concern for malaria through the provision of an adequate budget and staff to carry out the program. The GOH's increasing concern for the malaria effort can be demonstrated by its increasing fiscal support of the program. The GOH contribution to the National Malaria Service (SNEM) increased from \$131,000 in GOH FY 1973/74 to \$300,000 in GOH FY 1974/75. The GOH has now raised its contribution to the SNEM in 1975/76 to \$500,000 or approximately one-third of the total program budget. This GOH interest in malaria is due in part to the rise of malaria over the last few years. The following table presents comparison data for the program over the period from 1967-1975.

NATIONAL MALARIA ERADICATION SERVICE (SNEM)
SLIDE POSITIVITY RATES (SPR) AND POSITIVE SLIDES
1967 - 1975

<u>Year</u>	<u>Slides Collected</u>		<u>Positives</u>	
	<u>Total</u>		<u>No./Yr.</u>	<u>SPR</u>
1967	1,343,796		4,871	0.4
1968	1,169,359		2,559	0.21
1969	686,167		5,005	0.73
1970	358,349		10,661	3.09
1971	270,288		11,316	4.2
1972	313,368		25,961	8.3
1973	309,482		22,858	7.4
1974	357,546		25,441 ¹	7.1
1975*	114,379		NA	11.2* (10,839)

1/ This level should be reduced to about 500 for malaria in Haiti to be considered to be under control and for the malaria control program to have entered the consolidation phase.

* January - March, 1975.

As can be seen, the malaria problem has reached a plateau from which explosive malaria can occur unless the program is supported and redefined epidemiologically. A series of evaluations have been held and new techniques are being applied by SNEM with the advice of PAHO which are expected to overcome the malaria rise. Such new methodology includes more stress on source reduction and water management in vector control.

The Strengthening of Health Services Project - Phase II - is in accord with the AID New Initiative Program (AIDTO CIRC A-1136 dated November 20, 1973) which provides guidance to missions to work with host government in developing programs to improve the quality of life and the standards of health and well being of the people. The GOH has listed its development priorities as increased agriculture production and development, increased industrial production through labor intensive means, and health

and education. Clearly, development in a meaningful way in agriculture industry and education, not going to occur without a healthy population to participate fully in these activities.

The project is also designed to complement the efforts of the World Health Organization (WHO) and its Regional Office, the Pan American Health Organization (PAHO), as well as other United Nations Organizations such as UNICEF in their efforts to assist the GOH in developing and strengthening health services throughout the country by providing planning, technical training and local cost support. For example, the PAHO is an active participant in the on-going malaria program in Haiti and has now increased its staff to a five-man team including a senior malariologist, a sanitary engineer and three operations specialists. The USAID is providing the skills of a senior project management officer to the project which will assist the program in fiscal and budgeting matters, personnel and staffing, supply and transport and overall program planning. (The PAHO does not normally supply these types of advisors to a country program.) However, the final success of carrying out health service programs more often relies on management competency than on technical ability. AID provision of short term consultants to the project in the fields of supply, transport, and specialized management services is also aimed at complementing the advisor skills of the PAHO advisory team. Mutual coordination with multi-lateral and bilateral agencies dealing with health development in Haiti is an integral part of the project. This coordination also extends to private organizations and agencies, which provide up to 25% of the health services and care in the country. For example, coordination with the on-going efforts of the Canadian assistance agency in the Petit-Goave and Miragoan areas in regards to land reclamation of a low lying, malarious area has been discussed and plans are under preparation to consider the malaria aspects of this project and to make improvements.

II. Project Description

The Government's goal in the improvement of the health level of the country through a decrease in the mortality and morbidity of its people cannot be successfully accomplished unless a reduction in endemic communicable diseases occurs. Diseases such as malaria contribute to the high morbidity rates of Haiti and have insidious influences on the overall health and nutritional wellbeing of the population.

This project will provide technical assistance, training, local support and commodity assistance in the field of endemic disease control and, specifically, in a program of malaria control. A program to assist the GOH to adapt scientific techniques to recognized Haitian health needs in carrying out malaria control responsibilities has been developed. In addition, the project will provide opportunities to develop alternatives and preventive health-oriented approaches to integrating the present malaria structure into the general health service system to provide a number of additional health delivery tasks, e.g. immunizations, vital records and vava control. The project will allow GOH decision

managers to plan a health strategy over the next five years which will benefit the maximum number of people for the minimum amount of money by delivering maximum health impact on the population.

The project allows \$3,500,000 in U.S. grant funding and \$1,400,000 in loan funding to the MOPH/P for support of health programs not directly associated with malaria control and \$470,000 of grant funding and \$7,000,000 of loan funding directly to programs of malaria control.

The project is ultimately focused upon developing a Haitian health worker who is competent to deal with the problem of basic rural health including environmental sanitation. A cadre of public health personnel skilled in mass public health campaigns such as malaria and yaws comprises a national human resource most suitable for a field-oriented public health delivery system.

In summary, the major activities of the project are as follows:

1. To provide the GOH with senior management assistance in the organization operation and evaluation of the malaria control effort in Haiti in accord with the health delivery system being developed.
2. To provide loan support to the yearly imported commodity and local costs of the malaria organization (SNEM) on a decreasing basis over the life of the project to a point where GOH has sole fiscal responsibility for program funding.
3. To provide loan support to SNEM for the procurement of replacement vehicles and spare parts at \$200,000 per year over the life of the project.
4. To provide a total of 16 man years of long-term training for four public health officers, two public health administrators, one entomologist/parasitologist and one epidemiologist in the field of public health, all at the masters degree level.
5. To provide approximately 8 man months each project year for a total of 40 man months in the project period for short term consultants for general administration, vector control operations and evaluation purposes.
6. To provide loan and grant support over the life of the project for the procurement of immunization supplies, specialized health service equipment and supplies and other capital items for the MOPH/P for use in the rural areas in health facilities.
7. To provide \$200,000 per year for expansion and development of SNEM's vector control capabilities in terms of source reduction and water management including drainage schemes and fill and cover operations.

Management of the project will be carried out by the AID Public Health Officer and the Project Management Advisor. This team working with the Ministry of Public Health and Population (MOPH/P) and the SNEM Executive Committee will be responsible to manage the project in order to meet its stated objectives.

The organizational structure of the Ministry of Public Health and Population is attached as an annex to this document. In summary, the MOPH/P is headed by a Secretary of State for Health who controls two major offices - Technical Services and Administrative Services. Operation of the MOPH/P is accomplished by the Director General and his staff through the activities of the 11 sanitary districts. This organizational pattern will change if present plans for a decentralized, regional operation are finalized. The organization structure of the SNEM uses the program pattern of three divisions consisting of operations, epidemiology, and administration. The SNEM is, however, different in one respect from most national malaria programs in that a PAHO advisor acts as Co-Director of the SNEM with a senior GOH medical officer. There is a SNEM Executive Committee composed of GOH/AID/PAHO representatives which guides the policies and program direction of the semi-autonomous SNEM and provides the essential link to the MOPH/P. The field operations are carried out through a series of zones which are further divided into sectors.

The capability of the SNEM and the MOPH/P is more than adequate to manage and effectively use the administrative assistance, training, local cost support and imported commodities provided by the project. As the future organizational structure of the country's health delivery system is in the formative stages and interest in its development is at a high level, it is important that proper support and direction be given to the SNEM and the MOPH/P at this transitional stage to insure that the SNEM structure and manpower are not lost to the developing health services and that malaria is contained at adequate control levels. The development and strengthening of the present health services will require the manpower and skills of SNEM if these services are to have a meaningful rural base. Approximately 80% of the rural population is served by the SNEM organization. The project is considered to meet the needs of the GOH in developing a basic health infrastructure as it emphasizes the preventive health approach to attack the severe health problems in the country.

The satisfactory accomplishment of the purpose of the project will be judged by whether an improvement has been made in strengthening the GOH institutional capacity for monitoring and controlling malaria and other communicable diseases through a planned and efficiently operated health services system which is epidemiologically responsive to the incidence of diseases in the country.

The outputs forecasted for the project are considered realistic and they can be expected to be produced in the timeframe provided. Support for the project from the GOH and other bilateral and multilateral agencies is outlined in the Financial Plan, Part II of this PRP. The project emphasizes orderly planning, improved program management and more through training, as it is only through improvement of these program elements that the present organization of SNEM can be melded into a viable and functional basic rural health operation. The AID commodity and local cost support assistance to the SNEM will be limited and phased so that at the end of the project all local costs can be absorbed by the GOH/SNEM.

The end-of-project status for the project can be summarized as follows:

Inputs

1. Provide managerial assistance to the SNEM for a malaria control operation which is in accord with a national health service system.
2. Provision of epidemiological assistance to direct operations of the program.
3. Provide expertise through short term consultants for administrative and technical review purposes.
4. Sixteen man years of long term training over the life of the Project.
5. Four man months annually for short term training for twenty man months in total.
6. Provide \$200,000 annually for the transport service of SNEM under the development loan.
7. Provide \$4,900,000 to MOPH/P for program support.
8. Provide \$200,000 per year for long term vector control through improved drainage and other water management or source reduction methods.
9. Provision of SNEM program support of \$3,550,000.

End-of-Project Status

1. a) Formulation of a long-term Plan of Operations for Malaria control which is coordinated with a national health service plan.
b) Operation and evaluation of an effective, economical malaria control operation.
2. Reduce malaria nation-wide to approximately 500 cases per million population at the close of the project.
3. a) Yearly evaluations of the project accomplished.
b) Improvement in epidemiological reporting and evaluation.
c) Improvement in transport maintenance and control.
d) Health service system strengthened
4. Trained participants including 4 public health officers, 2 public health administrators, 1 entomologist/parasitologist in the field of public health at the masters degree level.
5. Trained participants, especially in the fields of vector control, serology, entomology and epidemiology.
6. Replacement of the SNEM fleet vehicles so the transport operation is left in good order at the completion of the project.
7. Support of MOPH/P field activities.
8. To provide improved control of mosquito malaria vector through source reduction of a permanent nature i.e. drainage canals, etc..
9. To provide program funds at a rate designed to allow the GOH budget the total program at the close of the project.

It can be seen that this project relates not only to the endemic disease efforts of Haiti, but is also aimed at strengthening the developing health services. In the estimation of the USAID to Haiti, the present period and the period in the next five years will be critical in terms of how a national health service system is organized and how health services are rendered to the nation.

In preparing this project it is assumed that the GOH will continue to support health as a national priority objective and that it will increase its fiscal resources in the area of health. As the project also reflects PAHO inputs, it is additionally assumed that the GOH can make the necessary agreements with this agency to provide supporting assistance for the work projected. In the joint AID/GOH agreements on this project both of these points should be carefully considered and a clear joint understanding reached on their importance. It is also assumed that the GOH will negotiate and sign a development loan with the USG to cover the SNEM program costs and part of the estimated commodity support for the MOPH/P.

The end-of-project status for this project supports the goal of AID/Haiti in assisting the GOH to strengthen the health service of the country in establishing a responsive, effective and economical nationwide health delivery system. The project's end-of-project status also includes the monitoring and effect control of malaria and the gradual integration of the malaria efforts into the general health service system.

III. A.I.D. Experience

A.I.D. experience in providing technical and fiscal support to the health activities of the MOPH/P and to the National Malaria Service (SNEM) have been successful in the past and there is every reason to believe that with increasing interest in health by national authorities that this project will prove beneficial to the GOH.

The provision of program management with the availability of short term consultants for specific work tasks and evaluation will make it easier for the project to be managed for both the GOH and the AID. The project creates a working environment in which AID can be more responsive to expected GOH requests in this preliminary stage of health development.

On a worldwide basis, it has been common to build technical assistance services into budget proposals and it is a standardized way of carrying on short-term work assignments. The AID experience worldwide has been satisfactory with this type of arrangement. AID development loans for malaria work have proven successful in Ethiopia, Indonesia, Brazil, and India in the past.

IV. Beneficiaries

The major beneficiaries of the project will be the populations in the poorer socio-economic strata of the economy since the work on strengthening health services is specifically intended to extend health benefits to them. The project clearly meets the intent of the congressional mandate to provide assistance to the poor. A comparison of the benchmarks for poverty established in the Congressional Mandate with the existing situation in Haiti will establish the usefulness and relevance of this project.

Benchmarks of Poverty of the Congressional Mandate

Situation in Haiti

- | | |
|--|---|
| 1. Per capita income below \$1400 | 1. per capita income estimated at \$143/yr (source - C.P.) |
| 2. Daily diet of less than 2160 to 2670 calories | 2. Daily per capita calories of 1850 (source - Bur. of Nutrition) |
| 3. Life expectancy at birth of below 55 years | 3. Life expectancy at birth - 51 years. (source - GOH Inst. of Stat.) |
| 4. Infant mortality of over 33 per 1,000 children 0-1 | 4. Infant mortality of 147 per 1,000 children (GOH-Bur. of Stat.) |
| 5. Birthrate of over 25 per 1,000 population | 5. Crude birthrate of 36.49 per 1,000 (GOH-Bur. of Stat.) |

This project, coupled with other AID-assisted projects, will work with the GOH and other donors to relieve suffering and to improve the health and well-being of the people. The expansion of the field activities of the SNEM and support of their program are vital to the on-going development of a health service which effects in positive manner these benchmarks of poverty. This project of Strengthening of Health Services - Phase II, will work for a long-term health development effort which the GOH itself has identified as being in its national interests.

There is every reason to believe that the Haitian people will accept a better health service system and take advantage of its services, provided those services meet the real health needs of the community. Experience has shown that people as a whole do use the health services made available to them and will participate in providing support for health activities provided proper community education and leadership are given at the initiation of such services, and that the services remain responsive to the felt needs of the people concerned.

The role of women in the project has been considered and the training or retraining of women to carry out essential health tasks both in institutions and in the villages is included in the health planning for the national health system. The project outputs themselves have a great impact on women in general. First of all, it is the women who are normally responsible for the care of the sick, and the elimination or reduction of illness in

a community will lessen this responsibility on the women. As malaria and other diseases have a severe impact on infant mortality, the reduction and control of these diseases will reduce the wastage as reflected in the high infant mortality rates. In addition to their roles as mother, wife and family healer, women share in agriculture production and take an active role in the marketing process. The loss of labor for agriculture purposes through disease has a negative effect on the families' productivity and yearly income.

V. Feasibility Issues

The project is considered feasible from the economic, technical, and financial point of view.

The economics of providing better health to the population has been the subject of numerous studies. These studies have generally agreed that the good health and well-being of a population is a necessary condition in developing a modern society. Orderly economic and social development is not possible where poor health and large-scale endemic diseases exist, and where health services are not available. There has been no in-depth study on the impact of malaria on the social and economic structure of Haiti. However, such studies done within the last two years in Indonesia, Thailand, Pakistan, and Nepal all conclude that the investments in malaria work activities are sound and provide a reasonable return on the funds invested. In Pakistan the return on investment in malaria even using the most conservative economic methodology was upwards of 14%. The economic issue is not the only issue supporting this project as it is believed that no orderly development of health services in rural areas can occur unless the malaria problem is controlled and the existing SNEM staff used in the developing infrastructure.

The technical feasibility of the project is considered sound. The basic methodology for carrying on the work of the project is known. The SNEM has an experienced and adequate staff to carry on the work. PAHO has provided a five-man team of experienced malaria advisors to assist in the efforts. Short term consultants available to the program can be drawn from a variety of sources and skill areas to accomplish the required tasks. The U.S. has had long experience in mosquito and malaria control and is considered a world leader in this field. Malaria programs have been a part of AID assistance efforts for many years. The AID has also taken leadership in promoting the integration of the malaria organization into the basic health structure of a number of countries, i.e. Ethiopia, Nepal, Thailand. The technical methods used will be adapted to Haitian conditions and plans in their health development work. The project is operationally oriented and there are no plans to carry out research. Public health research projects might be considered for AID assistance especially in the fields of immunological responses and mosquito control and biology in the future.

There will be environmental implications from this project but they will not be significant. Malaria and vector-borne disease programs do use chemicals and insecticides in their operation but the methods employed in normal program applications use do not have long-term detrimental effects on the environment. In house spraying operations, the insecticide is sprayed on limited areas of the inside walls and ceilings and there is very little opportunity for insecticide deposits to enter the food chain. There has been an effort to assist the COH in strengthening its indigenous capabilities to appreciate and evaluate the potential environmental effect of its malaria operation efforts and to effect environmental protective measures during the application of insecticides, i.e. removal of food or stored goods during spraying, not entering the house immediately after spraying. With the increased program emphasis on source reduction and water management in malaria activities it is expected that an overall improvement in the environment will occur through the activities of this program.

VI. Other Donor Coordination

The major other donor in the field of malaria in Haiti is the Pan American Health Organization (PAHO). The PAHO group has been actively involved with the on-going malaria effort since its inception and at present provides a five-man advisory team. The team leader of the PAHO malaria advisory team is also a co-Director of the SNEM organization. The PAHO Representative in Haiti also is a member of the SNEM Executive Committee which guides the policies and directions of the SNEM field operation.

The contribution of PAHO over the period FY 1977-81 is estimated at \$900,00 which includes technical assistance and limited commodity and training support.

UNICEF has in the past provided support directly to SNEM in the area of transport but no longer gives this type of support to vertical programs. It is expected that UNICEF will provide fiscal support to the MOPH/P in the transport field in programs connected with MCH/FP or nutrition. As the SNEM becomes integrated into the MOPH/P, the responsibility of providing transport maintenance to the total MOPH/P transport fleet may well become a SNEM responsibility.

VII. Financial Plan

Summary Cost Estimates and Financial Plan Tables - FY 77-FY 81

(\$1,000's)

A. <u>Estimated SNEM Program</u>	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>	<u>FY 81</u>	<u>Total</u>
<u>Requirements</u> (including 10% inflation factor)	1,500	1,650	1,800	2,000	2,200	9.15

B. Source of Funds for SNEM Program	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>	<u>FY 81</u>	<u>Total</u>
1. GOH	600	800	1,100	1,400	1,700	5,600
2. USAID (L)	<u>900</u>	<u>850</u>	<u>700</u>	<u>600</u>	<u>500</u>	<u>3,550</u>
TOTAL	1,500	1,650	1,800	2,000	2,200	~ 2,000
C. AID Development Loan (\$)						
1. SNEM Program support	900	850	700	600	500	3,550
2. SNEM Vector Control/Engr.	200	200	200	200	200	1,000
3. SNEM Vehicles/spare parts	200	200	200	200	250	1,050
4. MOPH/P Commodities	<u>300</u>	<u>400</u>	<u>325</u>	<u>275</u>	<u>100</u>	<u>1,400</u>
TOTAL	1,600	1,650	1,425	1,275	1,050	~ 2,000
D. AID Grant Support (\$)						
1. Tech. Assist.	60	60	60	60	60	300
2. Participants	30	30	30	30	30	150
3. Consultants	30	30	30	30	30	150
4. Commodities	500	500	500	500	400	2,400
5. Other Costs	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>500</u>
TOTAL	720	720	720	720	620	3,500
<u>SNEM</u>						
1. Tech. Assist.	60	60	60	60	-	240
2. Training	5	33	33	33	36	140
3. Consultants	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>18</u>	<u>90</u>
TOTAL	83	111	111	111	54	470
<u>PAHO Grant Support (\$)</u>						
1. Tech. Assist.	154	160	166	172	176	828
2. Commodities	8	10	12	15	15	60
3. Training	<u>2</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>3</u>	<u>12</u>
	164	172	180	190	194	900
) Development Loan						

F. Total Costs (\$)	<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>	<u>FY 81</u>	<u>Total</u>
1. GOH (\$ equivalent)	600	800	1,100	1,400	1,700	5,600
2. AID						
Loan	1,600	1,650	1,425	1,275	1,050	7,000
Grant	803	831	831	831	674	3,970
3. PAHO	<u>164</u>	<u>172</u>	<u>180</u>	<u>190</u>	<u>194</u>	<u>900</u>
TOTAL	3,167	3,453	3,526	3,696	3,618	17,470

VIII. Project Implementation

Overall project implementation will be under the direction of the AID Public Health Officer, working through the MOPH/P. Since major consideration will be given to SNEM, this organization has been described in some detail in Part II of this PRP. It is expected that the AID Project Advisor to SNEM will be an AID grant-funded contract employee and that short-term consultants will be recruited either by contract or by use of available AID/W staff. The full-time advisor and the short-term consultants will be under the direction of the AID Public Health Officer. It is essential that the GOH agree to suitable counterparts to the full time advisor and the short term consultants. The project will be evaluated by an External Review Team each year consisting of GOH/AID/PAHO representatives. The report of this Review Team will be submitted to the Secretary of State for Health.

As SNEM is the primary agency with whom the AID will provide assistance it is necessary that a full understanding of this project be reached with that group. A number of discussions were held with SNEM as well as with officials of the MOPH/P in the course of developing this PRP. The Project Paper (PI) likewise will also be prepared with SNEM and MOPH/P assistance and participation as well as with the PAHO officials. More attention will be given to the long-term plans of the SNEM in developing their malaria control operations and a jointly prepared GOH/PAHO/AID detailed Plan of Operation is to be approved prior to the first disbursement of loan funds to the SNEM organization. It is certain that the SNEM does have the capabilities to manage AID inputs, but that trained staff are in short short supply. A basic issue to be addressed is whether the administrative capacity of the SNEM can be strengthened so it will be possible to successfully integrate the documentation into the structure of the health services and yet avoid widespread malaria outbreaks.

The GOH also will be required to carry out timely negotiations with PAHO for their assistance, without which the project is not viable. The PAHO role is important for at least two reasons:

- (1) PAHO will continue its technical assistance after the termination of the AID project; and
- (2) PAHO has important regional technical resources which can be drawn upon for assistance.

IX. Project Development Schedule

The members of the Project Development Team are listed on the title page of this PRP. The estimated project development schedule for this project is as follows:

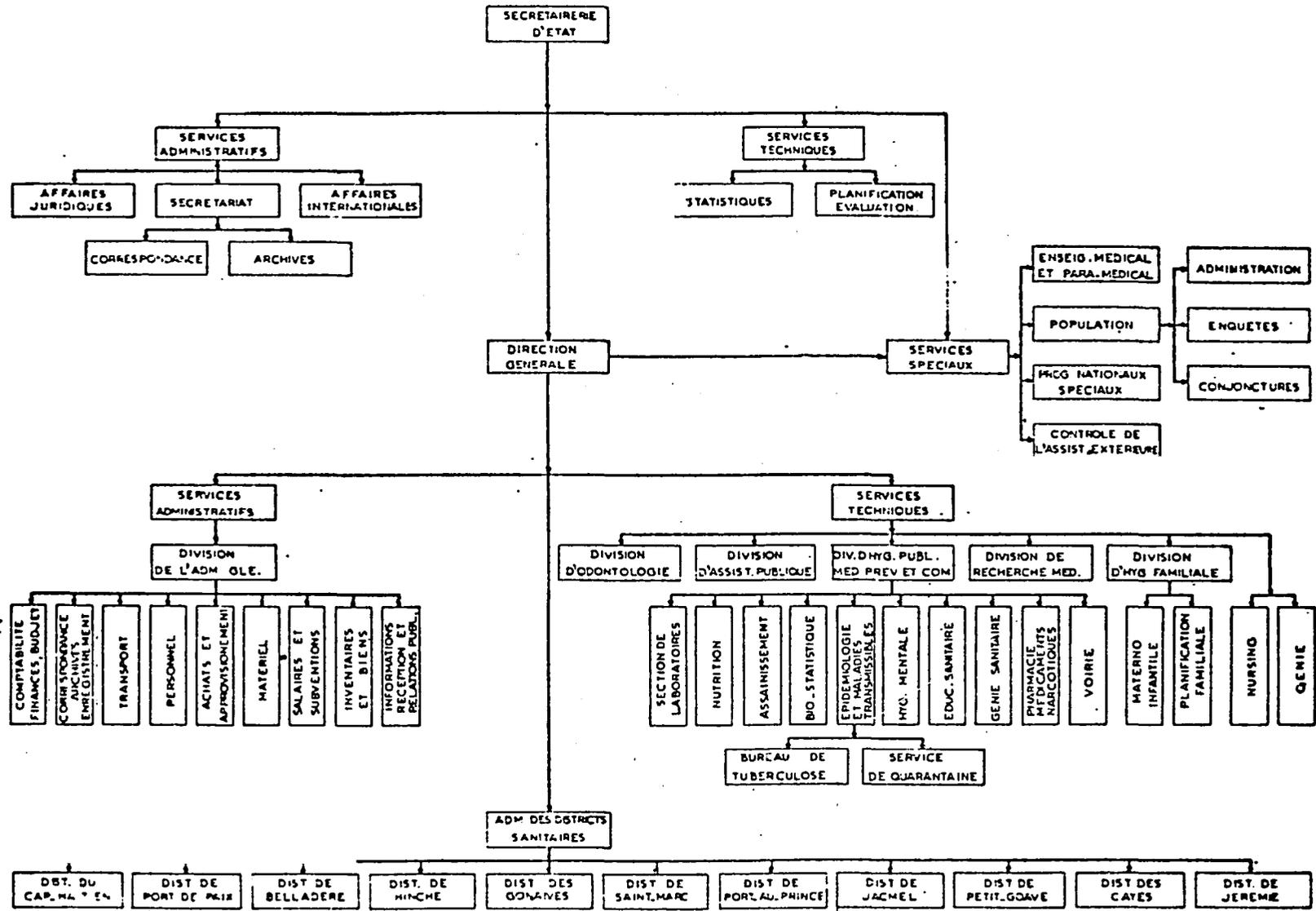
November/December, 1975	PRP approval
December, 1975 and May, 1976	Plan of Operation preparation at
August, 1976	Approval of long-term Plan of Operations by GOH
January/February, 1977	PP preparation
March, 1977	PP submitted to AID/W
June, 1977	Approval of PP
August, 1977	Signing of Loan Agreement
December, 1977	Conditions precedent completed

It is expected that approximately two months AID/W TDY technical assistance will be required to assist in the completion of the PP. Additional TDY will be required for the social and economic analysis areas of the PP and a period of four weeks is estimated for these two analyses. AID/Haiti will provide full-time assistance for preparing the PP and for coordinating efforts between the GOH, PAHO and AID.

ATTACHMENTS: Preliminary Logical Framework

Table of Organization of the KOPH/P

ORGANIGRAMME DU DEPARTEMENT DE LA SANTE PUBLIQUE ET DE LA POPULATION



Project Title and Number: Strengthening of Health Services - Phase II

NARRATIVE SUMMARY

OBJECTIVELY VERIFIABLE INDICATORS

MEANS OF VERIFICATION

IMPORTANT ASSUMPTIONS

Sector Goal

- | | | | |
|---|--|---|---|
| <p>1. To reduce morbidity and mortality from endemic diseases through the establishment of a responsive, effective and economical nationwide health service so as to facilitate economic and social development in Haiti.</p> | <p>1. Development on a national scale of an equitable, effectively administered, and technically sound health service delivery system which is within Haiti's human and financial resources.</p> <p>2. Strengthened capacity of the National Malaria Program (NEM) to deal with malaria and other endemic diseases.</p> <p>3. Measurable significant reductions in mortality and morbidity directly attributable to the interventions of the health service.</p> | <p>1. Evaluation of statistics from the Haitian Institution of Statistics, Bureau of Nutrition, Min. of Public Health and Population, other health organizations, both public and private.</p> <p>2. Joint GOH/AID/P'HO evaluation of the Project each year from FY 1978 to FY 1982.</p> <p>3. Reports from the MOPH/P, PAHO reports.</p> | <p>1. A stable political situation.</p> <p>2. Continued GOH commitment to the strengthening of its health service and to health in general.</p> <p>3. Significant improvement in GOH planning, organizational and implementation capabilities can and will be made.</p> <p>4. Continued support by P'HO and other assisting agencies.</p> |
|---|--|---|---|

PROJECT DESIGN SUMMARY
Logical Framework

Life of Project
FY 1977 - FY 1981
Total U.S. Funding \$10,970,000
Date prepared: November, 1975
Page 2

Project Title and Number: Strengthening of Health Services - Phase II

NARRATIVE SUMMARY

OBJECTIVELY VERIFIABLE INDICATORS

MEANS OF VERIFICATION

IMPORTANT ASSUMPTIONS

Project Purpose:

To assist the Government of Haiti (GOH) in strengthening its institutional capabilities for monitoring and controlling endemic diseases such as malaria and concurrently in integrating this capability into its health service system by the most effective and economical means.

1. Reduction of malaria in Haiti to a point where malaria is no longer a public health problem. For Haiti this translates to approximately 500 cases per million population by the end of the project.
2. The formulation of a long-term Plan of Operations in order to reach this 500 cases/million pop. as well as plans to contain the disease after AID assistance has been withdrawn.
3. The integration of SNEM into the Ministry of Health.
4. Capacity to train SNEM personnel in improved vector control methodology.

1. Monthly and annual review of incoming records from SNEM with field evaluation by national and donor agency personnel.
2. Case records in hospitals, health centers, and health posts.
3. Availability of a comprehensive plan of operations for malaria control which provides details as to policy, budget, staff, and plans for integration into the health services.
4. Annual program evaluations in the period FY 78-82 conducted by external assessment teams.

1. Prompt GOH approval of funding of the SNEM operation so that authorized budgets can be received on a timely basis.
2. GOH health institutions will cooperate with SNEM.
3. Interested individuals and communities understand the objectives of the program and actively participate in its planning, operation, and evaluation.
4. Technical problems can be overcome as expected in the fields of entomology and operations.
5. PAHO will continue to assist the project.
6. AID contract and consultant services are used effectively.

PROJECT DESIGN SUMMARY
Logical Framework

Life of Project:
From FY 1977 - FY 1981
Total U.S. \$10,970,000
Date prepared: November, 1975

Project Title: Strengthening of Health Services - Phase II

Page 3

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Strengthened planning and operational capability of the MOH/P; a strengthened SIRM ready for integration with the MOH/P. 2. The reduction of malaria to a level of 500 cases per million population at the end of the project. 3. Improved vector-borne disease methodology and epidemiology. 4. Trained participants: <ol style="list-style-type: none"> a) a total of 16 man-years of long-term training. b) 8 months annually for short term training. 5. SIRM transport fleet has been replaced 6. Corroliity support to the field services of the MOH/P. 7. Drainage projects in place and in operation in areas of high malaria transmission. 	<ol style="list-style-type: none"> 1. Administrative and technical improvements in the SIRM in the field operations, epidemiology and administration. 2. The reduction of malaria especially in the high risk areas. 3. Use of new source reduction and water management techniques in the program. 4. 16 man-years of long term training accomplished for 4 public health officers, 2 public health administrators, 1 entomologist/parasitologist and 1 epidemiologist in the field of public health at the masters degree level. 5. Improvement in SIRM transport system, less "down-time". Better health service at MOH/P field stations due to availability of necessary equipment. 7. Better and more effective longterm mosquito vector control. 	<ol style="list-style-type: none"> 1.a) Annual External Evaluations in FY 1978 through FY 1983. b) Actual SIRM operation under integration. 2. Field records and annual reports. Clinic records from public and private sources. 3. Outside inspections, field records, evaluation. 4. Controller's records on participants. 5. SIRM transport records, FIC/C's at ID/Haiti. 6. Field visits to operating health facilities, MOH/P records on attendance and type of services, interviews at villages with key village leaders, reduction of morbidity and mortality of selected diseases. 7. Field visits to operational sites, SIRM entomological records, reduction of disease proven by parasitological surveys. 	<ol style="list-style-type: none"> 1. GOH supports the project with adequate manpower, materials and funds and provides interest and leadership on SIRM integration. 2. Personnel qualified to take part in both the long-term and short-term training can be identified. 3. Availability of the required commodities on the world market at reasonable prices. 4. Access to U.S. and Third-Country training facilities. 5. A program of village health education will be initiated in order to gain local support for SIRM's efforts as well as the MOH/P's. 6. Support of GOH, private health institutions.

PROJECT DESIGN SUMMARY

Topic: Malaria

Life of Project

From FY 1977 - FY 1981

Total U.S. Funding \$10,970,000

Date prepared: November 1975

Page 4

Project Title: Strengthening of Health Services - Phase II

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<u>Inputs:</u>			
<u>Government of Haiti (GOH)</u>			
1. Provision of adequate levels of funds for malaria control over the life of the project with plans for continuing support after the termination of AID support.	<u>GOH</u> 1. Malaria support: GOH budget: \$5,600,00	1. Yearly GOH MOPH/P budgets. SEM budgets	1. Government of Haiti will provide the required regular budget allotments each year.
2. Provision of physical facilities 3. Continued assignment of competent personnel to the project.	2. Adequate personnel for the project	2. Provision of support for SEM in the national planning documents.	2. GOH will accept a development loan for health work. 3. Willingness of the senior staff to do the work required and to supervise field officers.
<u>Pan American Health Org. (PAHO)</u>			
1. Provision of five-man advisory team. 2. Limited commodity support. 3. Approximately \$12,000 for training.	<u>PAHO</u> 1. Costs of five PAHO advisors: \$28,000 2. Training Costs: \$ 12,000 3. Commodity inputs: \$ 60,000	3. PAHO documentation both in Haiti and at the Regional Office.	4. PAHO will continue to retain its support and interest in the program.
<u>AID</u>			
1. Provision of Development Loan for MOPH/P, SEM 2. Provision of Grant to MOPH/P 3. Provision of program advisor (management) 4. Provision of 16 man-years of long-term training 5. Provision of \$ m/yr for consultants for evaluation, logistics, epidemiology.	1. Development Loan for SEM, MOPH \$7,000,000 2. Grant MOPH/P \$3,500,000 3. Cost of program advisor \$ 210,000 4. Cost of training \$ 110,000 5. Cost of consultants for evaluation, STC \$ 90,000	4. Yearly AID program documentation. 5. Annual external assessment conclusions. 6. Consultants reports. 7. Signed development loan agreement between AID/GOH	5. GOH will prepare a detailed plan of operation for malaria and for its integration which will be approved by the GOH and PAHO. 6. Ability to recruit a suitable program advisor.

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22 JUN 1977

INFORMATION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR (LA)

FROM: LA/DR, Charles B. Weinberg *CB*

SUBJECT: Issues Paper: Haiti - Strengthening Health Services II *Thom (C.S.)*

The DAEC will review the subject PP on Thursday, June 23, 1977 at 2:30 p.m. in the LA/DR Conference Room (2248 NS). *D.*

AID's health strategy in Haiti is aimed at providing basic preventive and curative services to the rural poor through an integrated rural health delivery system. This strategy will be carried out under consecutive and interrelated AID projects. The ongoing Strengthening Health Services I Grant Project (521-070) provides funds for the administration of SNEM, Haiti's malaria control organization, and for improvement of the health planning and administrative capability of the Ministry of Health (DSPP). This project funds a contract with Westinghouse Health Systems to strengthen DSPP's planning capability; improve the personnel system; establish communications, financial and logistical links with rural health posts; and create a more reliable and effective information and data collection system in the DSPP.

The proposed \$10.5 million five year Phase II Grant (521-086) will provide funding to:

(1) SNEM for continued operations of the SNEM malaria control program and eventual incorporation of the program into the rural health delivery system (\$6.0 million); and

(2) to DSPP to support those activities determined by the ongoing DSPP and Westinghouse planning exercise as necessary to strengthen DSPP institutional capabilities and to develop a rural health delivery system (\$4.5 million). These activities fall into three categories:

(a) Administrative strengthening at the central level, including manpower development and training, technical equipment to support an information system, and operational costs of the Bureau of Planning; (b) the design and implementation of a functioning logistics system, including transportation, supply and distribution, communications, etc.; and (c) the design and testing of a model rural health delivery system.

The total project cost of almost \$17.0 million will be shared by AID (\$10.5 million), PAHO for technical advisors to SNEM (\$852,000) and the GOH for SNEM's operating expenses (\$5.6 million).

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The Agency's Environmental Impact Statement dated May 13, 1977 discussed the use of DDT in Latin America (p.115-118) and concluded that DDT would be used only in Haiti where it is still effective for malaria control and where the Agency has some control on how and where DDT is applied. The project is included in the FY 1977 Congressional Presentation (p. 162), but as a three year loan with supporting grant assistance. Therefore, an Advice of Program Change would have to be submitted to reflect the shift from loan and grant funding and to justify a higher level of funding and an expenditure period of more than three years.

ISSUES:

1. Adequacy of Planning: The \$4.5 million budgeted to the DSPP will support institutional strengthening and a planning exercise which will allow the DSPP to design and test a rural health delivery system. The requirements of this system, such as commodities, personnel and training have not yet been determined, but will evolve over the next year as the DSPP, with assistance from Westinghouse and PAHO advisors, continues to analyze the problems and priorities facing the health sector and produces a national plan which justifies these priorities and programs funds accordingly. The DAEC will discuss the adequacy of the analysis to date and will consider whether sufficient planning has taken place upon which to base a major AID and GOH investment. Several points will be considered:

(a) Proposed model rural health delivery system - The PP states that DSPP will design and test a delivery system based on a synthesis of activities being carried out at several existing health project sites in rural areas. The DAEC will seek clarification and additional detail to the activities presently being carried out at these sites. How long have these projects been operating, with what success and likelihood of replication? What activities will this project continue to test? (e.g., will the delivery system include activities such as potable water, rural sanitation and nutrition?)

(b) Logistical support system - How can the logistical support system be designed without first designing and testing the model rural health delivery system? In this regard, the DAEC will seek additional clarification on the availability of necessary plans and reasonably firm cost estimates for the vehicle, drug and construction requirements contemplated, totaling \$1.6 million in years 1 and 2 of the project.

(c) Technical Assistance: The PP proposes technical assistance funds to extend and expand the Westinghouse contract in the area of

overall health sector planning. Other TA funds are proposed for advisory services and to develop a transportation and communications network and a technical exchange program. The PP is silent on the nature, distribution and length of advisory services needed. The DAEC will explore what work has been undertaken with respect to a plan for technical assistance, including what role the USAID will play in coordinating and managing the advisors.

2. AID Financial Commitment to Haiti: AID will be funding certain personnel, commodity and operating costs of the DSPP for its activities relating to this project. The Mission argues that if substantial improvement is to be made in the health status of Haiti's poor, a long term commitment will be necessary on the part of the donor community in both technical assistance and budget support. The DAEC will discuss the Mission's policy of providing budgetary support (salaries and operating expenses) to the DSPP, with a view toward the longer term need and implications of this policy.

3. GOH Staffing and Management: The complexity of this project, as indicated in part by the implementation plan in the PP, clearly argues for staffing with high calibre personnel in both technical and managerial positions. The DAEC will consider the availability of GOH personnel, the training requirements (\$311,000 is budgeted for DSPP) and the salary supplements required to build an effective institution and to decentralize DSPP's operations.

4. Future Role of SNEM: The DAEC will discuss SNEM's future role in the health sector as it becomes integrated into DSPP, focusing on how the integration will take place and the managerial implications of integrating a reasonably effective and well staffed organization (SNEM) into a fledgling Ministry (DSPP).

5. Role and Commitment of PAHO: PAHO has provided all technical guidance to SNEM in the past. The PP states that an important assumption underlying this project is that PAHO's support to SNEM will continue. PAHO is also providing TA to enable DSPP to carry out their "regionalization" plans (administrative decentralization) which have begun in the Haitien and Cayes districts. The DAEC will explore PAHO's long term commitment to SNEM and the DSPP and consider whether it would be appropriate to seek a confirmation of this commitment from PAHO. *ck*

6. Population Strategy: The project looks toward a decrease in the birth rate as one way of measuring project success. The DAEC will discuss the Mission's population strategy and how this strategy will contribute to the overall project goal of improving the quality of life by reducing health sector constraints to development.

7. Malaria Control Methodology: In recent years, several consultants reports have recommended a multi-faceted approach to the malaria problem and have questioned several SNEM practices - namely ultra-low volume spraying, active case detection (a malaria eradication activity in a malaria control program, and DDT spraying of mosquitos without recent tests to determine mosquito resistance to DDT. The DAEC will consider these technical questions with a view toward determining the cost effectiveness of SNEM's operations and which practices AID should support with future funding.

8. Proposed Funding Level: The PP requests authorization of \$10.5 million to fully fund the proposed activity in FY 77. Since the Bureau has only budgeted \$7.1 million for this fiscal year (C.P. level) the DAEC will have to reach a decision regarding the timing and level of the proposed funding.

*Is there a
woman in Dec 11
square?*