

39. CURRENCY INDICATOR:

- A. U.S. Dollar
- B. Local Currency
- C. Combination
- D. Unfunded

A

45. LABOR SURPLUS AREA PREFERENCE:

- Labor Surplus Area
 - A. No Preference
 - B. Tie Bid Preference
 - C. Total Set Aside
 - D. Not a Labor Surplus Area Preference Award

D

40. SUBCONTRACTS:

Is There a Provision for a Subcontract? (Contracts only) Yes

41. TYPE SERVICE:

- A. Training of Participants
- B. Technical Assistance to Host Country (Program, Project related except A&E Services)
- C. A&E Services
- D. Construction
- E. Research
- F. Technical Services to AID (other than training; usually operating expense)
- G. Training Service for AID
- H. Equipment, Materials, Supplies, Commodities
- I. Translation Service

B

46. Number of Bidders Offering Items or Services of Foreign Content: N/A

47. TYPE OF BUSINESS:

- A. Source: Non-U.S. and Used Outside U.S. & Possessions
- B. Source: Non-U.S. and Possessions (Foreign Purchases Used Inside U.S.) (If U.S. Source, complete C through Q)
- C. Firm - Profit Making & PSC's
- Non-Profit Organizations
 - D. Private Educational Organizations
 - E. Hospitals
 - F. Research Institutions, Foundations, and Laboratories
 - G. Other
- Private Voluntary Organizations
 - H. U.S. Registered
 - I. U.S. Non-Registered
 - J. Foreign
- State/Local Government
 - K. Educational Institutions
 - L. Hospitals
 - M. Research Organizations
 - N. Other
- O. International Agricultural Research Organizations
- P. Public International Organizations
- Q. U.S. Cooperatives

J

42. CONTRACT/AGREEMENT SOURCE:

- A. U.S. Contractor/Grantee
- B. Non-U.S. Contractor/Grantee
- C. Combination of A & B

B

43. SELECTION PROCEDURES:

- A. Formally Advertised
- B. Negotiated Price Competition, General Procedure
- C. A&E
- D. Ed. Inst. and/or Int'l. Research
- E. Collaborative Assistance
- F. Predominant Capability
- G. Unsolicited Proposal
- H. Procurement to be Performed by the Contractor in Person
- I. Sole Source
- J. Impairment of Foreign Policy Objectives
- K. 8(a) Selection
 - Grant/Cooperative Agreement
- L. Competitive
- M. Noncompetitive
- N. Small Business Set Aside
- O. Overseas Procuring Activities
- P. Institution Building/Strengthening

M

48. Women Owned Business? NO

49. TYPE AWARD:

- Small Business
 - A. Not Set Aside
 - B. Partial Set Aside
 - C. Total Set Aside
- D. Personal Service Contract
- E. Individual Non-Personal Service Contract
- F. U.S. Government
- G. University
- H. Other Non-Profit Organizations
- I. Large Businesses

H

44. TYPE OF AMERICAN OWNERSHIP:

- Minority
 - A. Asian/Pacific Islander
 - B. Black American
 - C. American Aleuts or Eskimos
 - D. American Indian
 - E. Hispanic
 - F. Other (Specify) _____
- G. Non-Minority

G



UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT

MISSION TO HAITI

For U.S. MAIL :

USAID / HAITI

Department of State
Washington, D.C. 20520

For INTERNATIONAL MAIL :

USAID / HAITI

P.O. Box 1634
Port-au-Prince, Haiti, W.I.

JUL 31 1985

Dr. Carlo Boulos
Secretary General
Centre Haitiano Arabe
P.O. Box 1666
Port-au-Prince, Haiti

Dear Dr. Boulos:

Subject : Cooperative Agreement No. 521-0194-A-00-5036-00

Pursuant to Section 104 of the Foreign Assistance Act, as amended, the Agency for International Development, (hereinafter referred to as "AID" or "Grantor") hereby provides to the Centre Haitiano-Arabe (hereinafter referred to as the "HAC" or "Recipient") the sum of Two Million Nine Hundred Thousand Dollars (\$2,900,000) to help finance the "Mobilizing Mothers for Child Survival Project" (the "Project"). The Project will assist the HAC and various sub-recipients to enhance the survival of Haitian children through expansion of primary health care services and testing and implementation of targeted interventions, as more fully described in Annex 3 entitled "Summary Project Description".

This Cooperative Agreement is effective and obligation is made as of the date of this letter and shall apply to commitments made by the Recipient in furtherance of program objectives through the estimated Project Assistance Completion Date (PACD) of September 30, 1989.

This Cooperative Agreement is made to the Recipient on condition that the funds will be administered in accordance with the terms and conditions as set forth in Annex 1, the Schedule; Annex 2, the Program Description, Annex 3, the Summary Project Description; Annex 4, the Standard Provisions; Annex 5, Procedures to Obtain Disbursements; and Annex 6, Assurance of Compliance, which have been agreed to by your organization.

3

Please sign the original and six (6) copies of this letter to acknowledge your acceptance of the Cooperative Agreement, and return the original and five copies to this office.

Sincerely,

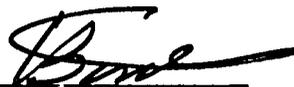

Richard Webber
Grant Officer

ANNEXES

1. Schedule
2. Scope of Cooperative Agreement
3. Summary Project Description
4. Standard Provisions and Alterations in Grant
5. Procedures to Obtain Disbursements
6. Assurance of Compliance

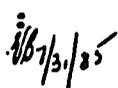
ACKNOWLEDGED:

Centre Haitiano Arabe

By: 
Dr. Carlo Boulos
Secretary General, HAC

Date: 31 Juillet 1985

Fiscal Data:

Project Number: 521-0194
Appropriation: 72-1151021.7
Allowance: LDAA-85-25521-FG13
Total Grant Amount:
Amount Obligated: \$2,900,000
PIO/T No.: 521-0194-3- 50107
Funds Available
Date :   CONT

SCHEDULE

A. Period of Agreement

1. The effective date of this Cooperative Agreement (CA) is the signature date by the Grant Officer as shown on the cover letter, and the estimated completion date is September 30, 1989.

2. Funds obligated hereunder are available for program expenditures for the estimated period of August 1, 1985 through September 30, 1989 as shown in the financial plan below.

B. Amount of Agreement and Payment

1. AID hereby obligates the amount of \$2,900,000 for purposes of this CA.

2. Payments will be made as follows:

a. For all costs incurred in Haiti, in accordance with the procedures set forth in Annex 4, Optional Standard Provisions, Article 1, "Payment - Periodic Advance", and Annex 5, "Procedures to obtain Disbursements".

b. For technical assistance and procurement of commodities in the U.S., USAID/Haiti will make direct payments to the various vendors through Direct Letter of Commitment payment mechanism.

C. Reporting

1. Annual Plan of Action and Budget

Beginning with the second project year, the Haitian Arab Center (HAC) will submit an annual Plan of Action and an Annual Budget. The Action Plan will include, for all project components, a detailed description of the results of activities and research from the prior year, planned activities for the coming year, organizational and management changes planned, a staffing plan and a timetable of activities.

The Annual Budget will include planned expenditures of each of the sub-grantees as well as the HAC.

2. Technical Reports

The HAC shall submit two copies of quarterly reports in English on all activities supported under the project.

5

3. Financial Reports

The HAC shall submit to the USAID/Haiti Controller all reports required under the Optional Standard Provision article entitled "Payment - Periodic Advance" via the USAID Project Coordinator.

D. Monitoring and Evaluation

A monitoring and evaluation plan will be prepared by the HAC in consultation with USAID/Haiti during the first six months of the project, based on AID's system for child survival project. The plan will be reviewed and approved by USAID/Haiti prior to disbursement of funds. A non-federal audit will be arranged by USAID/Haiti in year 4 of the project.

E. Financial Plan and Budget

The CA will total \$2,900,000 over a four-year period. A detailed budget setting forth the agreed uses of CA funds is provided in Table I. Revisions to the budget shall be made in accordance with the Standard Provision entitled "Revision of Grant Budget". The HAC may not exceed the obligated amount set forth and may not adjust the amounts provided to each sub-grantee without prior consultation and written approval of USAID/Haiti. Within the HAC operating budget and within the sub-grantee budgets, reasonable adjustments of line items not exceeding 15% of the line item may be made in the use of AID funds without prior USAID/Haiti approval.

F. Procurement of Goods and Services

AID requirements regarding source, origin, and competitive negotiation for all goods and services procured under the CA will be followed in accordance with the Standard Provisions of Annex No. 4. Goods and services may be procured in the United States and Haiti.

G. Special Provisions

1. In Annex 4, Standard Provisions, delete the words "Grant" and "Grantee" wherever they appear, and substitute in lieu thereof the word "Cooperative Agreement" and "Recipient".

2. Of the Optional Standard Provisions, the following shall be deleted: 2, 15, 18, 19 and 20.

3. No payment will be made to Recipient or any sub-recipient on account of indirect costs and/or G & A.

TABLE I
FINANCIAL PLAN
 (\$000)

	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	AID	HAC	AID	HAC	AID	HAC	AID	HAC	AID	HAC	AID	HAC
Sal. Prog.	10.3	4.2	43.7	16.8	45.8	17.6	49.1	19.5	25.3	10.0	173.2	67.1
Utilities	.6	.6	2.4	2.4	2.4	2.4	2.4	2.4	1.2	1.2	9.0	9.0
Office Supplies	1.5		7.0		7.3		7.6		4.0		27.4	
Vehicle Procurement	187.0										187.0	
Vehicle Maintenance	1.8		7.2		7.2		7.2		3.6		27.0	
Operational Research Grants	25.0		35.0		40.0						100.0	
Audit							40.0				40.0	
Sub-Total HAC	226.2	4.8	95.3	19.2	102.7	20.0	105.3	20.9	34.1	11.2	563.6	76.1
Orla Health												
Institute Operations	21.9		121.8		134.6		137.4		105.7		521.4	
AD's sub-grant	228.2		308.0	388.9	383.2	448.9	265.6	550.9	5.0		1190.0	1368.7
AD's (LTD) Ltrb Sub-Grant	5.0		44.0	124.7	45.0	118.1	46.0	92.7			140.0	315.5
Figoni's sub-Grant	5.0		44.0	38.9	45.0	44.9	46.0	55.1			140.0	138.9
CRISIS Sub-Grant	85.6	82.2	90.9	224.4	85.2	236.4	83.3	242.3			345.0	785.3
Sub-Total	345.7	82.2	608.7	776.9	693.0	848.3	578.3	941.0	110.7		2336.4	2648.4
TOTAL	571.9	87.0	704.0	796.1	795.7	868.3	683.6	961.9	144.8	11.2	2900.0	2724.5

Column labeled "HAC" includes contributions from the HAC and from all sub-recipient

CHILD HEALTH INSTITUTE OPERATIONS

	Year 1.	Year 2	Year 3	Year 4	Year 5	Total
1. SALARIES	6,914	54,810	57,551	60,427	31,725	211,427
2. VEHICLE MAINTENANCE	3,000	3,000	3,000	3,000	-	12,000
3. INTERNATIONAL	2,000	4,000	4,000	4,000	4,000	18,000
4. TECHNICAL ASSISTANCE	10,000	50,000	30,000	50,000	30,000	170,000
5. EVALUATION			20,000		20,000	40,000
6. RESOURCE DEVELOPMENT GRANTS		10,000	10,000	10,000	10,000	40,000
7. INFORMATION DISSEMINATION			10,000	10,000	10,000	30,000
TOTAL	21,914	121,810	134,551	137,427	105,725	521,427

ASSOCIATION DES OEUVRES PRIVÉES DE SANTÉ SUB-GRANT

	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	AID	AOPS	AID	AOPS	AID	AOPS	AID	AOPS	AID	AOPS	AID	AOPS
1. SALARIES			10,000		52,966		55,614				118,580	
2. TRANSPORT			4,000		4,000		4,000				12,000	
3. IN-COUNTRY PER DIEM			3,000		4,000		4,000				11,000	
4. OFFICE SUPPLIES			2,500		3,000		4,000				9,500	
5. INT. TRAVEL & PER DIEM					2,000		2,000				4,000	
6. SEMINARS					7,000		7,920				14,920	
7. SUBGRANTS												
(10 x 10,000 x 3 yrs)			100,000	388,900	100,000	448,900	100,000	550,900			300,000	1,388,700
SUBTOTAL COMMUNITY HEALTH			119,500	388,900	172,966	448,900	177,534	550,900			470,000	1,388,700
8. MOTHERS' TRAINING												
salaries	1,200		28,800		30,240		31,748				91,988	
transport			1,000		1,000		1,000				3,000	
seminars for mothers			40,000		40,000		40,000				120,000	
supplies			1,670		1,670		1,672				5,012	
SUBTOTAL MOTHERS' TRAINING	1,200		71,470		72,910		74,420				220,000	

----- (see over) -----

210

EYE/CARE/HAITI SUB-GRANT

	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	AID	EYE/CARE	AID	EYE/CARE	AID	EYE/CARE	AID	EYE/CARE	AID	EYE/CARE	AID	EYE/CARE
Salaries	3,000		28,200	68,410	29,160	69,510	30,168	68,080			90,528	206,000
Transport	-	-	4,800	3,000	4,800	3,000	4,800	4,000	-	-	14,400	10,000
Supervision	-	-	-	1,650	-	1,650	-	1,650	-	-	-	4,950
Consultants	-	-	-	3,100	-	-	-	-	-	-	-	3,100
Training	-	-	-	12,000	-	3,000	-	3,000	-	-	-	18,000
Office Supplies	2,000	-	4,000	-	3,040	-	3,032	-	-	-	12,072	-
Other Supplies/Dr	-	-	-	7,000	-	8,000	-	8,000	-	-	-	23,000
Construction	-	-	-	16,000	-	-	-	-	-	-	-	16,000
Community Development	-	-	-	5,000	-	25,000	-	-	-	-	-	30,000
Drugs	-	-	7,000	-	8,000	-	8,000	-	-	-	23,000	-
Oversight/Management	-	-	-	8,500	-	8,000	-	8,000	-	-	-	24,000
TOTAL	5,000		44,000	124,660	45,000	118,160	46,000	92,730			140,000	335,550

PIGNON SUB-GRANT

	Year 1		Year 2		Year 3		Year 4		Year 5		Total	
	AID	PIGNON	AID	PIGNON	AID	PIGNON	AID	PIGNON	AID	PIGNON	AID	PIGNON
Salaries	3,000		28,200	24,240	29,160	24,240	30,168	24,240	-	-	90,528	72,720
Office Supplies	2,000		4,000	-	3,040	-	3,032	-	-	-	12,072	-
Other Supplies	-		-	8,000	-	12,000	-	20,200	-	-	-	40,200
Transport			4,800	2,000	4,800	4,000	4,800	6,000	-	-	14,400	12,000
Supervision			-	1,650	-	1,650	-	1,650	-	-	-	4,950
Training			-	3,000	-	3,000	-	3,000	-	-	-	9,000
Drugs/Meds.			7,000	-	8,000	-	8,000	-	-	-	23,000	-
TOTAL	5,000		44,000	38,890	45,000	44,890	46,000	55,090			140,000	138,870

COMPLEXE MEDICO-SOCIAL DE LA CITE SIMONE SUB-GRANT

	Year 1		Year 2		Year 3		Year 4		Total	
	AID	OMSCS	AID	OMSCS	AID	OMSCS	AID	OMSCS	AID	OMSCS
SALA	8,800	71,490	36,460	181,160	37,783	181,160	39,169	181,160	122,212	614,970
SUPPLIES										
Office	3,000		6,000		6,100		6,500		21,600	
Medical	1,800	6,000	10,000	24,000	10,500	32,400	10,230	36,000	32,530	98,400
Laboratory		4,710	14,800	19,200	12,271	22,890	8,787	25,185	35,858	71,985
TRAINING CENTER										
Construction	70,000								70,000	
Maintenance	2,000		3,600		3,600		3,600		12,800	
TECHNICAL ASSISTANCE			20,000		15,000		15,000		50,000	
TOTAL	85,600	82,200	90,860	224,360	85,254	236,450	83,286	242,345	345,000	785,355

SCOPE OF COOPERATIVE AGREEMENT

A. Purpose of Cooperative Agreement (CA)

The purpose of this CA is to assist the Haitian-Arab Center (HAC) and various sub-recipients to carry out a program to enhance child survival in Haiti through expansion of primary health care services, testing and implementation of interventions targeted toward high-risk mothers, and strengthening of the capacity of private voluntary organizations to provide primary health care services to Haitian children and their mothers.

B. Description of Activities

The recipient will perform the activities under this Cooperative Agreement as described below and in Annex.No. 3, "Summary Project Description".

C. Specific Objectives

The specific objectives of this CA are as follows:

1) To extend the community health action program of basic primary health care services, undertaken by the Association of Private Health Organizations (AOPS), to an additional 500,000 people.

2) To provide special targeted services to mothers at high-risk of pre-natal or early infant death.

3) To design, implement and evaluate alternative methods of increasing child survival through:

- the reduction of incidence of low birth weight infants.
- the increased utilization of family planning services, particularly among women at high risk.
- the increased participation of mothers in selective primary health care programs such as oral rehydration therapy and immunization.

4) To create a Child Health Institute which will coordinate operational research activities in child survival by private voluntary institutions.

5) To institute a formal in-country training program in maternal and child health for Haitian managers of community health programs and other professionals.

6) To mobilize resources for child survival related activities in Haiti.

D. Responsibilities of the Haitian-Arab Center (HAC)

1) The HAC, acting through the Project Manager, and in conjunction with the project coordinator, will ensure achievement of project objectives by all

project components, enforce adherence to the policies and procedures described in this Cooperative Agreement by all sub-recipients, oversee all disbursements of AID funds made under the project and ensure that activities are being implemented as described in this Cooperative Agreement.

2) The HAC will conclude sub-grant agreements with the following core participating institutions:

- a) Association des Oeuvres Privées de Santé (AOPS) (\$1,190,000).
- b) Eye Care/Haiti (\$140,000).
- c) Pignon Hospital (\$140,000).
- d) Complexe Medico-Social de la Cité Simone (CMSCS) (\$345,000).

The HAC will execute and administer the sub-grants and ensure that activities are implemented as described in the sub-grant agreements and in Annex No. 3, Summary Project Description.

3) The HAC will participate in the development of the Child Health Institute (CHI) and conclude an agreement with AOPS and EYE CARE/Haiti to establish the CHI. The HAC Project Manager will serve as administrator of the Institute and the HAC will act as the fiscal agent for the Institute until it is capable of administering its own finances. The HAC will create a special bank account for the CHI from which will be drawn all operating costs for the CHI including personnel salaries for all staff's members, local and international travel, and materials and equipment. All expenditures from this account will require the signature of the Project Coordinator and the Project Manager.

4) The HAC will arrange for procurement of 16 project vehicles for distribution to project participants as follows:

- ten vehicles to the new AOPS community health extension sites. These will remain the property of AOPS until these 10 sites have fulfilled their obligations to the project. Title to the vehicles will then be transferred to the 10 institutions.
- one vehicle each to Pignon, Eye/Care/Haiti, HAC and AOPS.
- one vehicle each to the project manager and project coordinator, with title to the Child Health Institute.

5) The HAC will manage a \$100,000 fund for operations research. This fund will finance sub-agreements ranging from \$5,000 to \$25,000 for the conduct of operations research by researchers in Haiti in the field of child survival. OR sub-recipients will be selected by a committee composed of members of the board of the Child Health Institute and awarded after USAID concurrence has been obtained.

6) The HAC will submit to AID the annual Plan of Action, Annual Budget and technical and financial reports as described in Annex No. 1, Schedule.

7) The HAC will consult with AID when problems arise and at the points in project implementation discussed in Section E, Substantial Involvement Understandings.

E. Substantial Involvement Understandings

The following AID-established criteria must be met under this agreement:

- 1) USAID/Haiti will review and approve all sub-grants and sub-grant agreements to the core participating institutions, and any amendments to these sub-grants, prior to their execution.
- 2) USAID/Haiti will review and approve any proposed change of personnel from those proposed in the proposal for the Project Manager and Project Coordinator positions.
- 3) USAID/Haiti will approve the agreement between the HAC, EYE/CARE/Haiti and AOPS establishing the Child Health Institute prior to disbursement of AID funds for the Institute.
- 4) USAID/Haiti will approve any change of personnel from those in the project proposal for the positions of Director and Administrator of the Child Health Institute.
- 5) USAID/Haiti will review and approve, prior to disbursement, plans for:
 - a) Publicity and information dissemination
 - b) Evaluation
 - c) Resource development activities
 - d) Technical assistance
 - e) International travel
- 6) USAID/Haiti will review, recommend modifications in and approve all operations research sub-grants funded under this agreement.
- 7) USAID/Haiti will review and approve AOPS sub-grantee institutions and the programs developed by the institutions.
- 8) Prior to disbursement of any funds under this Cooperative Agreement, USAID/Haiti will review and approve the HAC accounting system and procedures for financial management of the project.
- 9) Funds reserved for rental or procurement of a site for the Child Health Institute shall not be disbursed until a comprehensive analysis of the comparative benefits of renting rather than procuring a facility is prepared and approved by USAID/Haiti. USAID/Haiti will also review and approve all plans for any procurement of property,

renovation and construction for the facility which may be undertaken, and will review and approve plans for passing title to all or part of the property following attainment of non-governmental status by the CHI. USAID/Haiti will review and approve plans for construction/renovation of the MCH Training facility at Cité Simone.

- 10) Representatives of USAID/Haiti will participate in bi-annual reviews and annual management reviews with the Project Manager, Project Coordinator and other appropriate project personnel to verify progress in implementing the project and to help resolve problems.
- 11) A USAID/Haiti contracted "AID Project Coordinator", not funded by this Cooperative Agreement, will work closely with the Recipient in Project planning and coordination and monitoring of Project activities.

SUMMARY PROJECT DESCRIPTION

A. Project Goal and Purpose

The goal of this project is to increase the chances of survival of Haitian children.

The purposes are to extend services which enhance child survival, to test and implement interventions targeted toward high-risk mothers and to strengthen the capacity of private voluntary health institutions working in Haiti to provide primary health care services to Haitian children and their mothers.

B. Project Components

1. Haitian Arab Center (HAC)

The HAC Project Manager will have overall responsibility for overall project management and execution, achievement of project goals and administration of sub-grants as described in Annex No. 2. In addition, the HAC will arrange for procurement of project vehicles and implement the operations research component of the project. The HAC will provide and manage sub-grants of \$5,000 to \$25,000 for the conduct of operations research by researchers in Haiti in the field of child survival. OR grantees will be selected by a committee composed of members of the board of the Child Health Institute and awarded after USAID/Haiti concurrence.

2. Association des Oeuvres Privées de Santé (AOPS)

I. Purpose and Scope of Sub-Project

The purpose of this sub-project is to strengthen the capacity of private voluntary health institutions working in Haiti to provide primary health care services to Haitian children and their mothers. In so doing, AOPS will achieve several sub-purposes, including the following:

- a) the provision of basic primary health care services to an additional 500,000 people, bringing the total population served by AOPS to 1 million people, including 120,000 women at risk of pregnancy and their 160,000 children under five.
- b) the provision of special services to 15,000 high-risk mothers.
- c) the training of 15,000 mothers high-risk of subsequent infant death.
- d) the promotion of family planning services.

II. General Description of Sub-Project

1. Extension of Services

Institutions affiliated with AOPS will be invited to join in a program designed to increase their capacity to offer basic primary health care services. Specific project activities will include:

a) Extension of Community Health Action Program

The Community Health Action Program, funded under the Community Health and Family Planning (521-0169) and Extended Community Health Outreach (521-0181) projects will be extended to an estimated 500,000 additional rural Haitians by creating 10 new population-based programs, each covering 50,000 people.

AOPS will select 10 rural institutions to which it will provide financial and technical assistance to enable them to plan and implement community health and family planning outreach programs. The elements of each assisted program will include:

- training of the local program directors and community health physicians at a central location for a period of one month.
- training by the returning physicians of auxiliary personnel and community health workers.
- conducting a census and baseline survey of the target population.
- planning and implementing targeted community health activities including:
 - * nutritional surveillance of children and pregnant women;
 - * immunization of children and women of child-bearing age;
 - * promotion of oral rehydration therapy;
 - * promotion of breast feeding;
 - * promotion of family planning services;
 - * recording vital events.

Coverage of the total target population (50,000 people) will occur in phases, the first phase being the organization of services for 10,000-25,000 people, with expansion up to 50,000 people being gradually realized.

b) At-risk Mothers Training Program

This activity will train 15,000 mothers of high-risk children in five basic child survival interventions. These mothers will be recruited from registered population-based beneficiaries of community health programs which have been implemented by institutions affiliated with AOPS. Four nurses with interest in community health will be selected for special training of trainers program in Cité Simone. The training will cover the basic child survival

techniques (ORT, breast feeding, preparation of AK 1000-local weaning food, infection prevention and control, and family planning). The four nurses will be rotated around participating institutions, training mothers by groups of 25 over a one-week period. The training will be competency-based. A total of 5,000 mothers will be trained per year.

c) Promotion of Family Planning

Participating institutions will be encouraged to organize a family-planning substation at each rallye post through which all mothers pass. At this substation, a technique developed for community-based domiciliary distribution programs will be adapted: all eligible women will answer questions designed to determine whether they have a contraindication to contraceptives. If not, they will be offered a three-cycle package and be taught how to use it. A family planning promotor will be assigned to each institution with a ratio of approximately one promotor per 10,000 people. The role of the promotor will be to:

- identify women in union from family register sheets.
- contact these women at rallye posts, screen them for contraindications to various contraceptives and provide contraceptives to all women with no contraindication.
- make domiciliary visits of women for whom pregnancy would constitute a high risk, screen these women for contraindications, and offer a method of contraception to all candidates. These steps will be carried out at the rallye post if the women are seen there. The promotors will organize a special motivational and follow-up program for such women to ensure a high continuation rate.
- refer candidates for other temporary methods or voluntary sterilization.

d) Procurement of Child Health Institute Facility

AOPS will procure a facility which will house the Child Health Institute. Space will be provided for offices, a library, a conference room and a communications room for audiovisual materials as well as for a data center which will house computer facilities to serve the needs of PVOs working in the area of child health and survival in Haiti. In addition, provisions will be made for additional office space which will be allocated to AOPS and EYE CARE/Haiti. In the event the decision is made to purchase or build the facility, the property will be bought by AOPS which will enter into a nominal cost lease agreement with the HAC and the CHI. These three organizations will share building maintenance costs by an equitable formula. After non-governmental organization status is obtained by the CHI, title to all or part of the building will pass to the CHI, following consultation with USAID/Haiti.

A site selection committee made up of the two officers of the Institute and the three institutional representatives will conduct a through a

cost/benefit analysis to assess the relative advantage of buying vs. leasing vs. building a facility before one is procured.

III. Implementation of Project

Implementation of project activities will be carried out in three phases:

Phase I

During this phase, 10 new institutions which will implement community health programs for 500,000 people, will be recruited and selected.

AOPS staff members will contact all private voluntary organizations working in health in Haiti and make them aware of the project. To be able to participate, such PVOs must meet the following criteria:

- be a member of AOPS
- have a MSPP permit to implement the program
- be capable of meeting recurrent program costs as well as operational costs during the life of the project. These operational costs relate principally to salary and transport costs.
- have an adequate staff
- have management capabilities for program administration.

Phase II

a) Population-based programs for 500,000 new registrants will be implemented. This will include population registration, organization of rallye posts and delivery of basic services. Each institution will implement its program in three steps:

Step 1. Services are organized initially for 10,000 to 25,000 people

The institution will set up an infrastructure to cover 10,000-25,000 registered people. Once this is done and services are being routinely provided in a satisfactory manner, the institution will be eligible to submit a request for further expansion. AOPS will review the performance of the institution to date and decide if and when it is ready to receive assistance for service expansion.

Step 2. Program expands to 50,000 people

This step will be implemented only when the institution has reached the necessary capability to carry it. Performance criteria, in particular the institution's capacity to sustain the program without continued financial assistance from AOPS, will be utilized to determine whether support for the planned expansion will be provided.

20

It is anticipated that, for a population of 50,000 people (including about 7000 mothers), the institution will identify and train 35 health promoters and appropriate supervisory personnel. It is envisioned that program implementation at the institutional level will incorporate two distinct elements:

-Element 1 A competency-based training program for all mothers and a population-based service program for all children under five. For a population of 50,000 people, the institution will ensure that in four years:

- * all mothers know how to use ORS and where to get it.
- * all mothers understand the road-to-health card and know how to prepare AK 1000 (the local weaning food).
- * all mothers know the importance of vaccination.
- * all mothers have a detailed knowledge of the principal scientific methods of contraception.

Furthermore, the institution will ensure that in four years:

- * ORS packets are available to all mothers and that a distribution system is in place.
- * 80% of children reaching the age of one year are immunized against diphtheria, pertussis, tetanus, measles, and tuberculosis.
- * a mechanism is provided for monitoring the growth of infants under one.
- * 25% of women at risk of pregnancy use a method of contraception.

Each of the 35 health promoters will be given a contract to train up to 200 mothers in the four major interventions. While a satisfactory level of competency is being achieved and the mothers are being trained, the institution will conduct rally posts which will serve as a means of supplementing the educational efforts of the trainers, to vaccinate children, to weigh them and to distribute contraceptives. Once an appropriate level of competency and coverage is achieved, the institution implements element two of the program.

Mothers of high risk children will be enrolled on a high priority basis in such a program in order to achieve a more rapid childhood mortality reduction.

- Element 2. Health maintenance

This is a less active process, relying on volunteers who would serve as sellers of ORS, distributors of contraceptives and milliers for AK 1000. These volunteers will derive some income out the operation of a village health store. Parallel to this, the institution will set up a mechanism for the training of new mothers (only 500 per year out of a total population of 50,000 persons) and monitoring the growth of new infants (1500 per year).

Phase III Data Analysis

Standard computer-generated tables will incorporate the entire range of variables under the study. In the interest of comparability, methodology developed by Family Health International in their maternal care study in Haiti will be followed to the extent possible and the appropriate statistical tests of significance applied. The principal outcomes to be studied will be contraceptive prevalence rate, birth weight, neonatal survival and infant mortality.

IV. Sub-Project Management

The executive board of AOPS will assume responsibility for project implementation and will appoint sub-project coordinators to oversee project implementation at the institutional level. In addition, AOPS will appoint a finance officer who will review disbursement requests from participant institutions for conformity with the agreement linking the institution to AOPS. Such disbursements to participating institutions will be authorized by the treasurer of AOPS following review of the institutions reports by the general secretary and the president of AOPS.

AID funds will finance core support for AOPS management, administration, technical assistance, information dissemination, data processing, evaluation, and site procurement and preparation for the Child Health Institute. In addition, this sub-agreement will finance sub-grants with the following distributions:

- Ten subgrants of \$30000 for institutions to institute community health programs for 50,000 people.
- Twenty subgrants of \$7000 to institutions covering 10,000 registered people each to organize programs for the promotion of family planning.
- Two subgrants of \$24000 for family planning for institutions covering 25,000 people.
- Three subgrants of \$20000 for family planning for institutions covering 50,000 people.

In addition, the subagreement will finance the salaries of 4 nurses who will serve as educators to 15,000 mothers of at-risk children, as well as the cost of organizing group training seminars at the institutional level. It is anticipated that 300 mothers will be trained for each 10,000 population registered. Institutions covering 10,000 people will organize 12 seminars of one week each for groups of 25 mothers, and will receive \$2400 each. Institutes covering 25000 people will receive \$6000 and institutions covering 50000 people will receive \$12000 with the following anticipated distributions:

Three subgrants of \$12,000	\$36,000
Eight subgrants of \$ 6,000	48,000
Fifteen subgrants of 2,400	36,000
	<u>120,000</u>

3. Complexe Medico-Social de la Cité Simone (CMSCS)

I. Purpose and Scope of Sub-Projet

The objectives of this sub-project are to:

- 1) Institute an infection control program for pregnant women in Cité Simone.
- 2) Demonstrate the effect of infection management and specific family planning programs on maternal and infant mortality and morbidity.
- 3) Show the practicality and cost-effectiveness of such approaches in reducing low birth weight incidence and infant mortality in an urban community of a developing country.
- 4) Provide-Haitian health professionals with public health training, particularly in the area of family planning and child care.

II. General Description of Sub-Project

This sub-project will consist of three components:

A. Infection Control Program

All mothers in Cité Simone identified and registered in the health system as being pregnant who consent to do so will be project participants.

The program will be implemented as follows:

- Prenatal visits will be assured by Health Collaborators (HC's) and Traditional Birth Attendants (TBA's). Routine prenatal care including prenatal history, physical exam, and critical laboratory exams, will continue until the third trimester when all pregnant women will be referred to the obstetrics specialty clinic.
- Participants will be given prophylactic doses of antibiotics at the Obstetric clinic, and will be visited twice weekly by their TBA or HC who will assure compliance with the regime.
- A nurse will supervise the HC and TBA's work while random urine tests during the biweekly visits are done to verify compliance.
- Following delivery, laboratory tests will be obtained for the mother, and the child's birth weight will be recorded on a Detecto Scale to nearest 20 grams. For mothers delivering outside of the Cité Simone hospital efforts will be made to weight newborns within 24 hours of birth with a portable spring balance.
- All children will be followed for at least a year to document survival and assess nutritional status at specific age and mortality.

- More refined laboratory tests for chlamydia and B. streptococcus will be attempted. Follow-up of women who did not show up for the third trimester visits will also be attempted to assess premature losses.

- A portion of the prenatal blood sample drawn for VDRL will be saved along with further samples drawn at the time of starting drug treatment and at delivery. Serum will be separated, labelled and stored at -20 C for transport to the Laboratory. All records of prenatal clinical and laboratory observations on each mother will be kept in addition to the home visits documentations. These data will be coded and analyzed in Port-au-Prince, while additional analysis will be performed by the Channing Laboratory at Harvard Medical School.

B. Family Planning Program

For this purpose Cité Simone will be divided into two major zones. In Zone 1, all women 15-49 years in union and all sexually active men will be offered a visit to the FP Center primarily through the usual channel of the community promotor and the TBA.

After individual and group sessions with a nurse/midwife, a modern method of contraception, including oral contraception, condoms, IUD's, vaginal spermicide and voluntary sterilization will be offered to those expressing an interest and, if needed, referral to the obstetrician on staff for further examination will be provided.

In zone 2, the same approach will be used, with the addition of a specific approach to high-risk women. Based on data from a current study of pregnancy outcome in Cité Simone, risk criteria for an adverse pregnancy will be developed. Scientific literature suggest examination of the following criteria:

- 1) women less than 18 and women over 35
- 2) women with more than four children and
- 3) women who have been pregnant over the past year

A cohort of 1000 pregnant women (taken from a list of women for whom another pregnancy will be a risk for her or the infant) will be used to validate risk indicators prospectively.

Increasing the use of contraception among the high-risk group will be encouraged by specific interventions such as more visits by the HC's or TBA's, special attention by the nurse midwife, or mandatory referral to the obstetrician.

C. Construction and Operation of Training Center

This sub-project will support the construction of a training center that will also house the Division of Research and Evaluation for the Complexe.

24

This division is, and will be, in charge of all research activities taking place in Cité Simone, the overall management of the infection control element of this sub-project, and the financial accounting for the overall sub-project.

The Training Center will provide training for Haitian professionals involved in MCH, such as physicians and other senior staff of participating institutions, and upper level medical students. The curriculum of the Training Center will include:

- 1) Lectures
- 2) A core curriculum for all students (approximately 1/2 or 1/3 of course time)
- 3) Flexible schedules allowing for intensive and individualized training in specific areas of interest.
- 4) Development of handout materials including outlines, references and reprints for each of the subjects covered.
- 5) Site visits followed by seminars to discuss observations.
- 6) Utilization of field surveys to evaluate health status, to monitor progress of programs and to measure impact of disease intervention programs.

The subjects to be covered in training courses will include but not be limited to:

- 1) Organization of preventive and therapeutic health care services in poor rural and urban areas.
- 2) The selection, motivation and training of primary health care workers, particularly in the field of family planning and maternal and child care.
- 3) Training and utilization of traditional birth attendants.
- 4) Family planning interventions: community-based programs; household distribution; high-risk approach; and feasibility, cost-effectiveness and impact of each intervention.
- 5) Maternal care, including follow-up of pregnant women, control of infection in pregnant women, role of prenatal care in reducing maternal mortality and morbidity, and impact of such programs in child survival.

25

- 6) Immunization, including implementation of WHO expanded program for immunization, development and maintenance of the cold chain and understanding the pathogenesis and clinical aspects of vaccine-preventable diseases.
- 7) Oral rehydration, including identification and evaluation of dehydrated infants, utilization of rehydration fluids and training of mothers in the use of ORT.
- 8) Nutrition intervention, including development and implementation of programs for growth monitoring, identification of malnourished infants, nutritional rehabilitation, education of mothers and targeted approach versus general population approaches.
- 9) Selection and appropriate use of essential drugs in Haiti.

Funds needed for maintenance, lecture fees, office expenses, training materials and administrative expenses will met through tuition fees charged to students.

III. Sub-Project Management

The Complex Medico Social de la Cité Simone (CMSCS) will assume overall responsibility for the project. The operational implementation and documentation of results require the following personnel:

1. A sub-project director, responsible for project design, overall project administration, liaison with collaborators at Channing Laboratory, supervision of all sub-project staff, preparation of reports and overall administration and financial control.
2. A research assistant, under direct supervision of the sub-project director to oversee record keeping and assure the smooth flow of forms, supervision records, laboratory supplies and drugs.
3. A secretary to carry out all secretarial work.
4. A gynecologist responsible for assuring proper prenatal care and the uniform implementation of the detailed protocol including record-keeping at the prenatal clinic and delivery of complicated cases.
5. Demographic aides to establish appropriate files and to assure the orderly collection, coding and forwarding of all data.

These personnel will be paid for by the sub-project. Additional staff will be needed to implement the study but will be taken from other personnel time at the Complex. They will include:

- Prenatal nurse
- Pharmacy dispenser
- Collaborators
- Traditional birth attendants
- Physicians at the hospital and other clinic
- Directors of different health centers
- Personnel of Family Planning Center

4. EYE/CARE/Haiti

I. Purpose and Scope of Sub-Project

The purpose of this sub-project is to assist the Mirebalais Area Community Health program (MARCH), a division of Eye/Care/Haiti, to adopt an at-risk approach to child survival by focusing its activities on targeted family planning and training of traditional birth attendants.

II. General Description of Sub-Project

An aggressive family planning program to encourage women at risk of an adverse pregnancy outcome to delay their next pregnancy will be undertaken. Potential outcome of a pregnancy will be determined not only on the basis of maternal characteristics (such as previous reproductive loss, parity etc.) but also on the characteristics of living children (particularly their nutritional status) and on the basis of the social environment. Steps will be taken to correct those characteristics amenable to improvement and may include medical care for a mother suffering from debilitating illness or nutrition support for a severely malnourished child.

A special training program targeted to traditional birth attendants (TBAs) will also be implemented. This program will emphasize risk recognition during pregnancy following models developed in Bangladesh, Brazil, and Cité Simone.

During the life of the project, MARCH will accomplish the following objectives:

a. Development of a model of a family planning service delivery program which will ensure:

- All mothers are familiar with, and have available, a variety of modern methods of family planning
- High acceptance rate among the target population (all registered women at risk of pregnancy)
- High continuation rate among acceptors
- Higher acceptance and continuation rates among women at high risk of subsequent infant death

b. Ensuring that TBAs in the area have been trained in risk recognition techniques during pregnancy.

c. Institutionalization of a mother-oriented service delivery program in family planning and pre-natal care incorporating the elements of the model.

III. Implementation of Sub-Project

MARCH will have responsibility for implementing the following elements of the project through the following phases:

Phase I

a. Knowledge-attitude-practice study of matched low risk vs high-risk mothers with regard to family planning. This will be in the form of an in-depth focused interview to be conducted with the assistance of an anthropologist obtained through the TA funds of the prime agreement.

b. Determination of characteristics of women who have discontinued contraception in the area and, to the extent possible, the reasons for discontinuation.

Parallel to these activities, MARCH will conduct, in collaboration with Columbia University, some preliminary operations research studies to determine the best way of delivery family planning services on an outreach basis in the Mirebalais area.

Phase II

Once these preliminary activities are completed, the project will enter into Phase II which will incorporate the following steps:

Step 1. Abbreviated fertility history and baseline contraceptive survey of all women at risk of pregnancy. Over 6,000 women will be surveyed by trained interviewers.

Step 2. Development of a coefficient of risk of subsequent infant death which will be equated to risk of low birth weight. This step will be done in conjunction with the Medico Social Complex in Cité Simone and the Pignon Hospital.

Step 3. Validation of the risk coefficient through a study following a pregnancy and birth cohort of 1000 pregnant women, each institution contributing 333-334 women to the cohort.

Phase III

This phase is the delivery phase to high-risk women which will incorporate all lessons learned from Phase I and II.

28

Once the characteristics of women at high risk of infant death are well delineated and a strategy developed to reach these women and ensure that they are using a method of family planning, if they are not pregnant, and if they are already pregnant that they receive special pre-natal services, the elements of such a strategy will be applied in the field.

IV. Project Management

The Board of Directors of EYE CARE Haiti will delegate one of its officers to oversee all phases of sub-project implementation, hire sub-project staff, authorize project expenditures, and file all reports, technical and financial, to the HAC. AID funds will finance the salaries of a field project manager and of members of the data collection teams, the costs of data collection instruments, transportation, drugs, and supplies.

5. Pignon Hospital

I. Purpose and Scope of Sub-Project

The purpose of this sub-project is to assist the staff of the Pignon Hospital in the implementation of a pre-natal care program designed to reduce the incidence of low birth weight due to premature delivery or to intra-uterine growth retardation.

The program will affect the approximately 7,000 women in the sub-project area who become pregnant during the life of the project as well as their children and other members of their households.

II. General Description of Sub-Project

The project will be implemented by the Pignon Hospital and will have the following components:

1. Baseline pregnancy and contraceptive prevalence survey.
2. Prospective pregnancy and birth cohort study of 333 pregnant women in collaboration with Cité Simone and MARCH (Mirebalais).
3. Development of special pre-natal care educational package. This package will emphasize the promotion of post partum family planning as well as the self-monitoring and recognition of premature contractions in order to prevent abnormal contractions.

III. Implementation of Sub-Project

The program will be implemented through the following steps:

Step 1. Systematic up-dating of all family register sheets with regard to—
contraception and pregnancy.

Step 2. Identification and selection of 333 consecutive women receiving pre-natal care at Pignon Hospital in their last three months of gestation. These women will be enrolled in a cohort study to determine factors influencing low birth weight.

At any one time, approximately 1,000 women can be identified as being pregnant, for a population of 50,000 persons. Of these 1,000 women, approximately 150 will be in their seventh month of gestation. It will therefore take approximately two-three months to recruit 333 women.

Step 3. Longitudinal follow-up of the 333 pregnant women and their newborn children.

Step 4. Recording of birth weight and neonatal survival

Step 5. Creation of a risk index for low birth weight.

Step 6. Training of Pignon medical personnel in Papiernik method of prevention of low birth weight.

Step 7. Implementation of new prenatal care and family planning educational program.

Step 8. Long term monitoring of all pregnancies and births in the study group.

Step 9. Final evaluation.

IV. Sub-Project Management

The program will be placed under the supervision of the Director of the Pignon hospital who will designate personnel to participate in the project. He will prepare all reports to HAC and authorize all sub-project expenditures. AID funds will finance the salaries of a field project director, a record-keeper, demographic aides, research assistants, and a family planning promotor, and office supplies, transport costs, drugs and medical supplies.

6. Child Health Institute (CHI)

I. Purpose and Scope of Sub-Project

The purpose of this sub-project is to create an operational Child Health Institute which will serve as a focus for operational research activities relating to child survival in Haiti and which will provide coordination and technical support to the overall project.

II. General Description of Sub-Project

The CHI will perform the following functions relating to child survival:

30

1. Make an inventory of public and private sector maternal and child health activities in Haiti.
2. Facilitate coordination of the work of private voluntary organizations to allow for better resource utilization.
3. Establish a data bank which will allow the evaluation of activities conducted by PVOs in Haiti on behalf of mothers and children.
4. Collaborate in the promotion of scientific research in the area of maternal and child health.
5. Provide information dissemination and education through the organization of seminars, workshops etc. and through the maintenance of a documentation center with appropriate books, periodicals, and other publications as well as audio-visual materials relevant to maternal and child-health issues.
6. Study, propose and implement any appropriate activity which may promote maternal and child health and social welfare.

The CHI will also assist in implementation of the overall project. During the life of the project, the Project Coordinator and the Project Manager will act respectively as the Director and Administrator of the Institute. As such, they will provide assistance to all institutions involved in the project in implementation of project activities and serve as liaison between the institutions. They will lead a team which will be responsible for overseeing all project activities at all participating institutions and provide on-going assistance in the following areas:

- a) specific components of program design at the institutional level.
- b) technical steps in the implementation of interventions level.
- c) assistance in program monitoring and evaluation at the institutional level.
- d) data management including the supervision of data entry as well as data analysis.
- e) feed-back to each institution regarding program prospects and problems.
- f) assistance in general management including personnel incentives, logistics, procurement and transport as well as general principles of financial management of community health programs.
- g) coordination and procurement of short-term technical assistance. The coordination team will respond to specific institutional needs for technical assistance by identifying, contracting and coordinating the work of short-term consultants recruited locally or abroad. The coordinating team will use the services of an administrative assistant who will oversee all logistics and administrative matters pertaining to the work of consultants under the supervision of the project coordinator and the project manager.

- n) support of resource development activities on behalf of Haitian children and institutions supporting them. Support will be provided for the mobilization of local and US-based resources which may be applied effectively to the promotion of activities leading to increased child survival in Haiti. These include human, financial and material resources to be mobilized by selected PVOs with activities in the US and Haiti.

III. Sub-Project Implementation and Management

The CHI will be a joint endeavor of AOPS, EYE CARE Haiti and the HAC. The Board of Directors is composed of representatives of these organizations as well as two internationally renowned experts in the field of child survival, two representatives of the Haitian Scientific community and, ex-officio, the two principal executive officers of the institute (Director and Administrator).

The Institute will be constituted through formal convention signed by the three founding organizations which will specify the various responsibilities of the founding parties. USAID/Haiti will review and approve the agreement. The HAC will act as the fiscal agent of the Institute until such time as the full staff of the Institute has been assembled and the site housing the Institute is fully operational. At that time, the HAC, with prior USAID/Haiti concurrence, will provide a sub-grant to the CHI, which will then administer its own finances.

The CHI facility will be procured by AOPS. If a facility is purchased, title to all or part of the facility will pass to the CHI following attainment of non-governmental organization status.