

Data Sheet

USAID Mission:	Haiti
Program Title:	Health Systems
Pillar:	Global Health
Strategic Objective:	521-003
Proposed FY 2004 Obligation:	\$21,826,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$19,800,000 CSH; \$500,000 DA
Year of Initial Obligation:	FY 1995
Year of Final Obligation:	FY2005

Summary: USAID recognizes the importance of improving the health and wellbeing of women and children, reducing malnutrition, helping families make informed reproductive decisions and slowing the spread of tuberculosis, HIV/AIDS and other sexually transmitted or infectious diseases in Haiti. These objectives are reached by delivering a minimum health package comprising the following services: child immunization; respiratory infection detection and treatment; immunizations for pregnant women; nutrition, food supplementation and growth monitoring; family planning (natural and artificial); maternal health care; HIV/AIDS prevention and treatment (including mother-to-child transmission prevention) and other sexually transmitted diseases; tuberculosis detection and treatment; reinforcement of policy norms and procedures; health information systems; and advocacy.

Inputs, Outputs, Activities:

FY 2004 Program:

Child Survival: (\$4,400,000 CSH). USAID will provide technical assistance and operational support to 28 local non-governmental organizations (NGOs) to improve provision of a minimum health package of child survival and related primary care services. Approximately one third of the Haitian population (2.6 million people) will benefit from this intervention. USAID will also increase support to the Ministry of Health (MOH) micronutrient supplement program, and expand vitamin A supplement coverage for children under five to 70%. USAID FY 2004 support in this area will help vaccinate over 54,000 children in Haiti. Principal contractors/grantees include Management Sciences for Health (MSH), and International Science & Technology Institute (ISTI).

Reproductive Health (\$6,500,000 CSH). USAID will increase access to and the use of modern family planning services, including natural family planning and related maternal health care. USAID will build local capacity for quality reproductive health services in six health departments, focusing on emergency treatment for complications of miscarriage or faulty medical procedures and related health services. USAID will also build the capacity of 20 institutions nationwide to deliver clinical family planning methods. Natural family planning counseling will be emphasized in the USAID-supported network of 29 partner NGOs. Principal implementers/grantees are Johns Hopkins Program (JHIEGO), the Futures Group, MSH, Population Services International (PSI).

Infectious Diseases (\$9,676,000 CSH). USAID will establish 20 new voluntary counseling and testing (VCT)/mother-to-child HIV transmission (MTCT) prevention centers. Nationwide, USAID will reinforce community care and support mechanisms for people living with/affected by HIV/AIDS (PLWA), and strengthen its collaboration with faith based organizations in abstinence and fidelity campaigning. Community support and prevention will be linked to VCT/MTCT services, thereby providing a continuum of support from prevention to treatment. USAID will extend local NGO contacts for tuberculosis programming, and establish 10 new treatment sites for increased tuberculosis (TB) treatment in high-infection urban slum areas. Principal contractors/grantees are Tuberculosis Coalition for Technical Assistance (TBCTA), MSH, and CARE.

P.L. 480 distribution commodities will be provided to food-insecure children under five, and pregnant and lactating women through maternal child health outreach programs. USAID P.L. 480 cooperating sponsors will also provide food assistance to people living with AIDS (PLWAS), especially seropositive mothers receiving care under the prevention of mother-to-child transmission program. Program activities are managed by: CARE International, Catholic Relief Services, Save the Children and World Vision.

FY 2005 Program:

Child Survival (\$5,400,000 CSH). USAID will expand coverage of NGO and public sector facilities offering the minimum health service package, and increase support for micronutrient campaigning in Haiti. USAID will organize national, comprehensive "child health weeks" to increase provision of micronutrient supplements, and improve access to basic child health care. USAID's FY 2005 micronutrient support is expected to reach 75% of Haitian children. Principal contractors/grantees may include Management Sciences for Health (MSH), and International Science & Technology Institute (ISTI).

Reproductive Health (\$6,500,000 CSH). USAID will continue promoting modern family planning services (including natural family planning), and improve the access to and quality of reproductive health care at departmental hospitals and specialized facilities. USAID will build emergency treatment capacity in all 10 Haitian departmental hospitals for complications due to miscarriage and related reproductive health services. Principal implementers/grantees may include Johns Hopkins Program (JHIEGO), the Futures Group, MSH, Population Services International (PSI).

Infectious Disease (\$9,676,000 CSH). USAID will reinforce 70 new VCT/MTCT centers, and support the entire prevention-to-treatment continuum (including palliative/community care, and support for orphans and PLWAS). Faith based organizations will continue to be a major partner in prevention and support efforts nationwide. Support will be continued for health surveillance information activities. USAID will continue support to the National Tuberculosis Program, establishing 10 sites and increasing treatment success rates to 82%. Principal contractors/grantees may include Tuberculosis Coalition for Technical Assistance (TBCTA), MSH, and CARE.

P.L.480 funded food security and nutrition activities is projected to continue at the same level. Program activities will be managed by CARE International, Catholic Relief Services, Save the Children and World Vision.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City policy.

Performance and Results: USAID increased vaccination coverage in target areas (FY2003) to 87%, more than twice the national average of 34%. During FY2003, approximately 50,000 children under 5 received PL480 Title II food supplements and nutritional education. HIV/AIDS (FY2003): Haiti was designated a focus country under the President's International Mother and Child HIV Prevention Initiative. In collaboration with CDC, USAID helped establish 22 new VCT/PMTCT centers, serving all 10 Haitian Departmental Health Districts. To date, over 300 Haitian health professionals have been trained in VCT/PMTCT, and 2500 traditional birth attendants trained in PMTCT referral and community support. Faith based institutions are a key USAID partner in the fight against HIV/AIDS. USAID held a national conference for major religious leaders to increase the engagement of faith based organizations in abstinence campaigning, community care and support for PLWAS. Tuberculosis: USAID dramatically improved access to TB treatment centers, almost doubling the number of institutions from 93 (FY2002) to 168 (FY2003). The quality of TB treatment has also improved, with the treatment success rate climbing from 78% to 80% in the past year. USAID is the sole donor for the National Tuberculosis Program.

US Financing in Thousands of Dollars

Haiti

	CSH	DA	ESF
521-003 Health Systems			
Through September 30, 2002			
Obligations	11,799	6,370	122,714
Expenditures	11,799	6,335	92,367
Unliquidated	0	35	30,347
Fiscal Year 2003			
Obligations	13,605	-35	-51
Expenditures	4,902	0	8,140
Through September 30, 2003			
Obligations	25,404	6,335	122,663
Expenditures	16,701	6,335	100,507
Unliquidated	8,703	0	22,156
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2004 NOA			
Obligations	19,626	0	0
Total Planned Fiscal Year 2004			
Obligations	19,626	0	0
Proposed Fiscal Year 2005 NOA			
Obligations	16,525	0	0
Future Obligations	0	0	0
Est. Total Cost	61,555	6,335	122,663