STUDY REPORT
ON
THE PROJECT FOR CHILD HEALTH
IN
THE REPUBLIC OF HAITI

MARCH 1998

JAPAN INTERNATIONAL COOPERATION AGENCY

PREFACE

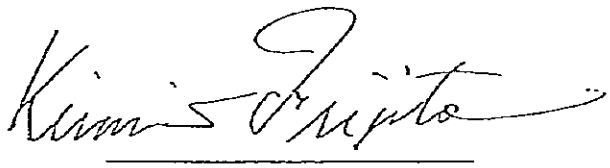
In response to a request from the Government of the Republic of Haiti, the Government of Japan decided to conduct a basic design study on the Project for Child Health and entrusted the Japan International Cooperation Agency (JICA) to conduct the study with the assistance of the Japan International Cooperation System (JICS).

JICA sent to Haiti a study team from December 1 to December 14, 1997.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

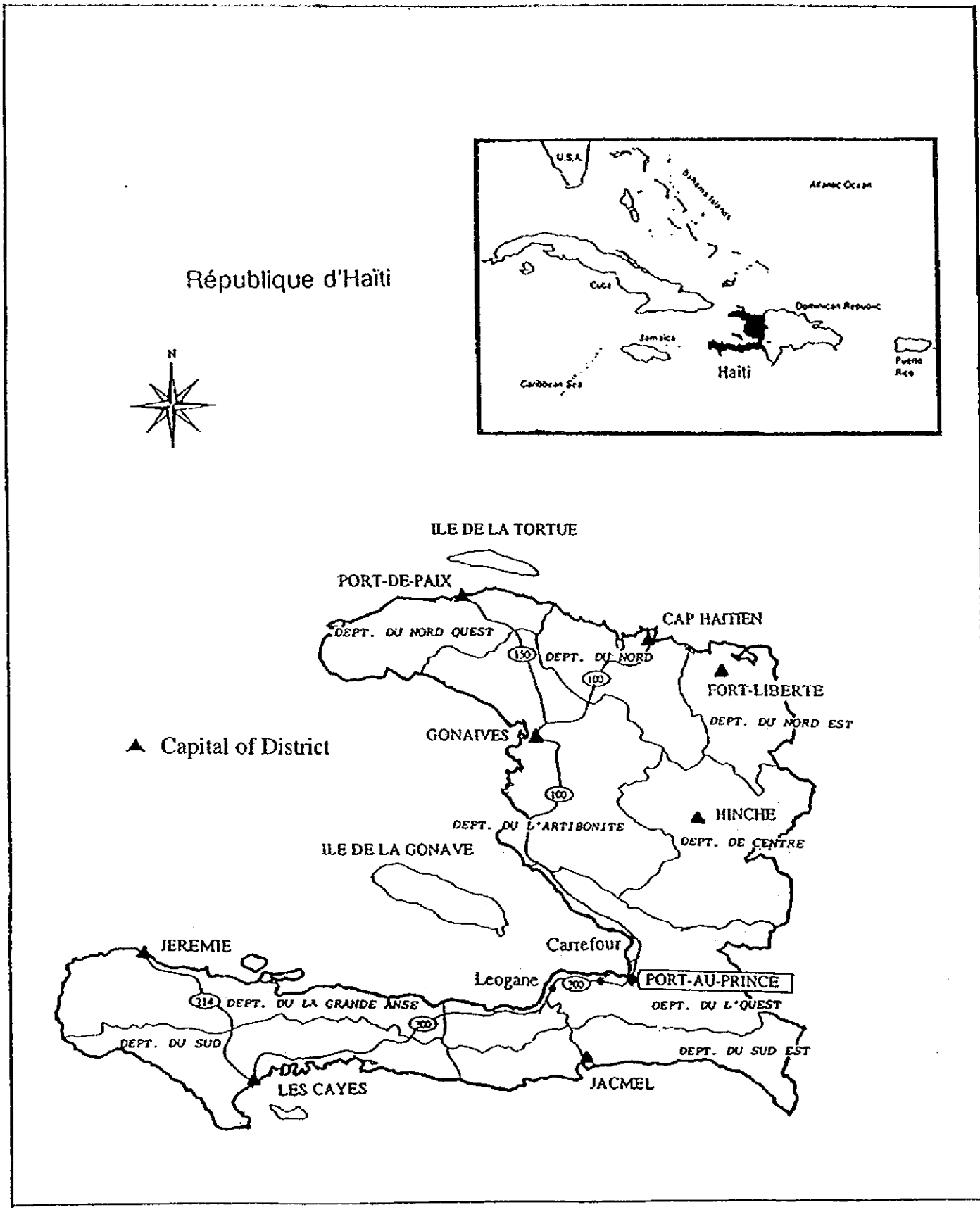
I wish to express my sincere appreciation to the officials concerned of the Government of the Republic of Haiti for their close cooperation extended to the team.

March 1998



Kimio Fujita
President
Japan International Cooperation Agency

LOCATION MAP



Japan International Cooperation Agency (JICA)

Contents

Chapter 1. Background of the Project

1-1 Present Situation and Problems

1-1-1 Situation of Medical Care for Children

The relevant indices for medical care (of children) in the Republic of Haiti (hereafter referred to as "Haiti") as of 1996 are shown in Table 1-1. Per 1,000 birth, the newly born baby's mortality rate is 31, infant mortality rate is 74, mortality rate for young children under 5 years of age is 134, and the average life expectancy at birth is 55 years. The health situation as indicated by these indices are extremely bad even in comparison with various countries in Latin America and Caribbean region. In particular, the need to improve the health situation of children who comprise about 15% of the total population of about 7,500,000 has become an urgent task.

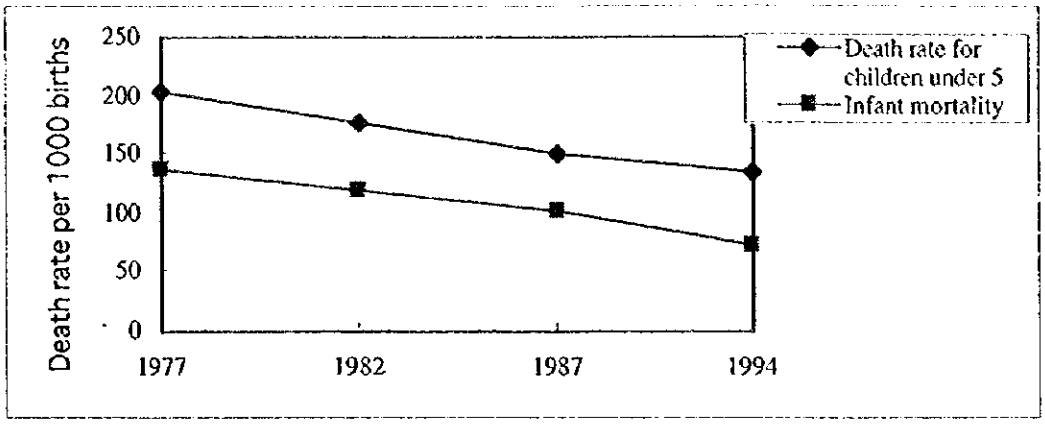
Table 1-1. Medical Care Indices

	Mortality rate for newly born	Infant mortality rate	Mortality rate for children under 5	Average life span at birth
Haiti Republic	31/100	74/1000	134/1000	55 years
Average in Latin American and Caribbean countries	-	35/1000	43/1000	69 years

As shown in Table 1-2, children's death rate has improved between 1977 and 1994. Most of the deaths and diseases suffered by infants and young children are caused by diarrhea, acute respiratory diseases, malnutrition, infectious diseases, etc., and most of these diseases can be prevented and treated with the use of vaccination and use of medicines.

Table 1-2 Change in Mortality Rate for Children

	1977	1982	1987	1994
Infant mortality	137/1000	120/1000	101/1000	74/1000
Death rate for children under 5 years	204/1000	176/1000	151/1000	134/1000

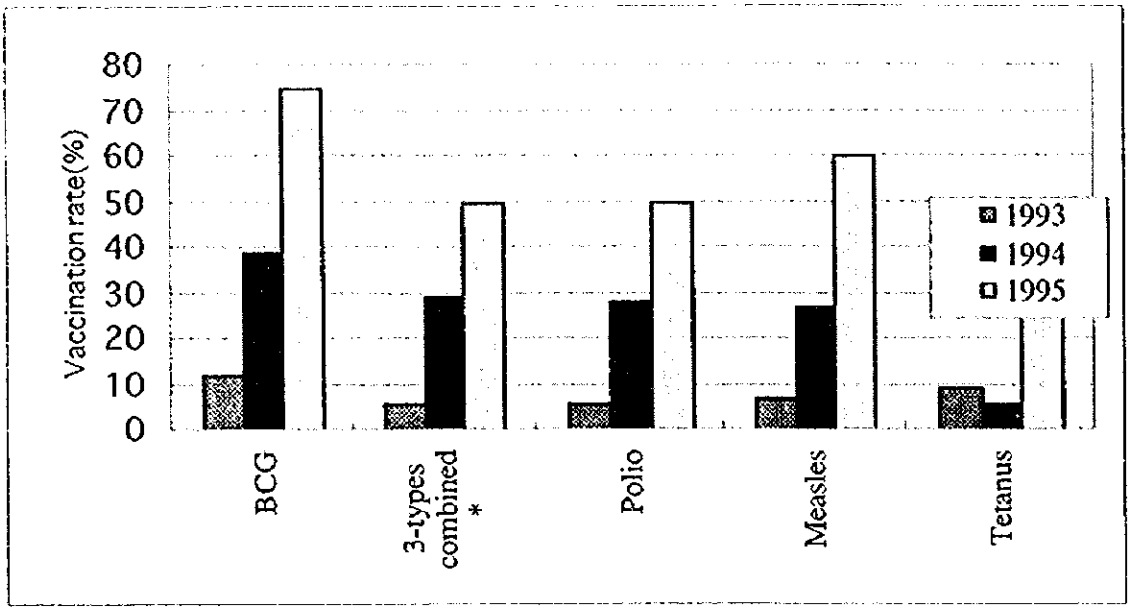


1-1-2 Vaccination

The vaccination program in Haiti was interrupted by the political crisis that confronted the country for a number of years, and so, in 1992, the vaccination rate declined from 40% to 22%, which led to an epidemic of measles among young children that resulted in many death. The Ministry of Health cooperated with UNICEF and implemented a vaccination campaign, and started efforts to increase the vaccination rate. And in 1994, WHO and UNICEF played the central role in establishing the technical committee for supporting the vaccination campaign (consisting of WHO, UNICEF, the United States, France, and the Rotary Club), and this committee works to maintain stable vaccination in terms of procurement, safekeeping, distribution of vaccines, vaccination, and follow up. As a result, the vaccination rate has been improving year to year, as shown in Table 1-3 below.

Table 1-3. Vaccination Rate

	BCG	3-types combined*	Polio	Measles	Tetanus
1993	12	6	6	7	9
1994	39	29	28	27	6
1995	75	50	50	60	40



1-1-3. Background of the Request

In September 1997, the Ministry of Health of Haiti government established a plan to carry out integration of various health promotion activities that have been carried out separately up to that time, including vaccination, distribution of pharmaceuticals and medical goods and equipment, distribution of nutritious supplements, and training of medical workers. This program called the "General Plan for Maintenance of Health of Children" is aimed especially at preventing and treating children's illnesses, and improving the nutritious needs of children so as to overcome malnutrition. This program attaches priority on provision of orally taken rehydration salt, antibiotics, and other pharmaceutical products for treating diarrhea and acute respiratory disorders, stethoscopes, hemomanometer, clinical thermometer, weight scale, and other basic medical equipment on a sustained basis, as well as on the target of raising the vaccination rate for polio, measles, tetanus, etc. to 80%.

However, due to the crisis in the government finances, it has become quite difficult for Haiti to implement this plan, and in particular, in 1998, it became extremely difficult for Haiti to procure vaccines, etc., for which UNICEF has been providing cooperation, due to shortage of funds. For this reason, in order to procure vaccines, pharmaceutical products, medical goods and equipment that are necessary for implementation of this plan, the Haitian government requested Japan for cooperation in the form of grant aid.

1-2. Contents of the Request

Contents of the request from Haiti under this project are shown in Table 1-4.

Table 1-4. Contents of the Request

	Name of goods	Specifications	Use Purpose	Quantity
1	Strengthening of Public Health Promotion and Protection Bureau, Children Health Department.			
	Filing cabinets 3, copy machine 1, computer 1 set, laser color printer, office desk, chairs, office goods.	Office goods and equipment for Children's Health Dept.	Replenishing of the office equipment of Children's Health Dept.	
	Purchase of 2 off-road automobiles, fuel cost, maintenance cost, spare tire cost.	4-wheel drive vehicle. 100 gallons x 2 vehicles x 12 months. 5 times x 2 vehicles x 1 year. 5 tires x 2 vehicles.	Guidance in local areas. Moving around for instruction, investigation and administration.	
2	Training of personnel.	US$150 x 25 persons x 10 (9 provinces + Nippu)		
	Cost of training of personnel. Cost of supplementary teaching materials.	Staff training and education cost.	Upgrading of staff knowledge and technical skills.	
3	Public information and PR activities for health.			
	Product cost for creating and producing teaching materials, annual contract cost with the media, cost of meetings with schools, churches, and local groups, cost for community PR activity, cost for events.	PR activity through the media related to Children's Day and World Week for Mother's Milk and Nutrition.	Providing information and knowledge, etc., to people, and dissemination activity.	
4	Improvement of medical facilities, pharmaceutical products, medical care equipment and facilities.			
	(1) Purchase of pharmaceutical products and distribution.	Medication for 60,000 children x 5 times.		
	Co-trimoxazole, paracetamol, R/L, penicillin, gentamicin, chloramphenicol.	Vermifuges, pain killers, intravenous drip solution, antibiotics.	Treatment for various types of disease	
	(2) Purchase and distribution of vaccines.	Vaccines for prevention.	Implementation and dissemination of various types of preventive immunization.	
	BCG	Tuberculosis(TB) immune vaccine.	Preventive inoculation against TB.	48,000
	Measles	Measlesvirus immune vaccine	Preventive inoculation against measles.	76,800
	DPT	Diphtheria, pertussis, and tetanus toxoids vaccine.	3-type combined vaccination.	108,000
	Polio	Live oral poliovirus vaccine	Polio prevention inoculation.	108,000
	Tetanus	Tetanus vaccine.	Tetanus prevention vaccination	96,800
	(3) Purchase and distribution of materials and equipment			
	Syringes: Auto blocks, 5cc, BCG, absorbent cotton, liquid soap, ORS demo kit, materials for testing, sthethscope, hemomanometer, clinical thermometer.	Quantities set in the work plan of each province.	Supplying the medical goods that are necessary for preventive inoculation.	-
	(4) Purchase and distribution of equipment and materials.			
	Solar refrigerator.	50-liter, solar power-type.	Storage of vaccines.	10
	Gas-powered refrigerator.	50-liter, gas-powered type.	Storage of vaccines.	25
	Universal weight scale.	For adults.	Measurement of weight of pregnant women.	200
	Weight scale for small children, Salter-type.	For small children, hanging type.	Measurement of body weight of small children.	500
	Equipment to produce salt with iodine added.	Equipment to add iodine to edible salt.	Manufacture of salt with iodine additive.	3
5	Improvement and management of logistics	Distribute one vehicle each to 9 provinces and to Nippu		
	Off-road automobiles.	4-WD vehicles.	Transporting vaccines.	10
	Motorcycle		Transporting vaccines.	20
	Transportation, management, maintenance and fuel costs for vehicles.	Costs for maintenance and management of vehicles.	Maintenance and management of vehicles.	-
6	Evaluation			
	Evaluation after the completion of the project.	Contract cost for evaluation work.	Evaluation of results achieved by the project.	-

Chapter 2. Contents of the Project

2-1. Pbjectives of the Project

The aim of this project is to provide the necessary vaccines, related materials, and equipment for preventive vaccination as part of implementation of the "General Plan for Maintenance of Health of Children" by the Haitian government which is aimed at preventing and treating children's illness, and improving the nutricious needs of children so as to overcome malnutrition, as well as to procure the pharmaceutical products necessary for treatment of infectious diseases.

2-2. Basic Concept of the Project

The purpose of this project is to procure the vaccines, related equipment and materials for preventive vaccination, and pharmaceutical products for treatment of infectious diseases, all of which are necessary for implementing the General Plan for Maintenance of Health of Children.

The amount of vaccines to be procured should be sufficient for inoculation of children in all areas for one-year period. Vaccination by BCG, measles vaccine, 3-type combined vaccine, and polio vaccine will be given to infants under one-year of age (about 200,000 persons) and young children between one-year and four-years of age who have not been inoculated (about 220,000 persons), while tetanus vaccination is planned to be given to women between 14 and 49 years of age (about 1.9 million persons).

The pharmaceutical products are also targeted for distribution nationwide, and enough supplementary solution for dehydration resulting from diarrhea and medicines for acute respiratory disorders for meeting the needs for one year will be procured.

Solar refrigerators will be secured for storing vaccines in 12 local areas with difficult access.

Now, vaccines will be stored in the central warehouse, and they will be distributed regularly to 52 local vaccine storage facilities at a regular interval. Similarly, pharmaceutical products will be stored at the central warehouse temporarily, and will be distributed to various medical facilities as needed, through local pharmaceutical products storage facilities at 19 locations.

The quantities of materials and equipment to be procured under this project are shown in Table 2-1.

Table 2-1 The quantities of materials and equipment

No.	Equipment & material name	Specifications, standards (pharmaceutical form)	Volume
1	Co-trimoxazole Type A	120mg (100/20mg), 1000 tablets/packets	1,500 packets
2	Co-trimoxazole Type B	480mg (400/80mg), 1000 tablets/packets	3,000 packets
3	Co-trimoxazole Type C	Syrup type, 240mg(200/40mg)5ml, 100ml/bottle.	45,000 bottles
4	Paracetamol 100mg Type A	1000 tablets/packets	2,500 packets
5	Paracetamol 100mg Type B	100 tablets/packets	1,000 packets
6	Paracetamol	Syrup type, 150mg/5ml, 60ml/bottle	25,000 bottles
7	Ringer solution	For intravenous drip, 500ml/bottle	100,000 bottles
8	Gentamicin Type A	2ml(80mg/ml), 100 ampuls/packets	500 packets
9	Gentamicin Type B	pomade OPHT 0.3%, 5g/bottles	2,500 bottles
10	Gentamicin Type C	sulfate collyprium 0.3%	10,000 bottles
11	Chloramphenicol Type A	gttes auric 10%, 10ml/bottle	1,000 bottles
12	Chloramphenicol Type B	Injection solution, 1g, 50 ampuls/packets	1,000 packets
13	Chloramphenicol Type C	Suspension solution, 125mg/5ml, 100ml/bottle	20,000 bottles
14	Benzyl, penicillin	ampul/packet.	1000 packets
15	Penicillin-G Type A	Injection solution, IMUI + diluent, 100 ampuls/packet	500 packets
16	Penicillin-G Type B	Injection solution, 5MUI + diluent, 50 ampuls/packet	1,000 packets
17	Procain, benzyl, penicillin 10ml	4MUI + diluent, 100 ampuls/packet	500 packets
18	BCG vaccine	20 doses/vial, with diluent	43,400 vials
19	Measles vaccine	10 doses/vial	62,000 vials
20	DTP vaccine	10 doses/vial	186,000 vials
21	Polio vaccine	With dropper, 20 doses/vial	108,500 vials
22	Tetanus vaccine	20 dose/vial	136,600 vials
23	Syringe Type A	Auto block, 0.5ml + 23G x 25mm, 100 units/box	36,480 boxes
24	Syringe Type B	5cc with needle. for dissolving BCG, 100 units/box	145 boxes
25	Syringe Type C	units/box	4,341 units
26	Absorbent cotton	500g/box, Non-sterile	9,200 boxes
27	Soap solution	240ml/bottle	21,600 bottles
28	vaccines	50 liter	12sets

2-3 Basic Design

2-3-1. Design concept (policy)

(1) This project is aimed at procurement of necessary pharmaceutical products, vaccines, and related materials and equipment for improvement of the health of children of Haiti, which was requested by the Haitian government. The procurement volume is to be the volume necessary for one-year period.

(2) With regard to vaccines, due to the limitations of the volume of the refrigeration facilities at the central warehouse in the capital, it is not possible to receive all of the vaccines at one time. For this

reason, vaccines will be transported by air on four occasions, namely, August, October and December 1998, and February 1999. Now, equipment and materials and pharmaceutical products other than vaccines will be transported in one shipment to be made in August 1998.

(3) The target area for this project is over the entire territory of Haiti, and the children who are to be given vaccination are those under the age of one (about 260,000 persons) and those between one and four years of age who have not been vaccinated (about 220,000 persons). Also, vaccination for tetanus are to be given to women of child-bearing of age between 14 and 49 years (about 1,900,000 persons) with the aim of preventing tetanus among newborns. With regard to pharmaceutical products, they will be targeted toward supplement solution for those who are suffering from dehydration due to diarrhea and those who are suffering from inflammation due to acute respiratory disorders. Preventive vaccination will be implemented at 500 medical facilities located across the country (local clinics, health posts, etc.). In implementing preventive vaccination, the technical committee will provide assistance to the Children's Health Department.

2-3-2. Basic Design

(1) Overall Plan

With regard to vaccines, due to the limitations of the volume of the refrigeration facilities at the central warehouse in the capital, vaccines will be transported by air on four occasions, namely, August, October and December 1998, and February 1999.

Now, equipment and materials and pharmaceutical products other than vaccines will be transported in one shipment to be made in August 1998.

(2) Equipment and Materials Plan

The specifications and uses of various materials will be as shown in Table 2-2.

Table2-2 The specifications and uses of various materials

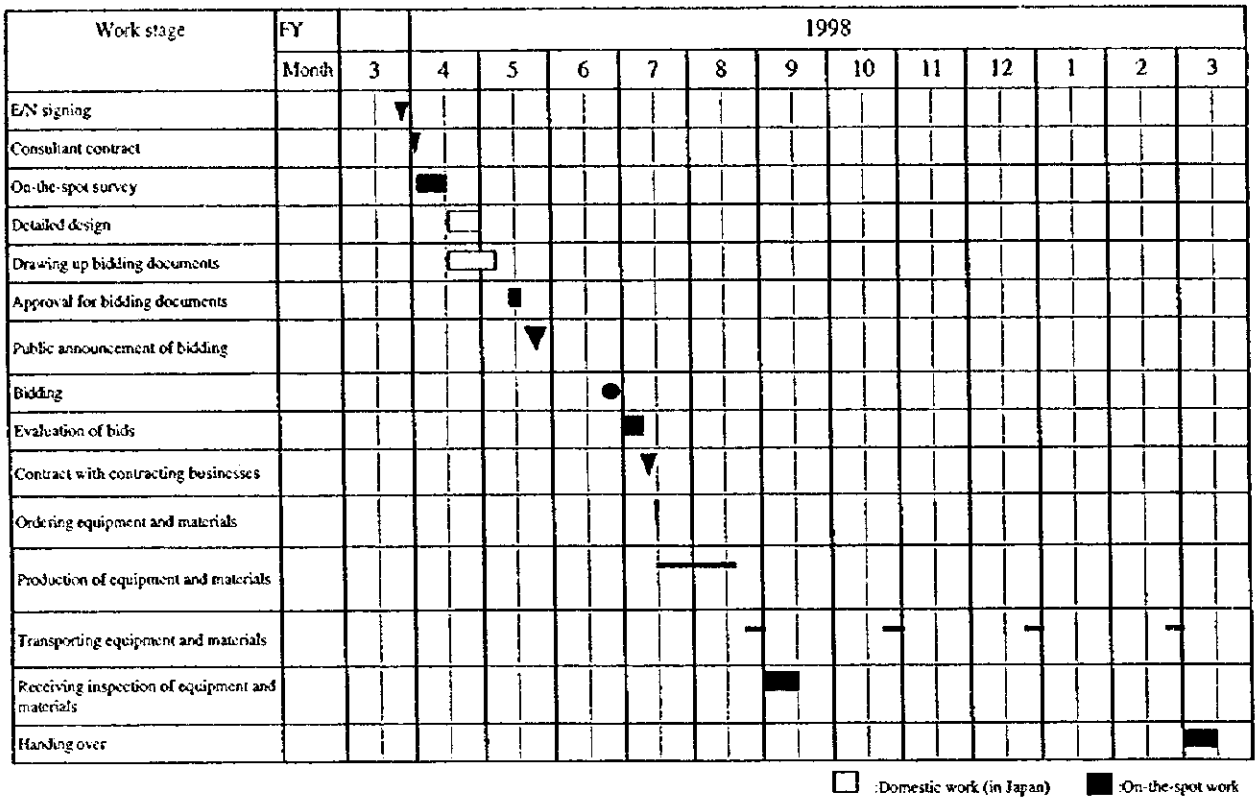
No.	Equipment & material name	Specifications, standards (pharmaceutical form)	Classification	Use application
1	Co-trimoxazole Type A	120mg (100/20mg), 1,000 tablets/packets	vermifuge	Treatment of diseases called by parasites.
2	Co-trimoxazole Type B	480mg (400/80mg), 1,000 tablets/packets	vermifuge	Treatment of diseases called by parasites.
3	Co-trimoxazole Type C	Syrup type, 240mg(200/40mg)5ml, 100ml/bottle.	vermifuge	Treatment of diseases called by parasites.
4	Paracetamol 100mg Type A	1000 tablets/packets	anti-pyretic, anti-pain medicine	Alleviating pain and fever caused by various types of disease.
5	Paracetamol 100mg Type B	100 tablets/packets 1,000 packets	anti-pyretic, anti-pain medicine	Alleviating pain and fever caused by various types of disease.
6	Paracetamol	Syrup type, 150mg/5ml, 60ml/bottle	anti-pyretic, anti-pain medicine	Alleviating pain and fever caused by various types of disease.
7	Ringer solution	For intravenous drip, 500ml/bottle	for intravenous drip	Handling dehydration resulting from diarrhea.
8	Gentamicin Type A	2ml(80mg/ml), 100 ampuls/packets	antibiotics.	For treating brucellosis, peritonitis, otitis media and otitis externa, infection of respiratory & urological organs, burn, dermatitis, etc.
9	Gentamicin Type B	pomade OPHT 0.3%, 5g/ampul	antibiotics (ointment)	Rashes, dermatitis, skin ulcer, etc.
10	Gentamicin Type C	sulate collyrium 0.3%	antibiotics (eye drop)	Eye inflammation, otitis media, otitis externa, etc.
11	Chloramphenicol Type A	gttes auric 10ml /bottle	antibiotics	For influenza, typhoid fever, paratyphoid fever, meningitis, etc.
12	Chloramphenicol Type B	Injection solution, 1g, 50 ampuls/packets	antibiotics.	For influenza, typhoid fever, paratyphoid fever, meningitis, etc.
13	Chloramphenicol Type C	Suspension solution, 125mg/5ml, 100ml/bottle	antibiotics	For pertussis, influenza, typhoid fever, paratyphoid fever, meningitis, etc.
14	Benzyl, penicillin	Injection solution, 10ml 2.4UI+ diluent, 50 ampul/packets.	antibiotics	For pneumonia, bronchitis, tonsillitis, meningitis, scarlet fever, diphtheria, etc.
15	Penicillin-G Type A	Injection solution, 1MUI + diluent, 100 ampuls/packets	antibiotics	For pneumonia, bronchitis, tonsillitis, meningitis, scarlet fever, diphtheria, etc.
16	Penicillin-G Type B	Injection solution, 5MUI + diluent, 50 ampuls/packets	antibiotics	For pneumonia, bronchitis, tonsillitis, meningitis, scarlet fever, diphtheria, etc.
17	Procain, benzyl, penicillin 10ml	4MUI + diluent, 100 ampuls/packets	antibiotics	For pneumonia, bronchitis, tonsillitis, meningitus, scarlet fever, diphtheria, etc.
18	BCG vaccine	20 doses/vial, with diluent	Live vaccine	For preventing TB.
19	Measles vaccine	10 doses/vial	Live vaccine	For preventing measles.
20	DTP vaccine	10 doses/vial	Toxoid, live vaccine, toxoid.	For preventing diphtheria, pertussis, and tetanus.
21	Polio vaccine	With dropper, 20 doses/vial	Live vaccine	For prevention of polio.
22	Tetanus vaccine	20 does/vial	Toxoid	For prevention of tetanus.
23	Syringe Type A	Auto block, 0.5ml + 23G x 25mm 100 units/box	For vaccination	For vaccination against measles, DTP, tetanus.
24	Syringe Type B	5cc with needle, for dissolving BCG, 100 units/box.	For dissolving BCG	For dissolving frozen dried BCG vaccine.
25	Syringe Type C	0.5cc with needle, for inoculating BCG, 100 units/box.	For BCG vaccination.	For vaccination with BCG.
26	Absorbent cotton	500g/box, Non-sterile.	For sterilization of skin.	For sterilization of the inoculation spot (for cleansing).
27	Soap solution	240ml/bottle	For sterilization of skin.	For sterilization of the inoculation spot (for cleansing).
28	Solar-powered refrigerator for	50-liter	For storing vaccine.	For storing vaccine.

Chapter 3 Implementation Plan

3-1 Implementation Plan

3-1-1 Implementation Schedule

Table 3-1. Work and Time Table for Implementation



3-1-2. Obligations of Recipient Country.

(1) Haitian government will ensure that unloading of the goods and materials and customs clearance work will be carried out in Haiti quickly, and will assume the burden for the expenses incurred in such work.

(2) It will arrange for inland transportation of the goods and materials after unloading at the port, and will assume the burden for the expenses involved.

(3) It will ensure that the procured goods and materials are kept at appropriate places and in a good condition.

(4) It will secure the expenditure and personnel that are necessary and sufficient for making use of the procured goods and materials.

3-2. Project Cost Estimation

When this project is to be implemented with grant aid from Japan, then, Haiti will need to assume the expenses for the following.

(1) The expenses necessary for speedy unloading and customs clearance work for the procurement materials and equipment in Haiti.
(2) The expenses incurred for inland transportation in Haiti after unloading of the procurement materials and equipment at the port in Haiti.
(3) The expenses incurred in securing appropriate place for storing the procurement materials and equipment.
(4) The expenses incurred for making good use, and for maintenance and management of the procurement materials and equipment.

3-3.Operation and Maintenance Plan.

The procurement materials and equipment are pharmaceutical products, vaccines, syringes, etc., and so, they will not require an additional fund for maintenance and management. Also, the Ministry of Public Health will assume full responsibility for maintenance and management in relation to the project.

Chapter 4. Project Evaluation and Recommendation

4-1. Project Effect.

In order to verify the effectiveness of the project, the verification procures are taken as shown below.

Item	Verification results
Consistency with higher rank plans.	Haiti's Health Ministry has formulated the "5-year Plan for Public Health and Hygiene," and it has been tackling with the task of implementing vaccination program to prevent and eliminate polio, measles, and tetanus, and to reduce death rate stemming from diarrhea and acute respiratory diseases by providing appropriate medical care and appropriate pharmaceutical products. Also, with the aim of improvement of overall health of children, it is planning to implement the "General Plan for Maintenance of Health of Children." This project is aimed at procurement of vaccines, materials and equipment related to vaccination, as well as pharmaceutical products, all of which are indispensable for improvement to the health of children, and it is judged to be consistent with the Plans referred to above.
Verification of the social needs	The medical care indices related to the health condition of Haiti's children are worse than the average figures in the Latin American and Caribbean countries. While the Haitian government has been striving for improvement of this condition by making use of the assistance provided by a number of international organizations, there is no prospect that it will be able to procure the necessary vaccines, etc. for FY1998 for the inoculation program which has been implemented with UNICEF. This project, therefore, is judged to be indispensable for improvement of the health condition of children in a continuous manner.
Validity of the materials and equipment requested.	The materials and equipment listed below consist of vaccines, materials and equipment, pharmaceutical products, etc., that are indispensable for the implementation of the vaccine inoculation program and for treatment of infectious diseases among children, which are key parts of the "General Plan for Maintenance of Health of Children," and these equipment and materials are urgently needed in Haiti. (1) Pharmaceutical products (Table 2-1 No.1 - 17) Vermifuges, pain killers, intravenous drip solution, antibiotics, etc., are essential for treatment of various types of infectious diseases, diarrhea, acute infectious disease affecting respiratory illnesses, that children suffer due to parasites and bacteria. (2) Vaccines (Table 2-1, No.18 - 22) These are vaccines for providing immunization against TB, measles, diphtheria, pertussis, tetanus, and polio, and they are indispensable for preventive inoculation. (3) Syringes (Table 2-1, No. 23 - 25). These are goods that are necessary for dissolving vaccines and for preventive vaccination. (4) Absorbent cotton, soap solution (Table 2-1. No.26 - 27) These materials are necessary for cleansing and sterilizing the inoculation spot for vaccination, in order to prevent infection by other bacteria at the time of preventive vaccination. (5) Solar-powered refrigerators for vaccines (Table 2-1, No.28) They are indispensable equipment for securing cold chain, and are used for safe storage of vaccines.

4-2. Recommendation

In order to implement this project effectively, it is important to keep in mind the following points.

(1) This project includes necessary vaccines for the period of one year, and it is necessary to transport them securely from the refrigerated warehouse at the center (capital) to the locations for vaccination in the local areas with a correct temperature control. Therefore, an appropriate plan for vaccination and a transportation plan must be drawn up. For this reason, the Health Ministry is expected to consult fully with the technical committee as it has done in the past, and implement these tasks in a reliable and correct manner.

(2) In order to improve the health conditions of children, it is indispensable to formulate appropriate plans, as is mandated in the General Plan for Maintenance of Health of Children, train medical workers who can handle vaccination program and assess the health condition of children, and disseminate the relevant health information among public at large. Of these, even those items that are not included in the content of this cooperation project by Japan, need to be implemented reliably with cooperation of other international organizations, etc.

APPENDICES

1.Member List of the Survey Team

(1) Mitsutaka Uchijima	General Manager	Japan International Cooperation Agency (JICA), Overall Coordination, Grand Aid Coooperation Program Department
(2) Hiroaki Imatsu	Procument Plan	Japan International Cooperation System
(3) Yoshio Furuya	Materials and Equipment Plan	Japan International Cooperation System
(4) Masao Matsubara	Interpreter	Japan International Cooperation Center

2. Survey Schedule

No.	Date	Day	Flight	Group member	Consultant & interpreter	Lodging location
1	12/1	M.	Narita--> New York	Moving NH010 (11:00 --> 9:15) Courtesy call to UNICEF headquarters.		NewYork
2	/2	T.	New York --> Port Au Prince	Moving AA669 (8:00 -- 12:01) Courtesy call to Embassy of Japan and local UNICEF office.		Port Au Prince.
3	/3	W.		Courtesy call to Minlstry of Health, Consultation with UNICEF, Consultation with Ministry of Health		Port Au Prince
4	/4	T.		Investigate Carrefour regional hospital, Local storage and distribution center (USD). Survey public health facility with beds.		Port Au Prince
5	/5	F.		Investigate central storage warehouse (PROMESS),Consultation with Ministry of Health		Port Au Prince
6	/6	S.		Consultation within the survey group.		Port Au Prince
7	/7	S.		Sorting out and organizing data.		Port Au Prince
8	/8	M.		Consultation with Ministry of Health.		Port Au Prince
9	/9	T.		Consultation with UNICEF and Minutes		Port Au Prince
10	/10	W.		Signature on Minutes Report to the Embassy of Japan		Port Au Prince
11	/11	T.	Port Au Prince --> Miami --> Washington D.C.	Moving AA268 (11:50 --> 13:44) AA604 (15:15 - 17:52)	Supplementary survey.	Washington/ Port Au Prince
12.	/12	F.	Washington D.C. --> New York Port Au Prince --> New York.	Report to Washington D.C. JICA office. Moving TW700 (16:30 --> 17:37)	Sorting out materials. Moving AA670 (13:11--> 16:48).	New York
13.	/13	S.	New York -->	Moving NH009 (11:00-->)		Stay in the aircraft.
14.	/14	S.	--> Narita	Return to Japan (--> 14:50)		

3. List of party concerned in the Republic of Haiti

1.United Nations Children's Fund (New York)

Mr. Anthony Kennedy	Director, Program Funding Office
Mr. Per Engebak	Chief, Americas Section, Program Division
Ms. Elizabeth Gibbons	Senior Policy Officer, Emergency Div.
Mr. Aboubacar Saibou	Assistant Secretary, Executive Board

2.United Nations Children's Fund (Port-au Prince)

Ms. Gnilane Senghor	Representative
Mr. Alpha Oumar Telli	Program Coordinator
Mr. Martin Murama	Health Project Officer

3.Ministry of Health

Dr. Jean Josephe Moliere	Minister of Health
Dr. Michaele Amedee Gedeon	Director General
Dr. Henri Claude Voltaire	Director General Assistant
Dr. Anne Marie Desormeaux	Chief of Infant Health Service
Mr. Frantz R. Lamothe	Director of Central Laboratory,
Dr. Duc Jacques	Chief of Western Region Service,

4.World Health Organization ／Pan American Health Organization (PAHO / WHO)

Dr. Carlos Aristeguieta	Epidemiologist
Dr. Jean Cloude Leclerc	Consultant

5.United State of America Aid International Development (USAID)

Dr. Laurence Laumonier-icky	HS-2004 Project Officer

6.Rotary Club

Mr. Claude Surena	Rotary Club

7.Essential Medicine Program (PROMESS)

Dr. James Fitzgerald	Director / Manager

8.Japanese Embassy in Haiti

Mr. Hisanobu HASAMA	Extraordinary Ambassador

4. Minutes of Discussion

PROCES-VERBAL DE LA DISCUSSION
ETUDE SUR LE PROJET DE PRISE EN CHARGE
DE L' ENFANT EN REPUBLIQUE D'HAITI

En réponse à la requête du Gouvernement de la République d'Haïti, le Gouvernement du Japon a décidé d'exécuter par l'intermédiaire de l'Agence Japonaise de Coopération Internationale (JICA) une étude relative au Projet de Prise en Charge de l'Enfant (ci-après désigné " le Projet").

La JICA a envoyé une délégation en Haïti du 2 au 12 décembre 1997.

La délégation a tenu une série de discussions et effectué une étude sur place avec les autorités compétentes du Gouvernement de la République d'Haïti.

Après ces discussions et étude sur place, les deux parties ont convenu des points ci-après.

Fait au Port-au-Prince, le 10 décembre 1997

Mitsutaka UCHIJIMA
Chef de délégation
Agence Japonaise de
Coopération Internationale

Dr. Michaèle AMEDEE-GEDEON
Directeur Général
Ministère de la Santé
et de la Population

1. Objectif du Projet

L'objectif du Projet consiste à fournir les vaccins, médicaments et équipements nécessaires dans le cadre du Projet de Prise en Charge de l'Enfant.

2. Sites du Projet

Les sites du Projet couvrent l'ensemble du pays.

3. Autorité compétente et Organisme d'exécution

Autorité compétente : Ministère de la Santé et de la Population
Organisme d'exécution : Direction de Promotion et de Protection de la Santé

4. Contenu de la requête établie par la partie haïtienne

La partie haïtienne a présenté la requête concernant la fourniture des vaccins, médicaments et équipements médicaux nécessaires pour une durée d'un an (1998-1999). Le contenu de la requête a été précisé après les discussions avec la délégation. Cependant, il sera réétudié par le Gouvernement du Japon pour la décision définitive.

5. Système de la Coopération Financière Non-Remboursable du Japon

1) La partie haïtienne a compris le système de la Coopération Financière Non-Remboursable du Japon expliqué par la délégation.

2) La partie haïtienne s'est engagé à prendre des mesures nécessaires en vue du bon déroulement en cas d'adoption du Projet dans le cadre de la Coopération Financière Non-Remboursable du Japon.

6. Autres

1) La partie haïtienne a accepté que le volet de la requête financé par le Gouvernement du Japon soit l'approvisionnement en vaccins, médicaments et équipements médicaux pour le renforcement des institutions.

2) Le comité technique du Programme Elargi de Vaccination composé des OPS/OMS, UNICEF, ROTARY CLUB, Coopération Française et USAID, et présidé par le Ministère de la Santé et de la Population, a accepté de supporter les autres volets du Projet.

3) La délégation s'est engagé à transmettre au Gouvernement du Japon la demande d'un camion de transport formulée par la partie haïtienne.

4) La délégation a expliqué à la partie haïtienne que le Gouvernement du Japon ne supporte pas les frais de stockage et de manutention en Haïti. La partie haïtienne l'a accepté.

ANNEXE -1

LISTE

NO	DESCRIPTION	QUANTITE
1	Cotrimoxazole co 100/20mg (1000pilules/flacon)	1.500 flacons
2	Cotrimoxazole co 400/80mg (1000pilules/flacon)	3.000 flacons
3	Cotrimoxazole sirop 200/40mg 100ml	45.000 flacons
4	Paracetamol co 100mg (1000pilules/flacon)	2.500 flacons
5	Paracetamol co 100mg (100pilules/flacon)	1.000 flacons
6	Paracetamol sirop 60ml 150mg	25.000 flacons
7	Ringer Lactate solution 500ml	100.000flacons
8	Gentamycine 2ml 80mg (100pilules/flacon)	500 flacons
9	Gentamycine pommade OPHT 0,3%	2.500 tubes
10	Gentamycine sulfate collyre 0,3%	10.000 flacons
11	Chloramphenicol gttes auric 10%	1.000 flacons
12	Chloramphenicol injection 1g (50ampoules/boîte)	1.000 boîtes
13	Chloramphenicol suspension 100ml 125mg/5ml	20.000 flacons
14	Benzathine Penicilline injection 10ml 2,4UI (50ampoules/boîte)	1.000 boîtes
15	Penicilline G Cryst injection 1MUI (100ampoules/boîte)	500 boîtes
16	Penicilline G Cryst injection 5MUI (50ampoules/boîte)	1.000 boîtes
17	Procaine Benzylpenicilline 10ml 4MUI	50.000 flacons
18	Vaccin BCG (10doses/vial)	65.100 vials
19	Vaccin Antirougeoleux (10doses/vial)	56.420 vials
20	Vaccin DiTePer (10doses/vial)	169.260vials
21	Vaccin Polio (10doses/vial)	197.470vials
22	Vaccin Tétanos (10doses/vial)	249.000vials
23	Seringue autobloquants (100unités/boîte)	59.350 boîtes
24	Seringue 5cc (100unités/boîte)	217 boîtes
25	Seringue BCG (100unités/boîte)	6.510 boîtes
26	Coton (500g/paquet)	12.148 paquets
27	Savon liquide (240ml/flacon)	21.600 flacons
28	Kit de démonstration du SRO	500 jeux
29	Stéthoscope	500 unités
30	Tensiomètre mercure	250 unités
31	Tensiomètre anéroïde	250 unités
32	Thermomètre oral	2.500 unités
33	Thermomètre rectal	2.500 unités
34	Réfrigérateur solaire	12 unités
35	Réfrigérateur à gas	25 unités
36	Balance uniscale	200 unités
37	Balance enfant Salter	500 unités
38	Machine /iodisation sel	3 unités
39	Matériels de laboratoire	1 ensemble

Dans le cadre de ce projet, tous les laboratoires des hopitaux départementaux seront équipés. Ainsi que dix(10) institutions ayant un équipement Photovoltaique déjà installé et desservant environ 100.-000 personnes recevront une partie du matériel afin d'effectuer des tests courants. Tels que :

- Hémogramme
- Vitesse de sedimentation
- Temps de saignement
- Temps de coagulation
- Groupe sanguin
- Sickling test
- Compte de plaquettes
- Compte de recticulocytes
- Coloration gram
- Ziehl-Neelsen
- Selles
- Malaria test
- RPR-VDRL
- Widal
- Tuberculine test
- Urines routine
- Test de grossesse
- Autres

Elles seront dotées aussi d'équipement pouvant faciliter la surveillance épidémiologique.

LISTE DES INSTITUTIONS

I.- Hopitaux départementaux :

- Cayes
- Cap
- Gonaives
- Hinche
- Jérémie
- Miragoane
- Port-de-Paix
- Fort-liberté
- Jacmel
- HUEH (Hopital de l'Université d'Etat d'Haiti)

II.- Autres institutions :

- Hopital de Petit Goave
- Hopital de Mirebalais
- Hopital de Carrefour
- Dispensaire de Port-salut
- Centre de santé de Ouanaminthe
- Dispensaire de Pilate
- Hopital de St.Marc
- Hopital de Dame Marie
- Centre de santé Armée du salut

Liste de Materiel qui sera distribué
aux 10 laboratoires des communes

Microscope
Macro centrifuge
Micro centrifuge
Incubateur
Sterilisateur
Refrigerateur
Bain-marie
Rotateur
Pipette shaker
Chromètre
Timer
Boite à lame
Anse de Platine
Pince
Balance
Laboratory Counter
Hand Held counter
Sedirack

La Verrerie sera distribuée selon la fréquentation du laboratoire.

MATERIEL ET EQUIPEMENT

DESCRIPTION	QUANTITÉ	REF. CATALOGUE
Microscope binoculaire	15	Olympus CHD
Photocolorimètre	10	Fisher 93 07-103
Macro centrifugeuse	15	Fisher 93 05-101-5
Micro centrifugeuse	20	Fisher 93 05-040
Incubateur model 630 D	20	Fisher 93 11-683
Sterilisateur	20	Fisher 93 02963-IA
Incinérateur	20	Fisher 93 10-550-253
Refrigérateur électrique à gaz	8 10	
Bain-Marie	18	Fisher 93 11715-100
Rotateur	18	Fisher 93 14251-200
Mixer	20	Fisher 93 12-810R
Pipette shaker	18	Fisher 86 13-718
Chronomètre	20	Fisher 93 0662
Timer	20	Unicef 97 983400
Boite à lame	50	*VWR 94/95 48438-06
Stainless Steel	20	Fisher 93 12597
Anse de Platine	40	Fisher 93 13-086
Pince	20	Unicef 97 724500
Bacti Cinerateur	10	Fisher 93 14489

*VWR CAMLAB - AVW R COMPANY

Balance	20	Fisher 9302020811
Laboratory counter	20	Fisher 93 0267014
Hand Held counter	20	Fisher 93 07905
Rack ESR	10	Fisher 93 02681-IG
Sedirack	20	Fisher 93 02-67625
Réchaud à gaz	20	x
Tabouret	40	Unicef 1997 169000
VErrerie:		
Cylindre		
Erlen Meyer		
Baker - Funnel		
Pipette Pasteur		
Pipette serologique		
Pipette hématologique		
Pipette sahli		
Boite de Petri		
Tube à anticoagulant		
Tube sans anticoagulant		
Entonnoir		
Lampe à Alcool		
Mortier en porcelaine		
Densimètre		

PROGRAMME D'AIDE FINANCIERE NON-REMBOURSABLE DU JAPON

1. Procédure de l'aide financière non-remboursable

Le programme d'aide financière non-remboursable est exécuté selon la procédure suivante.

1) Demande (requête effectuée par le pays bénéficiaire)

Etudes (étude préliminaire/étude du concept de base effectuées par la JICA)

Estimation et approbation (estimation par le gouvernement du Japon et approbation par le Conseil des ministres du Japon)

Détermination de l'exécution (Echange de Notes entre les deux gouvernements)

Exécution (Mise en oeuvre du Projet)

2) Lors de la première étape, la requête présentée par le pays bénéficiaire,est examinée par le gouvernement du Japon (Ministère des Affaires étrangères) afin de déterminer si elle est pertinente dans le cadre de l'aide financière non-remboursable. Au cas où il serait confirmé que la requête est prioritaire en tant que projet d'aide financière non-remboursable, le gouvernement du Japon demande à la JICA de procéder à une étude.

Lors de la seconde étape, l'étude (étude du concept de base) est effectuée par la JICA ayant conclu un contrat avec une société de consultation japonaise chargée de l'exécution.

Lors de la troisième étape (estimation et approbation), le gouvernement du Japon décide, sur la base du rapport d'étude du concept de base élaboré par la JICA, si le Projet convient au cadre de l'aide financière non-remboursable. Il est ensuite soumis pour approbation au Conseil des ministres.

Lors de la quatrième étape (détermination de l'exécution), l'exécution du Projet approuvé par le Conseil des ministres est officiellement déterminée par la signature de l'Echange de Notes entre les deux gouvernements.

Au fur et à mesure de l'exécution du Projet, la JICA accélèrera le processus d'exécution en apportant son soutien au pays bénéficiaire pour la procédure d'appel d'offres, les signatures des contrats et les autres opérations nécessaires.

2. Contenu de l'étude

1) Contenu de l'étude

Le but de l'étude (étude du concept de base) effectuée par la JICA est de fournir un document de base permettant de déterminer si un projet est exécutable ou non dans le cadre du Programme d'aide financière non-remboursable du Japon. Le contenu de l'étude est le suivant:

a) confirmer l'arrière-plan de la requête, les objectifs et les effets du Projet ainsi que les capacités de maintenance du pays bénéficiaire nécessaires à l'exécution du Projet

b) évaluer la pertinence de l'aide financière non-remboursable du

point de vue technologique et socio-économique

c) confirmer le concept de base du plan convenu après discussions entre les deux parties

d) préparer un plan de base du Projet

e) estimer les coûts du Projet

Le contenu de la requête n'est pas obligatoirement approuvé en tant que contenu de l'aide financière non-remboursable. Le concept de base du Projet doit être confirmé par rapport au cadre d'aide financière non-remboursable du Japon.

Le gouvernement du Japon demande au gouvernement du pays bénéficiaire de prendre toutes les mesures qui pourraient s'avérer pour assurer son indépendence lors de l'exécution du Projet. Ces mesures doivent être garanties même si elles n'entrent pas dans la juridiction de l'organisme du pays bénéficiaire en charge de l'exécution du Projet. Par conséquent, l'exécution du Projet doit être confirmé par toutes les organisations concernées du pays bénéficiaire par la signature des minutes des discussions.

2) Sélection des consultants

En vue de la bonne exécution du Projet, la JICA effectue une sélection parmi les consultants enregistrés auprès de la JICA après avoir procédé à un examen des propositions soumises par ces derniers. Le consultant sélectionné procède à l'étude du plan de base et élabore le rapport sur la base des références fournies par la JICA.

A l'étape de conclusion du contrat entre le consultant et le pays

bénéficiaire après l'Echange de Notes, la JICA recommande le même consultant que celui qui a participé à l'étude du concept de base afin d'assurer une cohérence technique entre l'étude du concept de base et le plan détaillé et d'éviter tout délai indu provoqué par la sélection d'un autre consultant.

3. Plan de l'aide financière non-remboursable du Japon

1) Qu'est qu'une aide financière non-remboursable?

Le Programme d'aide financière non-remboursable accorde au pays bénéficiaire des fonds non-remboursables qui permettront de fournir les installations, les équipements et les services (main d'oeuvre ou transport, etc.) pour le développement socio-économique du pays, selon les principes suivants et conformément aux lois et réglementations afférentes du Japon. L'aide financière non-remboursable n'est pas effectuée sous forme de don en nature au pays bénéficiaire.

2) Echange de Notes(E/N)

L'aide financière non-remboursable du Japon est accordée conformément aux Notes échangées entre les deux gouvernements et dans lesquelles sont confirmés, entre autres, les objectifs, la durée, les conditions et le montant de l'aide.

3) La "durée de l'aide" s'inscrit dans l'année fiscale dans laquelle le Conseil des ministres a approuvé le Projet. Toutes les procédures d'aide, Echange de Notes, conclusion des contrats avec le consultant et le contractant et paiement final à ceux-ci, doivent être achevées durant

cette année fiscale.

Toutefois, en cas de retard lors de la livraison, de l'installation ou de la construction due à des éléments incontrôlables tels que les conditions météorologiques, la durée de l'aide financière non-remboursable pourra être prolongée d'une année fiscale supplémentaire après accord entre les deux gouvernements.

4) L'aide doit être en principe réservée exclusivement à l'achat de produits provenant du Japon ou du pays bénéficiaire, et aux services des ressortissants japonais ou du pays bénéficiaire.

Le terme "ressortissant japonais" signifie les personnes physiques japonaises ou les personnes morales japonaises dirigées par des personnes physiques japonaises.

Lorsque les deux gouvernements le jugent nécessaire, l'aide financière non-remboursable peut être utilisée pour les produits ou les services tel que le transport d'un pays tiers (autre que le Japon ou le pays bénéficiaire).

Toutefois, dans le cadre de l'aide financière non-remboursable, les principaux contractants, à savoir le consultant, l'entrepreneur et la société de commerce nécessaires à l'exécution de l'aide doivent en principe être exclusivement des ressortissants japonais.

5) Nécessité de la vérification

Le gouvernement du pays bénéficiaire ou son représentant autorisé

conclura les contrats en Yen japonais avec les ressortissants japonais. Ces contrats seront vérifiés par le gouvernement du Japon. Cette vérification est nécessaire car les fonds de l'aide financière non-remboursable proviennent des taxes des citoyens japonais.

6) Dispositions à prendre par le gouvernement du pays bénéficiaire

Lors de l'exécution de l'aide financière non-remboursable, le pays bénéficiaire devra prendre les dispositions suivantes:

(1) Acquérir, dégager et niveler le terrain nécessaire pour les sites du Projet, avant le commencement des travaux de construction,

(2) Assurer les installations de distribution d'électricité, d'approvisionnement et d'évacuation des eaux ainsi que les autres utilités nécessaires à l'intérieur et aux alentours du site,

(3) Prévoir les bâtiments nécessaires avant les travaux d'installation dans le cas où le Projet consiste à fournir des équipements,

(4) Prendre en charge la totalité des dépenses et l'exécution rapide du déchargement, du dédouanement dans le port de débarquement et le transport terrestre des produits achetés dans le cadre de l'aide financière non-remboursable,

(5) Exonérer les ressortissants japonais de droits de douane, taxes intérieures et ou autres levées fiscales imposées dans le pays bénéficiaire eu égard à la fourniture des produits et des services spécifiés dans les contrats vérifiés,

(6) Accorder aux ressortissants japonais dont les services pourraient être requis en relation avec la fourniture des produits et des services spécifiés dans les contrats vérifiés, toutes les facilités nécessaires pour leur entrée et leur séjour dans le pays bénéficiaire pour l'exécution des travaux.

(7) "Usage adéquat"

Le pays bénéficiaire est requis d'entretenir et d'utiliser les installations construites et les équipements achetés dans le cadre de l'aide financière non-remboursable de manière adéquate et efficace et de désigner le personnel nécessaire pour le fonctionnement et la maintenance ainsi que de prendre en charge toutes les dépenses autres que celles couvertes par l'aide financière non-remboursable,

(8) "Réexportation"

Les produits achetés dans le cadre de l'aide financière non-remboursable ne doivent pas être réexportés à partir du pays bénéficiaire.

(9) Arrangement bancaire(A/B)

a) Le gouvernement du pays bénéficiaire ou son représentant autorisé devra ouvrir un compte à son nom dans une banque de change agréée au Japon (ci-après dénommée la "Banque"). Le gouvernement du Japon exécutera l'aide financière non-remboursable en procédant aux paiements en Yen japonais pour couvrir les obligations du gouvernement du pays bénéficiaire ou

de son représentant outorisé conformément aux contrats vérifiés.

b) Les paiements seront effectués lorsque les demandes de paiement seront présentées par la Banque au gouvernement du Japon conformément à l'Autorisation de Paiement émise par le gouvernement du pays bénéficiaire ou de son représentant autorisé.