

UNDG Haiti Reconstruction Fund 2020 Projects' update

- **Support to Technical and Vocational Education and Training in Haiti through the Establishment of a Vocational Training Center and Related Institutional Strengthening**
- **Strengthening the Management of Services and the Health System in Haiti**

May 2021

**SUPPORT TO TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING IN HAITI
THROUGH THE ESTABLISHMENT OF A VOCATIONAL TRAINING CENTER AND
RELATED INSTITUTIONAL STRENGTHENING**

**NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2020**

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| <p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Support to Technical and Vocational Education and Training in Haiti through the Establishment of a Vocational Training Center and Related Institutional Strengthening • Programme Number: BRA/16/004 00095226 • MPTF Office Project Reference Number: UNDG/HRF-13 Vocational Training² | <p align="center">Country, Locality(s), Priority Area(s) / Strategic Results¹</p> <p><i>Country/Region:</i> Brazil/LA</p> <p>UNDAF 4: South-South Cooperation in the Context of Sustainable Development and Eradication of Poverty.</p> <p>Country Programme Document/CPD: 4.1. Knowledge management mechanisms strengthened; 4.2 Expanding South-South cooperation agenda by including broad, planned and complementary themes.</p> |
| <p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> • UNDP Brazil | <p align="center">Implementing Partners</p> <ul style="list-style-type: none"> • UNDP Haiti |
| <p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: 17,000,000.00 MPTF /JP Contribution³:</p> <ul style="list-style-type: none"> • UNDP Brazil US\$ 16,830,000.00 <p>Agency Contribution:N/A</p> <p>Government Contribution:N/A</p> <p>Other Contributions (donors): N/A</p> <p>TOTAL: US\$ 16,830,000.00</p> | <p align="center">Programme Duration</p> <p>Overall Duration; 4 ½ years</p> <p>Start Date: ⁴ 13th July 2016</p> <p>Original End Date 31st December 2019</p> <p>Current End date: 31st December 2020</p> |
| <p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - 1st Substantive Revision attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: 24/05/2018 Mid-Term Evaluation Report – N/A <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy</p> | <p align="center">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Daniel Furst / Maria Claudia Cambraia ○ Title: Programme Officer / Project Manager ○ Participating Organization (Lead): UNDP Brazil ○ Email address: daniel.furst@undp.org/ maria.cambraia@undp.org |

¹ Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;

² The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

³ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁴ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

NARRATIVE REPORT

EXECUTIVE SUMMARY

- The terrible earthquake of January 12, 2010, which struck Haiti, had greatly affected the Haitian education system, particularly the vocational training sector. However, this devastating event served as a pretext for the Government of the Republic to begin the Re-foundation of the Educational System. The Vocational Training sector has been identified as a major area of intervention and the project “Support to Technical and Vocational Education and Training in Haiti through the Establishment of a Vocational Training Center and Related Institutional Strengthening” is part of this dynamic and responds to the need to promote the development of public provision of technical and vocational training, and the qualification of the workforce, with a view to generating employment and social promotion for young Haitians.
 - The project rests on four pillars of intervention: (i) building (initially) one vocational training center (Les Cayes) (ii) performing institutional strengthening actions to support Institut National de Formation Professionnelle et Technique (INFP); (iii) offering a training and educational program for the target population, supported by a set of community outreach activities carried out by the National Services for Industrial Learning (SENAI), from Brazil, with the support of INFP and other partner entities with a view to raise boys’ and girls’ interest to pursue technical and vocational education; and (iv) project management, monitoring and evaluation.
 - As informed by the previously report this project was designed, elaborated and signed under the government of President Martelly in July 2016. At the end of May and the beginning of June 2017, the first project mission was held in PAP/Haiti with a new government established.
 - During the first mission in Haiti, held in May 2017, the GoH, through its new director of the INFP, requested the revision of the project to increase the number of Vocational Training Centers from one to three. GoH also indicated the possible sites for the VTC’s installation: Les Cayes, St. Marc and Fort Liberté. After the 1st mission, four Steering Committee meetings were carried out to negotiate the construction of the three VTC, instead of one, leading to budget and workplan relocation, changing meaningfully the project and the budget allocation.
 - In April 2018, in a bilateral meeting between GoB and GoH, a final agreement on the budget was reached to implement both the hard component (construction of three centers / equipment) and the soft component (methodology and training to teachers and to the general public). As a result, a 1st substantive revision of this project was designed by UNDP and approved by all partners and the project board (Institut National de Formation Professionnelle/INFP, Brazilian Agency Cooperation/ABC, UNDP Brazil, UNDP Haiti and SENAI) in May 2018.
 - The strategy was, therefore, to build the three centers in Haiti and, during the final period of construction, to train Haitian teachers, allowing them to dominate the methodology and knowledge.
 - After this decision, and despite the best efforts to move on, project faced several challenges that prevented its advance as expected, such as: political instability in Haiti, challenges on the chosen terrain to build the first VTC in Les Cayes, such as additional engineering studies were needed because of flood risk, the legal property title was obtained by INFP only in 2020, delays on the bidding process for Les Cayes (first bidding on September 2018 was unsuccessful, the second was launched in December 2018 and contract was signed in June 2019) and the delay on Les Cayes construction because of turmoils/riots. Considering these difficulties, and the lack of time for bidding and constructing the 2nd and 3rd center, the bidding process for those centers were not yet released. Finally, in the end of first quarter of 2020, the unprecedented and unexpected impact of COVID 19 hit hard Brazil and Haiti, delaying even more the construction progress with the corollary of hitting heavily the soft component implementation plan.
 - Given all these obstacles in the field, just one of the three VTCs is currently under construction, and some delays were observed due to the Pandemics. Works are around 90% as of December 2020. The forecast is that the VTC will be ready in the first semester of 2021.
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- Considering all the actual and planned expenses, resources available on the hard component would be enough to build a second center and, considering all the project budget (hard + soft), there is enough resources to build the three centers. Considering this situation, a request to extend the Haiti Reconstruction Fund and the project until December 2022 was prepared. UNDP is currently waiting for a decision so that the project steering committee can decide about the activities for the following 2 years regarding the soft and the hard component.
- The soft component (training) strategy was designed to be implemented after the VTCs were built and fully equipped. Also, for the soft component implementation, the professional teams (managers and teachers) of the VTCs had to be identified and ready to receive the training sessions at new facilities. The construction delay prevented the implementation of this strategy, and due to the challenges imposed by the Covid-19 pandemic, the alternative was to develop online training courses which were fully implemented until 31 December 2020 for the Haitian professional teams. The proposal was approved at the Fifth Steering Committee Meeting, held on July 29, 2020. The activities include:
 - 1. Creation of a distance training platform in French for managers, instructors and administrative staff;
 - 2. Realization of a distance education module for managers, instructors and administrative staff, on pedagogical matters;
 - 3. Preparation of guidelines in 5 areas of professional training;

INFP provided the physical structure to conduct the distance training courses and the project was responsible for the provision of internet connection and computer equipment. UNDP Brazil and SENAI signed a Letter of Agreement so that activities could be carried out.

I. Purpose

- The project aims at supporting the efforts by the Haitian government to rebuild the country in a way that addresses longstanding, structural challenges that have delayed social and economic development for the last past years by contributing to the employability of the country's population, particularly the youth. Expected impact will include income generation through employment and self-employment. The project will also enable an expansion of the private sector by increasing the supply of qualified labor, thus contributing to a reduction of poverty over the longer term.
- The project addresses the imperative to pursue the expansion of technical and vocational education, job generation and social promotion.

II. Results

i) Narrative reporting on results:

The project has three operational components. UNDP-Haiti is responsible of the "Hard component" of the project which concerns the construction of the three vocational centers and the provision of equipment for the Vocational school of Les Cayes:

- Outputs 1.3 Vocational training center built or upgrade to offer initially vocational training center;
- Outputs 1.4 Vocational training center equipped with tools, machinery and furniture for development of vocational training courses; and
- Outputs 4.1 Project managed, monitored and evaluated.

Initially the project aimed to build a vocational school in the city of Les Cayes, but following the request of INFP, approved by the Steering Committee, the number of VTC increased to three as follows:

- Les Cayes (4500 m2) with the following sectors: metal mechanics, information technology, civil construction, refrigeration, automotive
 - Fort Liberté (1280 m2) : Civil construction, refrigeration, information technology
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- St-Marc (1080 m2): Information technology and civil construction.

- **Outcomes:**

Outcome 1 - Vocational training centers establish with a capacity to train about 3000 students.

ACTIVITIES CARRIED OUT ON THE BASIS OF THE EXPECTED RESULTS FOR THE PERIOD

Preliminary studies were completed during the period:

- 1- Call for tenders for the construction of the vocational school in Les Cayes,
- 2- Call for tenders for the supervision of school's construction in Les Cayes,
- 3- Awarding of the construction contract to the firm Emco S.A ,
- 4- Awarding of the supervision contract to the firm WE Architect,
- 5- Issuance of start order and start of construction work in June 2019,
- 6- Follow-up of the works by the project team with missions to Les Cayes on average twice a month,
- 7- Preliminary Studies for the construction of the VTC in Saint-Marc and Fort-Liberte were completed.
- 8- Recruitment of a legal expert in order to regularize the title deeds of the construction site of VTC les Cayes which were not in the name of the INFP or the Ministry of Education in Haiti. The title deed is now regularized, according to the information provided by the Haitian Government and UNDP Haiti.

The situation in December 2020 was as follows:

- 1) Just one of the three VTCs is currently under construction (90% completed).Due to turmoil/riots and the pandemic of Covid -19 the conclusion date is estimated for the first semester 2021.
- 2) The bidding processes for the 2nd and 3rd VTC were not yet released, considering lack of remaining time to build them. In order to make the construction possible, it was requested to the Haiti Reconstruction Fund an extension of the project until December 2022, which is under evaluation.
- 3) Equipment for Les Cayes were not procured yet. The bidding process was launched but could not be concluded as there was no valid proposals. The bidding process was re-launched and the purchase will be accomplished if the project is extended.

Outcome 2 - INFP institutionally strengthened focusing on further developing its capacity to fulfill its institutional mandate to promote technical and occupational education in Haiti.

02 (two) Outputs and some activities are expected to be carried out after the Vocational Training Centers/VTCs are delivered to the Government of Haiti, i.e., after construction and after equipping them. These outputs aim to qualify INFP trainers to work into the VTCs, and to prepare INFP's management team to work into the VTCs. A first online training was accomplished after the development of an online platform in French.

Outcome 3 - Training programs offered for the general population on occupations with particular focus on youth and high employability and/or self-employment potentials.

03 (three) Outputs and some activities were previously expected to be carried out after the Vocational Training Centers/VTCs are delivered to the Government of Haiti, i.e., after construction and after equipping them.

These outputs apply to the development of teaching resources (materials for classes), vocational training courses in the selected areas developed at VTCs and actions to promote Gender Equity, environmental sustainability and entrepreneurship. Nonetheless, considering the delay of the VTC building, the proximity of the project end date, and the Covid19 pandemic, alternative options were being discussed such as online training courses for the Haitian professional teams. This alternative was presented and approved at the Fifth Steering Committee Meeting held on July 29, 2020, and was concluded in 2020, in parallel to the construction of Les Cayes.

Outcome 4 - Project adequately managed, monitored and evaluated.

01 (one) Output carried out which refers to management activities of this project both from UNDP Brazil and UNDP Haiti staff and project personnel. During 2019, project was dully monitored, and best efforts were made to accelerate its development, but the sequence of challenges above-mentioned prevented the project to perform as expected along that year. Nevertheless, at the beginning of 2020, UNDP-Brazil, SENAI and ABC held discussions in order to find an alternative that would speed up project execution amid the Covid-19 pandemic. The alternative was the distance training courses conducted by SENAI until 31 December 2020 in parallel to the construction of Les Cayes. On July 29, 2020, the proposal was presented and approved at the Fifth Steering Committee Meeting. To carry out the distance training courses, UNDP-Brazil and SENAI signed a Letter of Agreement. The Steering Committee decided that INFP will provide the physical structure to conduct the distance training courses and the project will be responsible for the provision of internet connection and computer equipment and all technical content of the courses.

- **Describe any delays in implementation, challenges, lessons learned & best practices:**

A negotiation began in the first mission to Haiti in 2017 to review the hard component of the project (construction and supply of equipment for the Vocational Training Center) and the soft component (SENAI professional training methodology), and in May 2018 the 1st substantive revision of BRA/16/004 was approved. Two INFP and UNDP Haiti missions to Brazil were held, in addition to four meetings of the Project Steering Committee, to negotiate the substantive revision. In this sense, the negotiations to change from one to three centers – and continuous request by the GoH to keep renegotiating the financial terms and the balance between the hard and soft component - were relevant reasons for the initial delays in the execution of the project.

Despite the best efforts to move on, after the first substantive revision, the project faced several challenges that prevented its advancement as planned, such as: political instability in Haiti, challenges on the chosen terrain to build the first VTC, additional engineering studies were needed because of flood risk, delays on the bidding process for Les Cayes (first bidding on September 2018 was unsuccessful , the second was launched on December 2018 and contract signed in the June 2019) and lack of documentation of land ownership. Because of these challenges, the building of the 1st VTC is not ready yet, which consequently resulted in in delays of the soft component implementation. Additionally, the bidding process for the 2nd and 3rd center was yet not initiated due to lack of time for bidding and construction under the project duration. And finally, the rise of the Covid19 pandemic brought new challenges to the project, not only causing further delays on the construction of Les Cayes, but also forcing the project to develop creative alternatives to implement both the hard and soft components, specially the “on line” training.

As lessons learned, it is important to highlight the risk of continuous renegotiation of the objectives and of the program budget, as it prevents the implementation to be delivered on time and properly; and the need to have a conservative analysis of the keys issues such as timing and capabilities of implementing the project under a challenging environment, availability of resources and inputs needed for the project in that environment and the risks of turmoil and political challenges.

- **Qualitative assessment:** Provide a qualitative assessment of the level of overall achievement of the Programme. Highlight key partnerships and explain how such relationships impacted on the achievement of results. Explain cross-cutting issues pertinent to the results being reported on. For Joint Programmes, highlight how UN coordination has been affected in support of achievement of results.

Although the best efforts were made, several challenges prevent the project to perform as expected within the timeframe. It is important to notice that all the key partners - UNDP Brazil, UNDP Brazil, ABC – Brazilian Agency of Cooperation, SENAI, and INFP are engaged in finding alternative solutions to speed up proper implementation of the project, even under the existing challenges, considering that the financial resources are still available and that all partners are committed to reach the objectives of the project and ensure the full transfer of knowledge from Brazil to Haiti. However, that would only be possible with a project extension.

ii) Indicator Based Performance Assessment:

| | | <u>Achieved</u> Indicator Targets | Reasons for Variance with Planned Target (if any) | Source of Verification |
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| Outcome 1 Vocational training centers establish with a capacity train about 3000 student a year Indicator:3000 students learning Baseline:0 Planned Target: 3 | | | | |
| Output 1.3 Vocational training center built or upgrade to offer initially vocational training courses | Indicator nr.1: Administrative building build and/or upgrade Baseline:0 Planned Target:3 | 90% | The calls for tenders was launched for the construction and supervision of the Vocational School of Les Cayes since the end of the previous year. Work began in June/2019. Political turbulence between September and November created a delay and at the beginning of 2020. Despite the pandemic of the Covid -19, the work has progressed and in the end of December 2020 the estimate work is 90% | Project reports, monthly reports from the construction supervision firm, pictures. |
| Output 1.3 Vocational training center built or upgrade to offer initially vocational training courses | Indicator nr.1: # of theoretical classroom build and /or upgrade Baseline:0 Planned Target:4 | 90% | The calls for tenders was launched for the construction and supervision of the Vocational School of Les Cayes since the end of the previous year. Work began in June/2019. Political turbulence between September and November created a delay and at the beginning of 2020. Despite the pandemic of the Covid -19, the work has progressed and in the end of December 2020 the estimate work is 90% | Project reports, monthly reports from the construction supervision firm, pictures. |

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| | Indicator nr.2: # of pavilions for workshop and laboratories built and or upgrade Baseline:0 Planned Target:4 | 90% | <p>The calls for tenders was launched for the construction and supervision of the Vocational School of Les Cayes since the end of the previous year. Work began in June/2019. Political turbulence between September and November created a delay and at the beginning of 2020. Despite the pandemic of the Covid -19, the work has progressed and in the end of December 2020 the estimate work is 90%</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |
| Output 1.4 Vocational training center equipped with tools machinery and furniture for development of vocational training courses | Indicator nr.1: # of sets of tools(one for each technological area) purchased Baseline:0 Planned Target:8 | 10% | <p>During the 3rd steering committee meeting held in July 2018 it was decided that this output could not be envisaged since the construction had not started.. In 2020 the bidding process was launched but no valid proposal was received. The process was re-launched.</p> | <p>-Launch of the call for tender -Delivery and installation of equipment on the school site</p> |

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| | <p>Indicator nr.2: # of equipment for workshops and laboratories purchased and installed Baseline:0 Planned Target:8</p> <p>Indicator nr.3: # of rooms furnished to administrative areas and lecture Baseline:0 Planned Target:20</p> | 10% | <p>During the 3rd steering committee meeting held in July 2018 it was decided that this output could not be envisaged since the construction had not started.. In 2020 the bidding process was launched but no valid proposal was received. The process was re-launched.</p> | <p>-Launch of the call for tender -Delivery and installation of equipment on the school site</p> |
| <p>Output 2.1 - INFP trainers qualified to work in Vocational Training Centre and able to disseminate new knowledge</p> | <p>Indicator: nr.1: # of INFP trainers qualified teaching practice, disaggregated by gender. Baseline: 0 Planned target: 50</p> <p>Indicator nr.2: # of INFP trainers trained to practice technique, disaggregated by gender. Baseline: 0 Planned Target: 32</p> | 20% | <p>As the construction of the VTC delayed, the training could not start – it was planned to start when the construction of the VTC of Les Cayes reaches near 100% of its execution. However, alternative methodologies, such as distance training courses, was analyzed and approved at the Fifth Steering, Committee Meeting, held on July 29, 2020. Activities were executed in parallel to the construction of Les Cayes to speed up implementation of component 2.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |

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| <p>Output 2.2 - INFP technicians trained to identify demands, job profiles, curriculum design and certification</p> | <p>Indicator nr.1: # of INFP technicians trained to identify demands and develop curricula, disaggregated by gender. Baseline: 0 Planned target: 10</p> | <p>20%</p> | <p>As the construction of the VTC delayed, the training could not start – it was planned to start when the construction of the VTC of Les Cayes reaches near 100% of its execution. However, alternative methodologies, such as distance training courses, was analyzed and approved at the Fifth Steering, Committee Meeting, held on July 29, 2020. Activities were executed in parallel to the construction of Les Cayes to speed up implementation of component 2.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |
| <p>Output 2.3 - Managers and administrative support staff of INFP prepared to act in Vocational Training Centre</p> | <p>Indicator nr.1: # of INFP technicians trained in office practices of vocational training centers, disaggregated by gender. Baseline: 0 Planned target: 6</p> <p>Indicator nr.2: # of INFP managers trained in vocational training centers management, disaggregated by gender. Baseline: 0 Planned target: 6</p> | <p>20%</p> | <p>As the construction of the VTC delayed, the training could not start – it was planned to start when the construction of the VTC of Les Cayes reaches near 100% of its execution. However, alternative methodologies, such as distance training courses, was analyzed and approved at the Fifth Steering, Committee Meeting, held on July 29, 2020. Activities were executed in parallel to the construction of Les Cayes to speed up implementation of component 2.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |
| <p>Output 3.1 - Teaching resources (printed) of selected areas (R2.1) developed for application in professional</p> | <p>Indicator nr.1: # of booklets developed for courses in the HBVTC. Baseline: 0 Planned target: 24</p> | <p>20%</p> | <p>Some online teaching resources were developed and delivered through the online training platform.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |

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| <p>training courses at HBVTC</p> | | | | |
| <p>Output 3.2 - Vocational training courses in the selected areas (R2.1) developed at HBVTC</p> | <p>Indicator nr.1: # of courses conducted in the HBVTC. Baseline: 0 Planned target: 24</p> | <p>0%</p> | <p>Activities have not started as VTCs are not ready. The online training resources in 2020 were implemented regarding teaching methodologies and resources.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |
| <p>Output 3.3 - Actions to promote Gender Equity, Environmental Sustainability and Entrepreneurship developed</p> | <p>Indicator nr.1: # of promotion actions for gender equity held. Baseline: 0 Planned target: 01</p> <p>Indicator nr.2: # of promotion actions for environmental sustainability held. Baseline: 0 Planned target: 02</p> <p>Indicator nr.3: # of promotion actions for entrepreneurship held. Baseline: 0 Planned target: 02</p> | <p>5%</p> | <p>As the project and the build of the VTC delayed, most of these actions haven't start yet. Nevertheless, some content was shared during the online training sections.</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures.</p> |
| <p>Output 4.1 - Project managed, monitored and evaluated</p> | <p>Indicator nr.1: # of administrative technicians hired to support the project. Baseline: 0 Planned target: 02</p> <p>Indicator nr.2: # of technical coordinator</p> | <p>0%. 0 technicians were contracted for SENAI to general and operational project's support at PAP/Haiti.</p> <p>100%. 01 project manager was hired for UNDP Haiti to manage the</p> | <p>No missions were held in 2019 because of the turmoil in Haiti and in 2020 because of the Covid-19 pandemic. Yet, continuous exchanges were maintained among all project members and partners, aiming to map and overcome project challenges</p> | <p>Project reports, monthly reports from the construction supervision firm, pictures, exchanges of emails among UNDP Brazil, UNDP Haiti, SENAI, ABC and INFP.</p> |

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| | <p>to implement the project. Baseline: 0 Planned target: 01</p> <p>Indicator nr.3: # of senior coordinator hired to implement the project. Baseline: 0 Planned target: 01</p> <p>Indicator nr.4: # of administrative technicians hired to support the project. Baseline: 0 Planned target: 02</p> <p>Indicator nr.5: # of project analysts hired for monitoring and evaluation. Baseline: 0 Planned target: 01</p> <p>Indicator nr.6: Carry out quarterly missions to monitoring and mid-term evaluation. Baseline: 0 Planned target: 4</p> <p>Indicator nr. 7: Auditing Exercises. Baseline: 0 Planned target: 1</p> <p>Indicator nr. 8: Carry out final evaluation. Baseline:0 Planned target: 1</p> | <p>project and liaison with the Counterparts.</p> <p>0%. 0 team contracted to support the Brazilian Embassy at PAP/Haiti</p> <p>100%. 02 project's analysts were hired for ABC to monitor and co-ordinate the project.</p> <p>0%. 0 project analyst was hired to monitoring and evaluating the project.</p> <p>0 % missions occurred in 2019 and 2020</p> <p>N/A to 2019 and 2020</p> <p>N/A to 2019 and 2020</p> | | |
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Problem / Challenge faced:

The project faced several challenges in 2019 and in 2020, as above-mentioned. Among them, one can highlight the unexpected delay to conclude the bidding process for Les Cayes' VTC, together with land title problems, geotechnical challenges and delays in the construction works because of the turmoil in Haiti.

Indeed, a relevant obstacle was the political instability of the country: from September to November 2019 the activities were practically paralyzed and to up to December 2019 the progress rate of the Les Cayes construction was 10 - 15 %. Delays are therefore accumulated and prevent the achievement of the project objectives.

On top of that, the Covid19 pandemic brought new challenges to project implementation, as it is forcing further delays on Les Cayes' construction and making the strategy of the soft component (face-to-face training) unfeasible in the short term. In this sense, UNDP-Brazil, SENAI and ABC discussed alternatives such as distance training courses to be carried out in parallel to the construction of Les Cayes to speed up project implementation. This alternative was approved at the Fifth Steering Committee Meeting held on July 29, 2020 and a Letter of Agreement between UNDP-Brazil and SENAI was signed to implement the online courses. The online platform was delivered and the first online training held in 2020.

It is important to notice that, considering all the actual and planned expenses, resources available on the hard component would be enough to build a second center and, considering all the project budget (hard + soft), there is enough resources to build the three centers. Nonetheless, there is not enough time left to build the other two centers, as project is expected to be operationally closed in December 2020. According to UNDP Haiti, with a bidding process being released in the next months, in a regular scenario Saint Marc could be ready by September 2021 and Fort Liberté by December 2021.

That said, even with the best efforts, the project has not reached its objectives yet for reasons that were beyond control. Considering the proximity of project end date, the observed delays and the pandemic, the chances of reaching project's objectives by the end of year are really low. If more time was available for project implementation, the balance amount would be enough to execute project outputs/activities to achieve project goals.

Programme Interventions: How was the problem or challenged addressed through the Programme interventions?

Result: Several meetings and discussions were held, aiming to find alternatives to improve project execution. Examples include the possibility of buying mobile training centers as alternative to the 2 VTC, and to develop online training courses for Haitian professional teams using local facilities in Haiti. UNDP-Brazil, SENAI and ABC carried out distance training courses in 2020, in parallel to the construction of Les Cayes to improve project execution. Nonetheless, availability of time for project execution is still the major challenge to implement pending outputs/activities, since the project ends on December 31, 2020. A petition was presented to the Haitian Minister of Economy and Finance proposed by the project's Steering Committee to instruct the convening of a Meeting of the FRH Steering Committee in order to extend the project's deadline for an additional period of 24 months.

Lessons Learned: What did you (and/or other partners) learn from this situation that has helped inform and/or improve Programme (or other) interventions?

An important learning is to try to avoid design and initiate a project during a transitional government. In addition, it is important to be extreme conservative and cautious—both in term of budget and timing - when considering the political and social cohesion risk. Another lesson learned is the importance of ensuring with all partners, that all legal documents are ready and that the Government have the land property, as it can delay the works and the project. Finally, the importance of shielding the project from continuous renegotiation and redesign, as it will - undoubtedly - affect the project execution.

III. Other Assessments or Evaluations

It is important to analyze the possibility of a new project extension, on an exceptional basis, that would allow its orderly and complete conclusion. Indeed, there are enough funds for its completion and both the Brazilian and the Haitian Governments support project implementation. The Covid19 pandemic brought new challenges that added to previous obstacles/difficulties, pushing the project to new delays and in need of extra time for full execution. Without the extension, the project will end, even with the best efforts, without reaching fully its objectives.

IV. Programmatic Revisions: See below the summary of the 1st substantive revision of this project as document attached:

This project revision has the following objectives:

- i) Extend project duration until December 31st, 2020;
- ii) Expand the number of Vocational Training Centers from 1 to 3, upon availability of funds. They will be located in Les Cayes Center, Fort Liberté and Saint Marc.;
- iii) Update the PRRF;
- iv) Update the Annual Workplan;
- v) Redefine the responsible party for each output of the project, taking into consideration that UNDP Haiti and INFP will be responsible for the "hard" components (equipment, construction, furniture) and SENAI and UNDP Brazil will be responsible for the "soft" components (knowledge building and transfer, training, project overall management);
- vi) Reflect the new project budget presented in the Project Steering Committee on December 14, 2017;
- vii) Reflect the expenses incurred in 2017;
- viii) To relocate the unspent balance of 2017 for the year 2018.

The Unprogrammed/Unfunded amount of USD 132,101.88 refers to vouchers HTI10-00111770-1-1 and HTI10-00111770-2-1 (budget date: 2017, payment date: 2018).

1ST BUDGET REVISION – SUBSTANTIVE REVISION

| Account ID: | | 60000226 | | | | | | | | | |
|--|---|---|------------|------------------------------|-----------------------------------|---|-------------------|-------------------|-------------------|------------------|---|
| Project ID: | | 6000022 | | | | | | | | | |
| Project Title: | | Support to Technical and Vocational Education and Training in Haiti through the Establishment of a Vocational Training Center and Related Institutional Strengthening | | | | | | | | | |
| Executing Agency: | | FNR - DM - UNDP Brazil | | | | | | | | | |
| Outcome/Activity | Responsible Party (Implementing Agency) | Fund ID | Donor Name | Allow Budgetary Account Code | 2FLS3 Budget Description | Expenses realized until December 31st, 2017 | Amount (USD) 2018 | Amount (USD) 2019 | Amount (USD) 2020 | Total Budget USD | Total Budget (2018, 2019 and 2020 -expenses until 2017) |
| Output 1.1 - Site for the implementation of the Haiti-Brazil vocational training Center (HBVTC) identified | UNDP Haiti Dpt. ID 00003 | 30000 | 11002 | 72100 | Contractual Services-Companies | - | - | - | - | - | - |
| | | | | 71650 | Travel | - | - | - | - | - | |
| | | | | SUBTOTAL OUTPUT 1.1 | | - | - | - | - | - | |
| GM3 | | - | - | - | - | - | - | - | - | - | |
| TOTAL OUTPUT 1.1 | | - | - | - | - | - | - | - | - | - | |
| Output 1.2 - Technological areas to develop training courses in HBVTC defined | UNDP Brazil Dpt. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies | 33,053.73 | - | - | - | - | 33,053.73 |
| | | | | 71650 | Travel | - | - | - | - | - | |
| | | | | SUBTOTAL OUTPUT 1.2 | | - | - | - | - | - | |
| GM3 | | 2,386.73 | - | - | - | - | - | - | 2,386.73 | | |
| TOTAL OUTPUT 1.2 | | - | - | - | - | - | - | - | - | | |
| Output 1.3 - Vocational Training Centre built or upgraded to offer initially vocational training courses | UNDP Haiti Dpt. ID 00003 | 30000 | 11002 | 72100 | Contractual Services-Companies | - | 4,693,474.25 | 2,119,665.65 | - | 6,793,039.93 | 6,793,120.83 |
| | | | | 74150 | Professional Services- UNDP HAITI | - | 130,000.00 | 170,000.00 | - | 300,000.00 | 300,000.00 |
| | | | | 74250 | Radio Visual/Print Prod Costs | - | 1,000.00 | - | - | 1,000.00 | 1,000.00 |
| UNDP HAITI SUBTOTAL OUTPUT 1.3 | | - | - | - | 4,736,354.25 | 2,289,665.65 | - | 7,062,039.93 | 7,062,039.93 | | |
| GM3 | | - | - | - | 335,674.80 | 165,666.67 | - | 485,741.47 | 485,741.47 | | |
| TOTAL OUTPUT 1.3 | | - | - | - | 5,121,829.05 | 2,446,732.25 | - | 7,577,782.49 | 7,577,782.49 | | |

| Outcome/Activity | Responsible Party (implementing Agent) | Fund ID | Donor Name | Atlas Budgetary Account Code | ATLAS Budget Description | Expenses realized until December 31st, 2017 | Amount (USD) 2018 | Amount (USD) 2019 | Amount (USD) 2020 | Total Budget USD | Total Budget (2018, 2019 and 2020 -expenses until 2017) |
|---|--|---------|------------|------------------------------|---------------------------------------|---|-------------------|-------------------|-------------------|------------------|---|
| Output 1.4 - Vocational Training Center equipped with tools, machinery and furniture for the development of vocational training courses | UNDP Haiti Dept. ID 48502 | 30000 | 11002 | 72000 | Equipment and Furniture | -- | 960,224.60 | -- | -- | 960,224.60 | 960,224.60 |
| | UNDP Brazil Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies (SENA) | -- | 173,600.00 | 363,590.00 | -- | 537,190.00 | 537,190.00 |
| UNDP HAITI SUBTOTAL OUTPUT 1.4 | | | | | | -- | 590,224.60 | -- | -- | 590,224.60 | 590,224.60 |
| GMS | | | | | | -- | 96,219.72 | -- | -- | 96,219.72 | 96,219.72 |
| UNDP BRAZIL SUBTOTAL OUTPUT 1.4 | | | | | | -- | 173,600.00 | 363,590.00 | -- | 537,190.00 | 537,190.00 |
| GMS | | | | | | -- | 12,162.00 | 34,749.00 | -- | 46,911.00 | 46,911.00 |
| TOTAL OUTPUT 1.4 | | | | | | -- | 1,106,192.32 | 378,919.00 | -- | 1,484,811.32 | 1,484,811.32 |
| UPL 72190 | | | | | | -- | 8,000.00 | -- | -- | 8,000.00 | 8,000.00 |
| UPL 72190 | | | | | | -- | 8,000.00 | -- | -- | 8,000.00 | 8,000.00 |
| Total GMS | | | | | | -- | 409,142.32 | 164,836.17 | -- | 573,978.49 | 573,978.49 |
| TOTAL OUTPUT 1 | | | | | | -- | 6,264,541.37 | 2,829,352.85 | -- | 9,079,494.22 | 9,079,494.22 |
| Output 2.1 - INFP trainers qualified to work in Vocational Training Centre and able to disseminate new knowledge | UNDP Brazil Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies (SENA) | -- | 9,302.32 | 363,900.00 | -- | 373,202.32 | 373,202.32 |
| | | | | 71600 | Travel | 237.50 | 237.50 | 222,790.00 | -- | 223,027.50 | 223,027.50 |
| SUBTOTAL OUTPUT 2.1 | | | | | | -- | 3,699.80 | 586,690.00 | -- | 590,389.80 | 590,389.80 |
| GMS | | | | | | 16.52 | 472.00 | 41,184.00 | -- | 41,672.52 | 41,672.52 |
| TOTAL OUTPUT 2.1 | | | | | | -- | 16,272.00 | 629,874.00 | -- | 646,146.00 | 646,146.00 |
| Output 2.2 - INFP technicians trained to identify demands, job profiles, curriculum design and certification | UNDP Brazil Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies | -- | -- | -- | -- | -- | -- |
| | | | | 71600 | Travel | -- | -- | -- | -- | -- | -- |
| SUBTOTAL OUTPUT 2.2 | | | | | | -- | -- | -- | -- | -- | -- |
| GMS | | | | | | -- | -- | -- | -- | -- | -- |
| TOTAL OUTPUT 2.2 | | | | | | -- | -- | -- | -- | -- | -- |
| Outcome/Activity | Responsible Party (implementing Agent) | Fund ID | Donor Name | Atlas Budgetary Account Code | ATLAS Budget Description | Expenses realized until December 31st, 2017 | Amount (USD) 2018 | Amount (USD) 2019 | Amount (USD) 2020 | Total Budget USD | Total Budget (2018, 2019 and 2020 -expenses until 2017) |
| Output 2.3 - Managers and administrative support staff of INFP prepared to act in Vocational Training Centre | UNDP Brazil Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies (SENA) | -- | -- | 64,800.00 | -- | 64,800.00 | 64,800.00 |
| | | | | 71600 | Travel | -- | -- | 70,344.00 | -- | 70,344.00 | 70,344.00 |
| SUBTOTAL OUTPUT 2.3 | | | | | | -- | -- | 135,144.00 | -- | 135,144.00 | 135,144.00 |
| GMS | | | | | | -- | -- | 11,588.00 | -- | 11,588.00 | 11,588.00 |
| TOTAL OUTPUT 2.3 | | | | | | -- | -- | 177,132.00 | -- | 177,132.00 | 177,132.00 |
| UPL 72100 | | | | | | -- | 4,800.00 | -- | -- | 4,800.00 | 4,800.00 |
| UPL 71600 | | | | | | -- | 4,800.00 | -- | -- | 4,800.00 | 4,800.00 |
| Total GMS | | | | | | -- | 472.00 | 55,532.00 | -- | 54,804.00 | 54,804.00 |
| Total Output 2 | | | | | | -- | 16,272.00 | 615,226.00 | -- | 631,498.00 | 631,498.00 |
| Output 3.1 - Teaching resources (printed) of selected areas (R2.1) developed for application in professional training courses at HBVTC | UNDP BRAZIL Dept. ID 48501. Expenses provided by UNDP Haiti Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies (SENA) | -- | -- | 476,300.00 | -- | 476,300.00 | 476,300.00 |
| | | | | 64300 | Staff Mgmt Costs - IP Staff | 350.32 | -- | -- | -- | 350.32 | 350.32 |
| | | | | 74200 | Audio Visual/Print Prod Costs (74220) | 891.81 | -- | -- | -- | 891.81 | 891.81 |
| | | | | 74300 | Miscellaneous Expenses (74390) | 131.23 | -- | -- | -- | 131.23 | 131.23 |
| UNDP BRAZIL SUBTOTAL OUTPUT 3.1 | | | | | | -- | -- | 476,300.00 | -- | 476,300.00 | 476,300.00 |
| GMS | | | | | | -- | -- | 47,341.00 | -- | 47,341.00 | 47,341.00 |
| UNDP HAITI SUBTOTAL OUTPUT 3.1 | | | | | | 1,329.67 | 0.00 | -- | -- | 0.00 | 1,329.67 |
| GMS | | | | | | 53.63 | 0.00 | -- | -- | 0.00 | 53.63 |
| TOTAL OUTPUT 3.1 | | | | | | -- | 0.00 | 723,641.00 | -- | 723,641.00 | 723,641.00 |
| Output 3.2 - Vocational training courses in the selected areas (R2.1) developed at HBVTC | UNDP Brazil Dept. ID 48501 | 30000 | 11002 | 72100 | Contractual Services-Companies (SENA) | -- | -- | 32,000.00 | 1,296,390.00 | 1,328,390.00 | 1,328,390.00 |
| | | | | 72300 | Materials & Goods | -- | -- | 400,227.31 | 400,227.31 | 400,227.31 | |
| | | | | 73100 | Rental & Maintenance-Primes | -- | -- | 190,000.00 | 190,000.00 | 190,000.00 | |
| SUBTOTAL OUTPUT 3.2 | | | | | | -- | -- | 32,000.00 | 1,796,617.31 | 1,796,617.31 | 1,796,617.31 |
| GMS | | | | | | -- | -- | 2,240.00 | 123,160.25 | 125,400.25 | 125,400.25 |
| TOTAL OUTPUT 3.2 | | | | | | -- | -- | 34,240.00 | 1,919,777.57 | 1,919,777.57 | 1,919,777.57 |

| Outcome/Use Activity | Responsible Party (Implementing Assn) | Fund ID | Donor Name | Atlas Budgetary Account Code | ATLAS Budget Description | Expenses realized until December 31st, 2017 | Amount (USD) 2018 | Amount (USD) 2019 | Amount (USD) 2020 | Total Budget USD | Total Budget (2018, 2019 and 2020 expenses until 2021) | |
|--|---------------------------------------|---------|------------|--------------------------------|---|---|-------------------|------------------------------|--------------------------|---|--|-------------------|
| Output 3.3 - Actions to promote Gender Equity, Environmental Sustainability and Entrepreneurship developed | UNOP Brazil Dept. ID 48801 | 30000 | 11002 | 72100 | Contractual Services-Companies (GENA) | -- | -- | -- | 45,351.00 | 45,351.00 | 45,351.00 | |
| | | | | 81100 | Salary Costs - NP Staff | -- | -- | -- | 8,800.00 | 8,800.00 | 8,800.00 | |
| | | | | 71400 | Contractual Services - Indivd | -- | -- | -- | 108,000.00 | 108,000.00 | 108,000.00 | |
| | | | | 74200 | Audio Visual/Print Prod Costs | -- | -- | -- | 50,940.00 | 50,940.00 | 50,940.00 | |
| | | | | 71600 | Travel | -- | -- | -- | 11,483.00 | 11,483.00 | 11,483.00 | |
| | | | | SUBTOTAL OUTPUT 3.3 | | | | | | -- | -- | -- |
| GMS | | | | | | -- | -- | -- | 15,776.18 | 15,776.18 | 15,776.18 | |
| TOTAL OUTPUT 3.3 | | | | | | -- | -- | -- | 241,350.18 | 241,350.18 | 241,350.18 | |
| UPL 72100 | | | | | | -- | -- | -- | 20,000.00 | 20,000.00 | 20,000.00 | |
| Total GMS | | | | | | -- | -- | -- | 48,881.66 | 48,881.66 | 48,881.66 | |
| Total Output 3 | | | | | | -- | -- | 197,881.89 | 2,144,271.59 | 2,342,153.26 | 2,540,035.25 | |
| Output 4.1 - Project managed, monitored and executed | UNOP Brazil Dept. ID 41901 | 30000 | 11002 | 71600 | Travel | 75,841.41 | 53,747.10 | 18,961.36 | -- | 73,788.54 | 149,589.05 | |
| | | | | 72100 | Contractual Services-Companies (GENA) | 9,871.50 | 442,612.00 | 866,874.00 | 790,840.00 | 1,904,326.50 | 1,913,807.50 | |
| | | | | 71400 | Contractual Services - Indivd | 74,087.83 | 129,729.22 | 110,137.36 | 154,737.36 | 394,600.00 | 408,591.42 | |
| | | | | 70400 | Courier Charges | 30.30 | -- | -- | -- | -- | 30.30 | |
| | | | | 72300 | Materials & Goods | 131.31 | -- | -- | -- | -- | 131.31 | |
| | | | | 72100 | Contractual Services-Companies | 790.39 | -- | -- | -- | -- | 790.39 | |
| | | | | 74500 | Miscellaneous Expenses (NE515 - Claims) | 800.71 | -- | -- | -- | -- | 800.71 | |
| | | | | 74110 | Audit Fees | -- | 10,000.00 | 10,000.00 | 10,000.00 | 30,000.00 | 50,000.00 | |
| | | | | 70800 | Reimbursement Costs (70805) | 1,661.80 | -- | -- | -- | -- | 1,661.80 | |
| | | | | 72100 | Rental & Maintenance-Premises | 7,284.00 | -- | -- | -- | -- | 7,284.00 | |
| | | | | 76100 | Foreign Exchange Currency Loss (76135) | (35.93) | -- | -- | -- | -- | -- | (35.93) |
| | | | | Outcome/Use Activity | Responsible Party (Implementing Assn) | Fund ID | Donor Name | Atlas Budgetary Account Code | ATLAS Budget Description | Expenses realized until December 31st, 2017 | Amount (USD) 2018 | Amount (USD) 2019 |
| UNOP Haiti Dept. ID 50503 | 30000 | 11002 | 64300 | Local Consultants | -- | 75,613.28 | 72,817.86 | 72,817.86 | 220,944.00 | 220,944.00 | | |
| | | | 71600 | Travel | 11,540.70 | 142,216.71 | -- | -- | 142,216.71 | 153,757.41 | | |
| | | | 74700 | Transport, Shipping and Handle | -- | 19,000.00 | -- | -- | 19,000.00 | 19,000.00 | | |
| | | | 70400 | Rental & Maint of Other Equip | -- | 49,200.00 | 29,500.00 | 29,500.00 | 108,000.00 | 108,000.00 | | |
| | | | 70500 | Supplies (70510 Publications) | 982.75 | -- | -- | -- | -- | 982.75 | | |
| | | | 72200 | Equipment and Furniture | -- | 133,000.00 | -- | -- | 133,000.00 | 133,000.00 | | |
| UNOP BRAZIL SUBTOTAL OUTPUT 4.1 | | | | | | 176,389.92 | 436,834.37 | 604,672.79 | 966,177.39 | 2,462,284.54 | 2,572,544.09 | |
| GMS | | | | | | 11,507.69 | 44,922.41 | 54,428.89 | 67,212.42 | 148,159.92 | 189,587.60 | |
| UNOP HAITI SUBTOTAL OUTPUT 4.1 | | | | | | 12,481.43 | 481,837.81 | 58,617.89 | 58,617.89 | 481,172.79 | 513,424.22 | |
| GMS | | | | | | 271.60 | 28,275.99 | 6,369.25 | 6,369.25 | 42,662.14 | 42,933.74 | |
| UPL 72100 | | | | | | -- | 53,946.06 | 48,696.00 | 48,674.86 | 141,674.86 | 141,674.86 | |
| UPL 71400 | | | | | | -- | 18,000.00 | 18,000.00 | 8,325.26 | 36,325.26 | 36,325.26 | |
| UPL 74110 | | | | | | -- | 13,946.00 | 2,500.00 | 2,500.00 | 18,996.00 | 18,996.00 | |
| UPL 64300 | | | | | | -- | -- | -- | -- | -- | -- | |
| DPC 64300 | | | | | | -- | 47,000.00 | 47,000.00 | 23,000.00 | 117,000.00 | 119,000.00 | |
| DPC 71400 | | | | | | -- | 53,000.00 | 53,000.00 | 17,309.31 | 89,309.31 | 89,309.31 | |
| DPC 64100 | | | | | | 99,193.90 | 20,499.73 | 20,499.86 | -- | 40,493.71 | 119,643.09 | |
| Total GMS | | | | | | 22,267.37 | 83,768.35 | 74,543.35 | 80,489.82 | 249,998.72 | 263,169.07 | |
| Total Output 4 | | | | | | -- | 1,316,131.66 | 1,109,754.82 | 1,205,348.41 | 3,685,224.69 | 3,987,454.37 | |
| TOTAL | | | | | | 335,428.73 | 7,574,748.85 | 8,828,214.44 | 9,377,411.77 | 16,499,371.24 | 18,838,000.00 | |

Finished reinforcement awaiting the pouring of concrete



Finished reinforcement awaiting the pouring of concrete



Putting in place concrete of cleanliness and starting of the reinforcement



Finished reinforcement awaiting the pouring of concrete



Second layer of backfill in classrooms awaiting compaction test by the building laboratory (LNBTP)



Les Cayes Works – Feb/2020



Les Cayes Works – Feb/2020



Les Cayes Works – Feb/2020



Les Cayes Works – Feb/2020



Les Cayes Works – Feb/2020



Les Cayes Works – Feb/2020





Gabion protective wall in the river



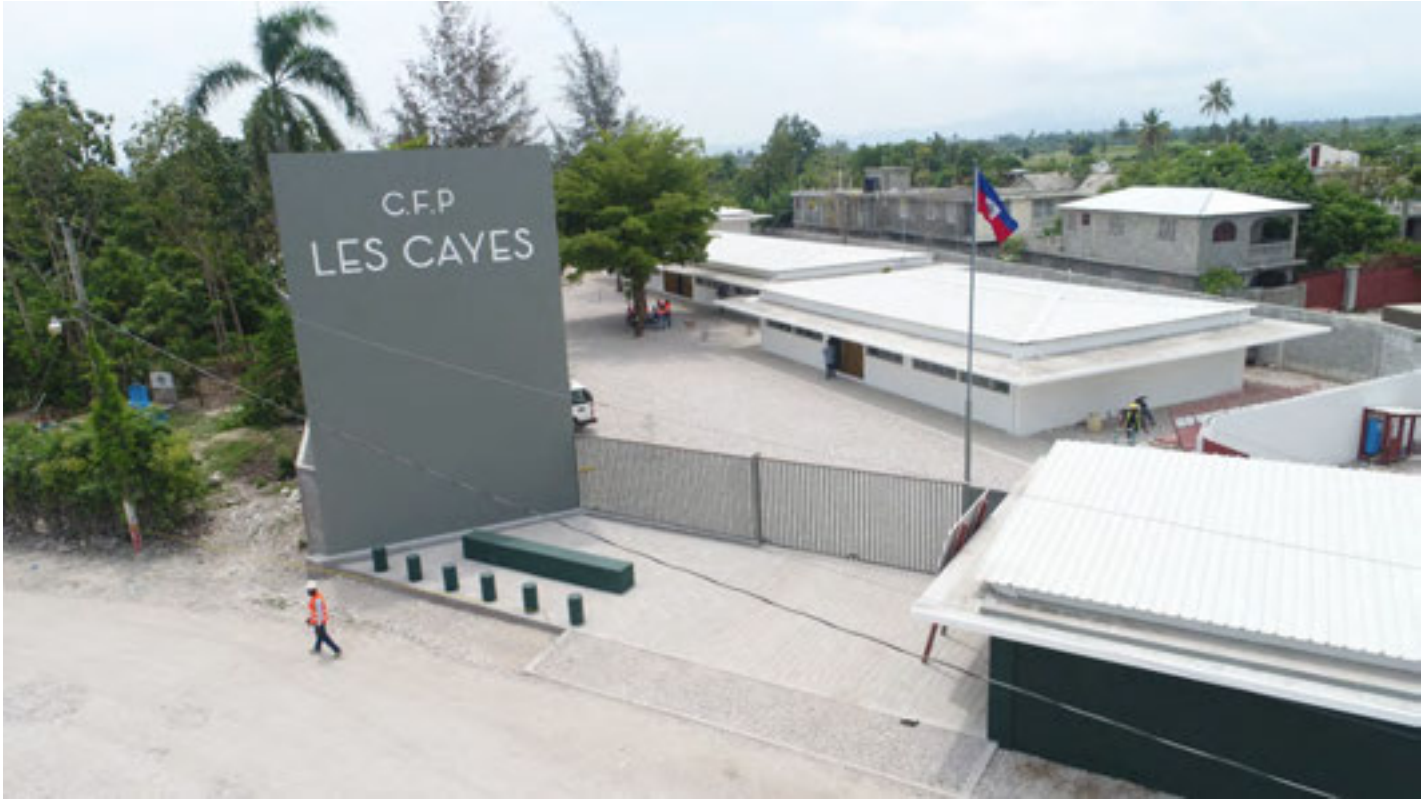




Les Cayes Works – June/2020



Les Cayes Work – Early 2021







STRENGTHENING THE MANAGEMENT OF SERVICES AND THE HEALTH SYSTEM IN HAITI

NARRATIVE PROGRESS REPORT REPORTING PERIOD: JANUARY-DECEMBER 2020

| | |
|--|--|
| <p style="text-align: center;">Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: Strengthening the Management of Services and the Health System in Haiti • Programme Number (if applicable) 00098088 • MPTF Office Project Reference Number: | <p style="text-align: center;">Country, Locality(s), Priority Area(s) / Strategic Results</p> <p><i>Country/Region</i> Haiti / Port-au-Prince</p> |
| <p style="text-align: center;">Participating Organization(s)</p> <ul style="list-style-type: none"> • Organizations that have received direct funding from the MPTF Office under this programme <p>UNDP</p> | <p>The purpose of this project is to improve the health conditions of the Haitian population having access to the network of health services implemented through two strategic priorities directly related to the priorities of the government.</p> |
| <p style="text-align: center;">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: USD 19.800.000,00</p> <p>MPTF /JP Contribution:</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Agency Contribution</p> <ul style="list-style-type: none"> • by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: USD 19.800.000,00</p> | <p style="text-align: center;">Implementing Partners</p> <ul style="list-style-type: none"> • National counterparts (government, private, NGOs & others) and other International Organizations <p>UNDP Brazil</p> |
| <p style="text-align: center;">Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> | <p style="text-align: center;">Programme Duration</p> <p>Overall Duration (<i>months</i>) 36 <i>months</i></p> <p>Start Date 23/06/2017</p> <p>Original End Date 22/06/2020</p> <p>Current End date 31/12/2020</p> |
| | <p style="text-align: center;">Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: Maria Teresa Amaral Fontes ○ Title: Programme Analyst ○ Participating Organization (Lead): UNDP ○ Email address: maria.teresa.fontes@undp.org |

I. Purpose

Haiti is the poorest country in the Americas and its perverse indicators of health, specially life expectancy and infant mortality rate, reflect that serious problems still plague the health sector, such as:

- Low reception capacity of the existing health services;
- Low sanitary coverage characterized by a lack of sanitary facilities in comparison with the size of the population;
- Lack of equipment in many health institutions;
- Lack of infrastructure to accommodate the few existing equipment.

Although the right to health is a fundamental right that the Government of Haiti (GoH), through its Ministry of Public Health and Population of Haiti (MSPP), must ensure, the well-being of the population is dependent on improvements in the health service. Aware of this reality and faithful to its mission, the MSPP sought the financial support of the Haiti Reconstruction Fund (HRF) to promote the capacity of health management in the country.

This project gives continuity to NIM Project BRA/10/005, known as Tripartite Cooperation, a cooperation in health in Haiti under the Brazil-Cuba-Haiti Tripartite Memorandum of Understanding, signed in 2010 and implemented directly by UNDP Brazil with resources from the Government of Brazil (GoB). Project BRA/10/005 resulted a very successful experience of South-South Cooperation, promoting the strengthening of the health authority in Haiti and providing the country with three full equipped community reference hospitals, a rehabilitation center and one prosthesis and orthoses lab.

Project BRA/17/018 was designed around two strategic outcomes, in accordance with the guidelines of the Action Plan for the Recovery of Haiti (PARDH), especially with reference to its Pillar 3: social reconstruction; and program 3.3: increase access to health services. The outcomes are: 1: Strengthening management, services, and governance in public health in Haiti; 2: Development and implementation of a plan for the management of the Tripartite Cooperation health services, with the aim of enabling sustainability and preservation of structures by the Haitian government.

Activities foreseen in the project are acquisition of strategic health products, professional training and strengthening primary health care and emergency services in Haiti. It also envisions the transfer of full management of the maintenance of health services built by Brazil in its previous cooperation to the responsibility of the MSPP. The actions to be performed are based on cross-sectional values that govern the South-South Cooperation and provide the key elements to improve the access to and quality of care in the health services network and, in the end, have an impact on the entire health system of Haiti.

II. Results

Projects' Initial Revision was signed on August 3rd, 2017. Aiming to attend the MSPP demands, UNDP Brazil was expected to conduct several activities in a quick manner, such as: organizing field missions, hiring project team, designing a detailed workplan with experts from MSPP and UNOPS Haiti, among others.

Narrative reporting on results:

- **Outcomes:**

The purpose of Project BRA/17/018 is to improve the health conditions of the Haitian population having access to the network of health services. As described above, the main outcomes of the project are:

- Strategic Axis 1: Strengthening of management, services, and governance in public health in Haiti;
-

- Strategic Axis 2: Development and implementation of a plan for the gradual transfer of the Tripartite Cooperation health services management in order to enable sustainability and preservation of structures by the Haitian government.

As stated in the Project Document, UNOPS Haiti (UNOPS) was selected as an implementing partner. Justification for that is that through the original NIM Project BRA/10/005 (Improvement and reinforcement of the Haitian Health Sector), financed by the Ministry of Health of Brazil (MoH), UNOPS was appointed by UNDP Brazil (UNDP) in 2011 to build and equip 3 Community Reference Hospitals (HCRs) and 1 Haitian Institute of Rehabilitation (IHR). Results of the previous cooperation were held as very satisfactory and for that, UNOPS was invited by GoB and UNDP to give continuity to the services also under Project BRA/17/018. For the achievement of the listed outcomes for Project BRA/17/018, an UN to UN Agreement was signed in 2017 with UNOPS in order to optimize the operations of the health facilities (3 HCRs and 1 IHR) and assets; to establish sustainable capacities within the MSPP maintenance units; to guarantee the offer of medical services to the local population; and to implement a progressive handover plan so that the hospitals and a rehabilitation center become under the MSPP full control and financial support.

Similarly, the partnership with PAHO/WHO was also foreseen in the scope of the Project and an UN to UN Agreement was signed with the agency in August 2019. Through this collaborative agreement, PAHO/WHO was expected to provide capacity-building and technical support to health managers, professionals and technicians of the MSPP in Haiti to improve the management of medical and health emergencies in three hospitals, while ensuring the continuity of health care services through the strengthening and expansion of the community health model.

Main activities of the signed Agreement are: provide technical support to the MSPP for the preparation of routine manuals, standardization of care and operational protocols to be used in emergency departments; promote capacity building and provide technical support for MSPP managers, health professionals and technicians; support the expansion and consolidation of the Community Health Model (ASCP / ESF / RISS) to ensure continuity of health care and community participation.

- **Outputs:**

Under the Output 1. Perform diagnostic assessment of the management model of urgency and emergency services in Haiti, all activities were completed in 2017 and 2018:

- 1.1. Map the public health services that make up the urgency and emergency health services network in Haiti, at the community, reference community, and department levels.
- 1.2. Map work processes in the services involved that make up the in urgency and emergency health care network in Haiti.
- 1.3. Map the flow among the services that make up the urgency and emergency health care network in Haiti.
- 1.4. Identify the epidemiological profile of urgencies and emergencies in Haiti and the profile of references of the major treatment centers.

Activities foreseen in Output 2 - Provide technical support to the Ministry of Public Health and Population (MSPP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the Management of Urgencies and Emergencies in the country” were conducted by GOH itself and will not be necessary under the scope of this Project anymore.

Referring to Output 3 “Provide technical support to the development of optimal flow of emergency care procedures, referencing and counter referencing, and the preparation of an Improvements Action Plan”, the GoB presented a proposal of implementing the Lean methodology in the HCRs in Haiti. The Lean Project in emergencies is a Brazilian Ministry of Health Project implemented by Hospital Sírio Libanês, to reduce overcrowding in emergencies of public and philanthropic hospitals. A procurement process was conducted,

but due to the pandemic of the new coronavirus and the necessity to implement the contract *in loco*, the contract was cancelled in 2020. The completion of this output was also foreseen in the Agreement signed with OPAS and was achieved through capacity building and trainings activities.

Outputs 4, 5 and 6 were implemented through the Agreement with PAHO/WHO, signed in 2019. The key achievements under the 3 expected outcomes of the Agreement are:

- (i) Improved management of three hospitals in Haiti through capacity-building: Up-to-date National Diagnostics and Therapeutics Guide; Medical Directors, Administrators and Head Nurses of the three hospitals targeted by the project trained in Management of Health institutions during crisis situations; Haiti Node on the Virtual Campus of Public Health of PAHO/WHO established as a platform for the implementation of regional courses translated to French and adapted to the Haitian context. Currently, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) is translated to French and available in the Haiti Node.
- (ii) Integrated health services established around the three hospitals through strengthened governance: Community health model expanded; Draft theoretical framework of the Unité d'Arrondissement de Santé (UAS) developed; Equipment donated to UAS and hôpitaux communautaires de référence (HCR) targeted by the project to ensure the continuity of health services at the first level of care.
- (iii) Improved individual emergency care: Medical regulation tool developed; Surveillance and alert and response systems for epidemic-prone diseases strengthened; Public health personnel trained on emergency case management; National Plan for the Response to Exceptional Sanitary Situations developed and implemented, as well as department-level versions; Elaboration, training, and training platform for Plans blancs (Mass Casualty plans).

Please see the final report of the Agreement with PAHO/WHO on **Annex 1**.

Under Output 7 were organized missions from the Brazilian team to Haiti with a view of monitoring the implementation of the Project. The last mission was held in January 2020 (please note travel report on **Annex 2**) and further visits were suspended due to covid19 pandemic. Nevertheless, monthly meetings were organized throughout 2020 with the counterparts of the project: GoB, GoH, ABC, UNOPS, PAHO/WHO and UNDP Brazil.

Outputs 8, 9 and 10 are referred to the Agreement signed with UNOPS:

8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered.
9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Beudet and Carrefour) and the Haitian Rehabilitation Institute;—
10. Transfer the total management of the HCRs and of the IHR to the MSPP.

The Agreement signed with UNOPS had the objective to implement a project in which both transactional and capacity building activities related to the maintenance and operation of the HCRs and the HRI are included. In collaboration with the MSPP, UNDP Brazil and the MoH, four levels of activities have been identified in order to continue operations and guarantee the sustainability of the project investments: (1) to optimize the operations of these health facilities and assets, and (2) to establish sustainable capacities within the MSPP maintenance units, (3) to guarantee the offer of medical services to the local population and (4) to implement a progressive handover plan so that the three hospitals and IHR become under the MSPP full control and financial support.

In December 2019, the third Amendment to the Agreement with UNOPS, in the amount of USD 400,000, was signed and activities related to it were implemented in the beginning of 2020. Justification for the inclusion of the new activities is that MSPP launched its National Health Emergency Response Plan where blood transfusion and the *Programme National de Sécurité Transfusionnelle* - PNST constitute an integral

component of the overall response in the event of sanitary emergency crises. The National Blood Transfusion Center works to guarantee and improve the supply of blood and blood products in country, figuring to be the only center to provide this critical product in the metropolitan area of Port-au-Prince. Until that time the PNST was supported by donors, principally the Red Cross, but with the withdraw from the donors the center faced challenges on many levels, including financial and technical to name a few. UNOPS was solicited urgently to support the PNST in the acquisition of three critical equipment as well as associated start up kits and connected services, essential to the correct functioning of assays and laboratory procedures.

Please find in **Annex 3** the Quarterly Progress Reports from the Agreement signed with UNOPS.

- **Delays in implementation, challenges, lessons learned & best practices:**

Projects' Initial Revision was signed on August 3rd, 2017. Implementation started right after the signature of the Prodoc and was on time with schedule. Nevertheless, a delay in the construction of the administrative buildings in the HCR of Bon Repos and Carrefour conducted by UNOPS was identified. Political turmoil in the country in 2019 also led to a delay in the implementation of field activities conducted by PAHO/WHO. Because of that, an extension of the project duration from October 2020 to December 2020 was required to complete actions foreseen in the Agreements signed with the referred agencies (**Annex A**).

In August 2019, the MSPP sent a request to the GoB regarding additional funding to broaden the scope of work for strengthening the response to individual and collective emergencies, with the renovation of the emergency services of the La Paix hospital in Port-au-Prince, and the implementation of the National Plan for the Response to Exceptional Sanitary Situations at department level. For the signature of the 1st Amendment with PAHO/WHO in March 2020, the initial workplan was revised and the budget increased in USD 750,000 to accommodate this request. (**Annex 4**)

In March 2020, the global community was taken aback by the covid-19 pandemic. Immediately after the identification of community transmission of the virus in Haiti, the Project Steering Committee began to reprogram activities previously agreed with partners, eliminating actions that would imply risk to the population, to service providers and partners. Additionally, it directed efforts and resources to the acquisition of individual protection equipment and training focused on combating and controlling the new corona virus.

In direct dialogue with the GoH, the Steering Committee began the negotiations with UNOPS and PAHO/WHO to reprogram project's activities to address national emergencies to combat the pandemic. At the end a total amount of USD 2,4 million has been reprogrammed to include activities such as:

- a. Strengthening the coordination capacity at national and departmental levels to support the response to covid-19.
- b. Purchase of personal protective equipment (PPE) and medical equipment.
- c. Adaptation of the therapeutic diagnostic guide to COVID-19 and the training on the revised guide.
- d. Staff training at UAS and community level.
- e. Covid-19 monitoring.
- f. Personnel training on case management, prevention and infection control.
- g. Strengthening medical regulatory capacity to guide quickly.
- h. Technical evaluation of potential Covid-19 treatment centers. The technical assistance also includes the preparation of technical specifications, as well as the technical evaluation of the offers received by the Ministry (the UNOPS team is part of the MSPP Crisis Management Group to coordinate and harmonize all efforts to combat covid-19).
- i. Market research / sourcing and support in identifying potential suppliers which can provide Personal Protective Equipment / Oxygen Concentrators, cylinders, accessories.

In view of that, new Amendments to the Agreements with UNOPS and PAHO were issued:

- Amendment 2 with PAHO-WHO signed in May 2020 with the objective of reprogramming activities to combat covid-19 in Haiti. Please see **Annex 4**.
- Amendment 4 with UNOPS signed in June 2020 with the objective of increase budget total amount in USD 200,000 and reprogram activities before aimed at the reform of La Paix Hospital to combat covid-19. **Annex 5**.

Despite the reprogramming of the Project's activities, some ongoing commitments had to be maintained, being severely impacted by exceptional circumstances related to the advancement of the covid-19 pandemic in Haiti. The outbreak of the pandemic caused a considerable delay in the construction of the administrative centers at the Bon Repos and Carrefour hospitals, which were commissioned under the Agreement signed with UNOPS in November 2019 and initially scheduled to end in December 2020.

Therefore, it will be necessary to extend the project's deadline to complete these works in Bon Repos and Carrefour. Furthermore, the extension is required to ensure the continuation of provisions relating to the closure of the Project and the formal transfer of the HCRs and the IHR to the Haitian Government. This was a challenge for 2020 but couldn't be implemented due the delays caused by covid19 pandemic.

In view of that, on October 2020 the Steering Committee sent a correspondence to the Haitian Reconstruction Fund, represented by the Haitian Finance Minister, requesting the extension of the Fund and also of the project (**Annex 6**).

Since then, a series of meetings and exchanges were held between the parts and the donors to decide the new arrangements needed for the Fund extension. The updated situation of the negotiations with the 18 signatory countries of the Fund are:

- i. 13 have signed the document "Amendment to the Administration Agreement";
- ii. 3 signed a document to shut down the Fund (including Sweden, which had already withdrawn from the FRH in 2017); and
- iii. 2 are concluding their internal procedures relating to the issue.

It is still necessary to finalize the internal procedures of the 2 countries pending response to formalize the extension of the Fund and only after this stage it will be possible to submit a project revision and extend the duration of the project. Meanwhile, UNDP Brazil is preparing for the continuity of the project and holds permanent contact with the members of project's Steering Committee in order to approve a workplan for 2021 (activities and disbursements were suspended at the end of 2020).

In view of the delay in the constructions of the administrative buildings in Bon Repos and Carrefour, UNOPS Haiti presented an amendment proposal, which is being analyzed by the Steering Committee. (**Annex 7**). Currently UNDP Brazil is planning a meeting with the Steering Committee to follow up the negotiations on the extension and to approve UNOPS proposal.

- **Qualitative assessment:**

Dialogue and transfer of knowledge between MSPP, GoB and UNDP teams were essential to the positive results achieved and to surpass the pandemic period. The risk matrix was brutally impacted by the unexpected crisis and had to be updated. A project review will be submitted for approval as soon as the Fund is extended and, so far, there is no Programmatic revision foreseen.

The main challenges faced during 2020 were:

- The covid19 pandemic and the necessity of reprogramming activities with UNOPS and PAHO/WHO to attend to the Haitian population.
 - Negotiations between the parts (GoB, GoH, UNPD, UNOPS, PAHO/WHO) viewing the reprogramming of activities.
-

- Changes in the management of the Ministry of Health in Brazil.
- Political instability in Haiti.
- Transfer of HCR and IHR management to GoH/MSPP.
- Implementation the Workplan with PAHO/WHO, which was mostly focused on presential trainings, leading to the adaptation and/or reprogramming of activities of the Agreement.
- Cancellation of the process of the Lean system due to the pandemic and reprogramming of activities.
- Delay in the construction of the administrative buildings in Bon Repos e Carrefour by UNOPS, due mostly to the pandemic of covid19.
- Monitoring of the project through monthly online meetings.
- Necessity to extend project duration in order to finalize project's activities.
- Conduction of diplomatic negotiations to request the HRF extension involving consultations to 28 donors countries.

Taking into consideration the challenges faced in 2020, the results achieved are very satisfactory. The reprogramming of activities was conducted on time and with the cooperation of the parts. There is still the need to extend project duration to finalize activities conducted by UNOPS in Bon Repos and Carrefour and also to conclude monitoring and evaluation processes.



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RÉFÉRENCE: HAI-CPS-010-39-2/000066

Le 22 mars 2021

Mrs. Katyna Argueta
Resident Representative
UNDP Brazil
Setor de Embaixadas Norte, Quadra 802, conjunto C, Lote 17
Casa da ONU, PNUD
St. Mansoes Db, Brasília - DF, 70800-400
Brazil

Re: “Renforcement du système de santé pour une meilleure prise en charge des urgences médico-sanitaires en Haïti / Strengthening the health system for better management of medical and health emergencies in Haiti” - Final report

Dear Mrs. Argueta,

We make reference to the collaborative project at caption, implemented by PAHO/WHO in Haiti and that expired on 31 December 2020. As per the terms of the UNDP/PAHO collaborative agreement, we are hereby submitting the project final report.

Annex I to the report (Official financial report) shows an unused balance of \$14,443, that PAHO shall return to your office. In this regard, we would appreciate if you could provide the relevant banking details so PAHO could process the reimbursement to UNDP.

We thank you for your continued collaboration.

Yours sincerely,

Dr. Maureen Birmingham
PAHO/WHO Representative
Haïti

Cc: Maria Teresa Amaral Fontes, Program Analyst, UNDP
Renata Ramos Ribeiro, Project Manager, UNDP

OPS



**Organisation
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BUREAU RÉGIONAL DES

**Organisation
mondiale de la Santé**
Amériques

**RENFORCEMENT DU SYSTÈME DE SANTÉ POUR UNE
MEILLEURE PRISE EN CHARGE DES URGENCES MÉDICO-
SANTAIRES**

**STRENGTHENING THE HEALTH SYSTEM FOR BETTER
MANAGEMENT OF MEDICAL AND HEALTH EMERGENCIES
IN HAITI**

Final report : 4 June 2019 – 31 December 2020

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INTRODUCTION

In March 2019, the UNDP office in Brazil and PAHO/WHO concluded a partnership agreement for the project “Strengthening the health system for better management of medical and health emergencies in Haiti”, in the context of the Haiti reconstruction fund project sponsored by the Government of Brazil in the aftermath of the 2010 earthquake.

The implementation timeline of the project was marked by chronic socio-political crisis (particularly in 2019, with periods of “Péyi lok” in February, June, and September through December) and the 2020 COVID-19 pandemic. Both these episodes disrupted field activities and face-to-face meetings, for safety and security reasons. Despite these challenges, many achievements were recorded and attributable to this project, that built on past experiences (Strengthening community health pilot project in Carrefour), contributed significantly to ambitious national agenda such as the elimination of cholera by 2022, and also supported the development of unprecedented plans such as the National Plan for the Response to Exceptional Sanitary Situations.

The agreement between UNDP and PAHO/WHO was amended twice:

- In March 2020, following a request from the Ministère de la Santé Publique et de la Population (MSPP) of Haiti to the Government of Brazil in August 2019. In this request, the Haiti national authorities requested additional funding to broaden the scope of work for strengthening the response to individual and collective emergencies, with the renovation of the emergency services of the La Paix hospital in Port-au-Prince, and the implementation of the National Plan for the Response to Exceptional Sanitary Situations at department level. The initial workplan was revised and the budget increased to accommodate this request.
- In May 2020, also following a request for support from the MSPP in responding to the COVID-19 pandemic, that took precedent over the renovation of the emergency services of the La Paix hospital. Both the Government of Brazil and the UNDP approved this request for reprogramming of funds under the approved budget. Also, the project implementation period was extended through 31 December 2020.

MAIN ACHIEVEMENTS

The key achievements under the 3 expected outcomes are:

- (i) **Improved management of three hospitals in Haiti through capacity-building:**
 - Up-to-date National Diagnostics and Therapeutics Guide
 - Medical Directors, Administrators and Head Nurses of the three hospitals targeted by the project trained in *Management of Health institutions during crisis situations*.
 - Haiti Node on the Virtual Campus of Public Health of PAHO/WHO established as a platform for the implementation of regional courses translated to French, and most importantly adapted to the Haitian context. Currently, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) is translated to French and available in the Haiti Node.

- (ii) **Integrated health services established around these three hospitals through strengthened governance**
 - Community health model expanded:
 - Agents de Santé communautaires polyvalents (ASCP) trained (Refresher courses) to ensure continuity of health care
 - Workshops and meetings to mobilize local actors towards the establishment of Community Health Committees
 - Draft theoretical framework of the *Unité d'Arrondissement de Santé* (UAS) developed
 - Equipment donated to UAS and *hôpitaux communautaires de référence* (HCR) targeted by the project to ensure the continuity of health services at the first level of care

- (iii) **Improved individual emergency care**
 - Medical regulation tool developed.
 - Surveillance and alert and response systems for epidemic-prone diseases strengthened: capacity of central and department-level surveillance strengthened; Labo-moto nurses network deployed and functional.
 - Public health personnel trained on emergency case management: virtual reality tool; coaching of emergency room personnel.
 - National Plan for the Response to Exceptional Sanitary Situations developed and implemented, as well as department-level versions.
 - Elaboration, training, and training platform for *Plans blancs* (Mass Casualty plans).

Additional achievements under the reprogrammed (unplanned) component for the support to response to COVID-19, are detailed further in this report.

KEY ACHIEVEMENTS AND PROJECT IMPLEMENTATION

1. Provide technical support to the MSPP for the preparation of routine manuals, standardization of care and operational protocols to be used in emergency departments

1.1 Support to the UEP in coordination and supervision activities of all components of the project

PAHO provided support to the UEP with participation to various planning and monitoring meetings and missions, as the printing and reproduction of relevant documents and materials.

1.2 Support DOSS in the revision and updating of routine manuals (standardization of care, operational protocols in case of emergency procedures).

Continuous Technical Support to DOSS through a National Consultant

Close technical support is being provided to the Direction de l'Organisation des Services de Santé (DOSS), through a National Consultant, in order to ensure its mission of elaboration of routine manuals on organization of health services, while ensuring alignment with the PAHO/WHO strategic lines.

During the COVID-19 crisis in Haiti, this technical support was very important and opportune for the preparedness and organization of services nationwide, amid the COVID-19 pandemic. The technical support allowed the elaboration of various key documents in the COVID 19 response:

- *Profile of the COVID 19 isolation centers.*
- *Protocol for early detection of COVID-19 cases and isolation of patients.*
- *The COVID-19 patient file in the isolation center.*
- *Form of informed consent of COVID-19 patients.*
- *Priority list of institutions for the establishment of COVID-19 Centers.*
- *Strategy of the MSPP in the face of the new stage of the epidemic.*

The main challenge encountered during this close support to the DOSS would be the COVID-19 pandemic and the changes in priorities it caused. Indeed, various manuals, including the District Health Units technical framework, were planned in this project, but delayed due to the contextual emergency.

Having a consultant in health systems and services attached to the DOSS allowed however to push for PAHO Regional strategies to be included in national documents on organization of services, creating the opportunity to align national health initiatives to approaches adopted in the Region.

The support to the DOSS which started in October 2019 is currently ongoing.

Revision and update of the National Diagnostics and Therapeutics Guide.

As part of the project's intervention lines focused on the development of hospital management adapted to Haiti and at the request of the DOSS-MSPP in 2019, the National Diagnostics and Therapeutics Guide (GDT) which latest version dates from 2012, has been revised, corrected and increased taking into account the new pathologies affecting the Haitian population (including COVID-19), the development of new tools such as the Essential Services Package (PES) of the MSPP and the updating of standards for the management of diseases covered by the national priority programs.

The project allowed the funding of the GDT revision process; the revision was carried out by a national consultant specially recruited with the DOSS-MSPP and supported by the PAHO Country Office in Haiti.

At the beginning of 2020 (February-March), eight (8) meetings were held at the Office of PAHO/WHO for the revision of the Surgery, Orthopedics, Dermatology, Obstetrics-Gynecology, Internal Medicine, Ophthalmology, Otorhinolaryngology, Mental health, Odontology and Pediatrics chapters. Around 90 national specialists participated in these workshops. A draft version of the document was submitted to the DOSS in April 2020 for initial validation. The process was unfortunately delayed due to changes in priorities caused by the national emergency caused by the COVID 19.

This revision and update of the document align with the lines of intervention related to the development of hospital management adapted to Haiti and also with the training of actors in hospital management in

the following areas: Entrepreneurial management, Clinical management, Quality and safety management, Operational efficiency.

The GDT is a tool of the Haiti National Health Policy and it is an essential basis for strengthening the quality of services in health facilities. The Guide is and will continue to be used by healthcare providers at the different levels of the system.

In October 2020, the services of a consultant were requested to finalize the document validation process with the various departments of the MSPP. The specific objective of the consultation was to ensure the production of a full pre-final GDT to be submitted to the MSPP High Authority for approval. The pre-final document would incorporate corrections, comments and recommendations from the central Health Directorates, and should be ready for the editing and publication stages.

The one-month consultation should have ended on November 7, 2020. To date, the final document and the consultation report have not yet been submitted by the consultant.

1.3 Strengthen DOSS and National Unit for Response to Sanitary Emergencies (U-NGUS) in their roles and responsibilities in terms of training, supervision and support to hospital professionals to reinforce the implementation of protocols, standards and norms in emergency services

and

1.4 Support the National Ambulance Center (CAN) for the implementation of medical regulation at national level

Medical regulation allows the referring patients towards the hospital better suited to their health condition. In practical terms it involves a remote medical act performed by a medical regulator by phone, that provides a “personalized” quality answer to a patient or a victim, based on medical arguments and then refer them to the most appropriate hospital for the care required.

The implementation of medical regulation is organized in 2 stages:

- A. Hospital evaluations throughout the national territory in order to draft an Operational Resource Directory (ROR, for its acronym in French). This *ROR* allows identifying the health institution most adapted to the patients’ health condition considering its technical capacities and human resources available.
- B. The development of a unique assisted regulation tool which allows, based on questions asked remotely by CAN regulators, to specify the symptoms, to orient the diagnosis and, thanks to the ROR included in the system, to identify the reference health institution.

ACTIVITIES COMPLETED

A. Hospital Evaluations

To carry out the evaluation of hospitals, a tool specifically adapted to the Haitian context was developed. This computerized tool allows you to assign thematic scores and an overall score to each hospital.

This tool has 2 levels, level 2 being a more advanced assessment, used when a hospital has obtained at least 75% on the level 1 assessment.

To carry out these assessments, the MSPP Emergency Preparedness Officer and a PAHO / WHO expert spent a full week (and one night) in emergency rooms of 35 hospitals across the country. At the end of each evaluation a report was drafted and shared with the head of the emergency room and recommendations were made to improve services.

Follow-up visits were also organized to support the services in their improvement process. During these visits a new score was assigned.

The 35 hospitals targeted by the project have been assessed with the level 1 tool, of which 4 hospitals have also been assessed with the level 2 tool (Beraca, Albert Schweitzer, Mirebalais, Bonne Fin).

The evaluation is divided as follows:

- 25 public hospitals
- 8 private/public hospitals (mixed)
- private hospitals

The table below shows the list of hospitals assessed with level 1 tool according to their status and geographic distribution.

| Hospitals Evaluated | OU | ND | NE | NO | AR | NI | GA | SD | SE | CE | Total |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| HD/U* | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 |
| HCR** | 5 | 1 | 2 | 0 | 2 | 0 | 1 | 4 | 1 | 0 | 16 |
| Mixte*** | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 1 | 8 |
| Total | 9 | 4 | 3 | 2 | 4 | 1 | 2 | 6 | 2 | 2 | 35 |

* HD/U: Departmental or University Hospital; ** HCR: Community Reference Hospital; ***Mixte: Private/public Hospital

The assessment assigns institutions a color score (Green, Orange or Red) according to the score obtained.

The 13 institutions exceeding 75% are classified Green of which 5/13 are public institutions. These are institutions where the director demonstrates leadership and authority, or institutions that have previously benefited from PAHO/WHO support. They can receive emergencies and manage them properly.

The 14 institutions classified as Orange (50% to 74%) can be subdivided into 2 subcategories: those between 65% and 74% (5 institutions) which are mostly institutions with a space adapted to the management of emergencies and having trained staff but lacking some materials and those between 50% and 64% whose staff has not yet been trained or is sorely lacking in materials (9 institutions).

The 8 institutions in the Red category (0 to 49%) require significant institutional strengthening, the training of their staff and the purchase of equipment if we want to be able to refer patients to them in the future.

Some institutions were visited again a few months after the first assessment. Ces visites ont montré que sur les 14 institutions revisitées (dont 2 ont été visitées 2 fois), 12 d'entre elles avaient amélioré leur score initial, dont 7 avaient même changé de couleur dont l'Hôpital Zilda Arns de Bon Repos.

The table below presents the scores of the institutions (by retaining the last score assigned in the case of hospitals evaluated several times). This table highlights the weakness of certain departments in their emergency management capacities.

| Score | OU | ND | NE | NO | AR | NI | GA | SD | SE | CE | Total | | |
|-------|----|----|----|----|----|----|----|----|----|----|-------|----|---|
| HD/U | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 4 | 7 | 0 |
| HCR | 3 | 1 | | | 1 | | | 1 | | | 2 | 7 | 7 |
| | 2 | | 2 | | 1 | | | 2 | | | | | |
| Mixte | 1 | 2 | | 1 | 1 | | | 1 | | 1 | 7 | 0 | 1 |
| | 1 | | | | | | | | | | | | |
| Total | 9 | 4 | 3 | 2 | 4 | 1 | 2 | 6 | 2 | 2 | 13 | 14 | 8 |

Regarding the HCR supported by Brazil: these 3 hospitals were evaluated and then re-evaluated a year later. Their results are presented in the table below:

| Zilda Arns Bon Repos | | Ary Bordes Beudet | | R. Pierre Louis Arcachon 32 | |
|-------------------------|---------------|----------------------|-----------------|--------------------------------|-------------------|
| April 2018 | April 2019 | January 2019 | January 2020 | August 2018 | September 2020 |
| 44,2 | 62,8 | 44,8 | 44,8 | 67,7 | 64,7 |

This table highlights the evident progress of the **HCR de Zilda Arns**. This improvement is due to several factors:

- The training of the staff
- The development of their Mass Casualty Plan (*Plan Blanc*)
- The MSPP register is filled in correctly
- Has a room register as well as an ambulance available at the institution.

The HCR Ary Bordes de Beudet has not shown improvement, no effort has been made despite PAHO's recommendations.

The HCR Raoul Pierre Louis of Arcachon 32, the one with the highest rating saw his grade decrease between the 1st and the 2nd assessment, because 4 emergency nurses and 2 permanent staff had been assigned to other departments. It was also noted that the intensive care unit is used as a recovery room for the maternity ward and that the emergency department lacks supplies. These negative points are however mitigated by improvements such as the training of personnel in triage, well-filled registers and an ambulance on site.

It should be noted that since the beginning of the COVID-19 epidemic (March 2020) no new assessment of these institutions has been carried out.

B. Development of the regulation tool

The aim was to develop a unique tool that could be used by non-medical personnel and that took into consideration the specific context of Haiti. Therefore, very specific terms of reference were drafted and an international call for tender was launched.

Despite the delay caused by the country's security situation and the COVID-19 pandemic, version V2 was able to be delivered and staff trained in its use. Currently available at CAN, the tool has been the official and exclusive regulatory tool in Haiti since January 1, 2021.

For security reasons, the visit to Haiti of the company developing the tool could not be organized; however, to initiate the development of the tool and provide the context, a meeting between CAN and the firm was essential. Consequently, a PAHO/WHO consultant and a CAN doctor conducted a mission to France to work jointly with the developer.

During this meeting, it was decided that the tool would be based on the organization already in place at the National Ambulance Center, which was organized as follows:

- The *Permanencier* (hotline responder) who receive the calls, sorts them into 3 categories: Emergencies, Information, Nuisance Calls.
- For the category relating to Emergencies, the *Permanencier* fills out a first form which he then sends to the regulatory nurse. She will then call back the callers according to the priority "assumed" by the *Permanencier*.
- Following this call, the nurse decides whether to send an ambulance to the scene. It is then up to the team in the ambulance to make a probable diagnosis and provide the appropriate care.
- Once on board the ambulance, the patient is most often referred to the nearest health institution regardless of his state of health. In fact, it often happens that the health institution is not capable of treating the patient, then forcing the ambulance to go to seek another institution.

This assessment allowed us to make 3 observations:

1. *Permanenciers* are not medical personnel and their assessment of the degree of urgency is often arbitrary.
2. Nurses must be able to provide diagnostic guidance in order to provide appropriate care during transport (the training given to CAN nurses has shown the great difficulty they have in making a diagnostic hypothesis.).
3. The health institution to which the patient is referred does not consider the technical platform required by the patient's condition.

The medical regulation tool should therefore overcome these major weaknesses.

Therefore, the decision was made for the firm to collaborate with emergency physicians in Haiti in order to develop decision algorithms allowing to:

- Define the degree of urgency of the call received by the CAN
- Give a diagnostic orientation before the departure of the ambulance
- Specify the health institution (s) adapted to the care required by the patient's condition.

Thus, the finalized version allows:

1. To automatically prioritize, based on key questions, the call received by the *Permanencier* into P1, P2 or P3.

The image displays two screenshots from a medical application. The left screenshot, titled 'EVALUATION NEUROLOGIQUE', contains two questions with 'OUI' and 'NON' response buttons: 'Est-ce que la personne répond quand vous lui parlez?' and 'Est-ce que la personne est capable de serrer la main?'. The right screenshot, titled 'RÉSULTAT', shows a 'P1' priority level circled in red. Below this, the 'MOTIF DE RECOURS' is 'Coma qui ventile' and the 'CONSEILS' are 'Mettre le patient en PLS'. A button at the bottom is labeled 'OUVRIR LA FICHE RÉFLEXE'.

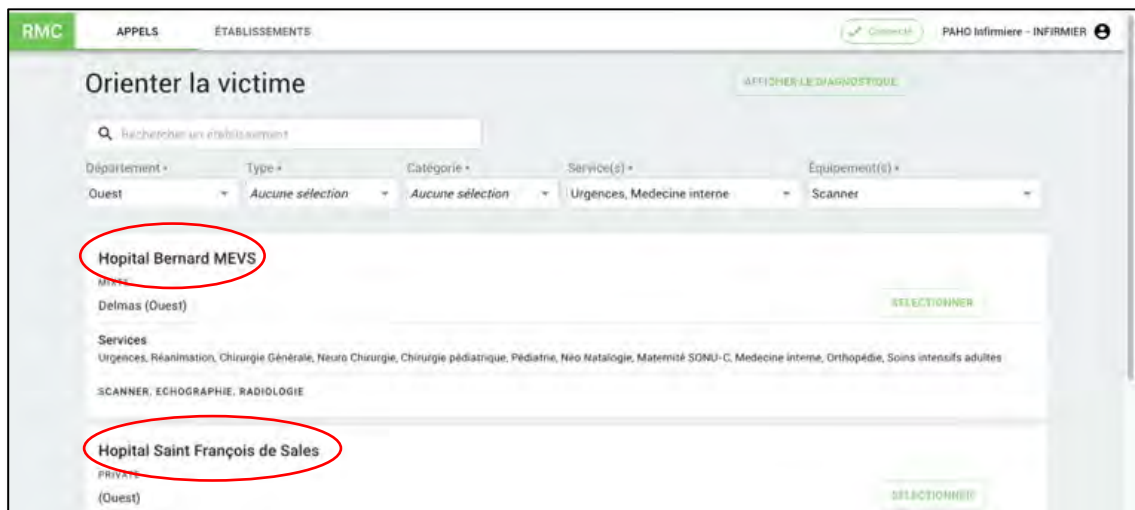
2. To no longer fill out a paper sheet to send to the nurse, the prioritization of the call immediately appearing on the nurse's screen **in the priority order to be recalled**.

The image shows a 'Suivi des appels' dashboard with a table of emergency calls. The table has columns for 'Priorité', 'Identité de la victime', 'Urgence/Lieu', 'Statut', 'Remontage', 'N° Fiche', and 'Type d'appel'. The first row is circled in red, showing a 'P1' priority. The table lists three calls with 'A RÉGULER' status and 'URGENCE' type.

| Priorité | Identité de la victime | Urgence/Lieu | Statut | Remontage | N° Fiche | Type d'appel |
|----------|------------------------|--|-----------|-----------------|---------------|--------------|
| P1 | SENSON yony | Arrêt Cardio-Circulatoire Cité des Glorieux | A RÉGULER | Il y a 8 jours | 20200810-0007 | URGENCE |
| P2 | KKI yyy | Detresse neurologique Quart | A RÉGULER | Il y a 17 jours | 20200811-0001 | URGENCE |
| P3 | QUINBA Perilax | Detresse respiratoire Vioche | A RÉGULER | Il y a 16 jours | 20200814-0002 | URGENCE |

3. To **identify a diagnostic orientation** while notifying the **reference to the training manual** so that pre-hospital care is adapted to the diagnostic hypothesis proposed by the regulation tool.

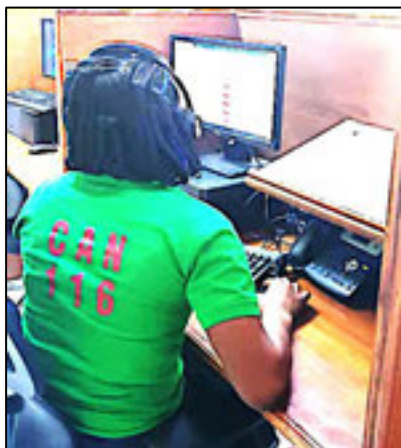
4. To define the technical platform necessary for the care of the patient and the health institutions meeting these criteria.



5. To give appropriate advice to the patient (or relatives) on what to do while waiting for the arrival of the ambulance.

Following the delivery of version V1 of the tool in July 2020, 3 training sessions on its use were organized for the various users (Permanencier, nurses and administrators). The objective being that staff could use and especially test the first version in order to see the relevant modifications to be made in version V2. These trainings were followed by practical sessions over 2 weeks.

In addition to a few technical points, the requested improvements were more specifically related to diagnostic guidance in the management of obstetric emergencies. Furthermore, the choice of language (French or Creole) has also been integrated in version V2. A warranty for the next 6 months has been secured so that certain anomalies not detected to date can still be rectified during the first months of use.



1.5 Support the Directorate of Epidemiology, Laboratory and Research (DELR) and U-NGUS to strengthen epidemiological surveillance, laboratory and infection prevention and control in health centers.

This component of the project had two main objectives:

- A. Strengthening the capacity for epidemiological surveillance, laboratory testing, and sample collection
- B. Strengthening the alert and response system for epidemic-prone diseases

ACTIVITIES COMPLETED

A. Strengthening the capacity for epidemiological surveillance, laboratory testing, and sample collection

Epidemiological surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of health data. It represents an essential tool for detecting potential outbreaks or clusters of disease, assessing exposure and risk associated with a specific health threat, and guiding public health response.

Training of MSPP personnel

Funds from the project were used to support various training sessions for staff of the MSPP's Directorate of Epidemiology, Laboratory, and Research (DELR). The aim of these sessions was to improve the capacity for epidemiological surveillance, both at the central and departmental level. Topics covered during the training included investigation of epidemic-prone diseases (e.g., dengue) and vaccine-preventable diseases (e.g., diphtheria, measles, and polio), active case finding, contact tracing, and gathering and analysis of epidemic intelligence.

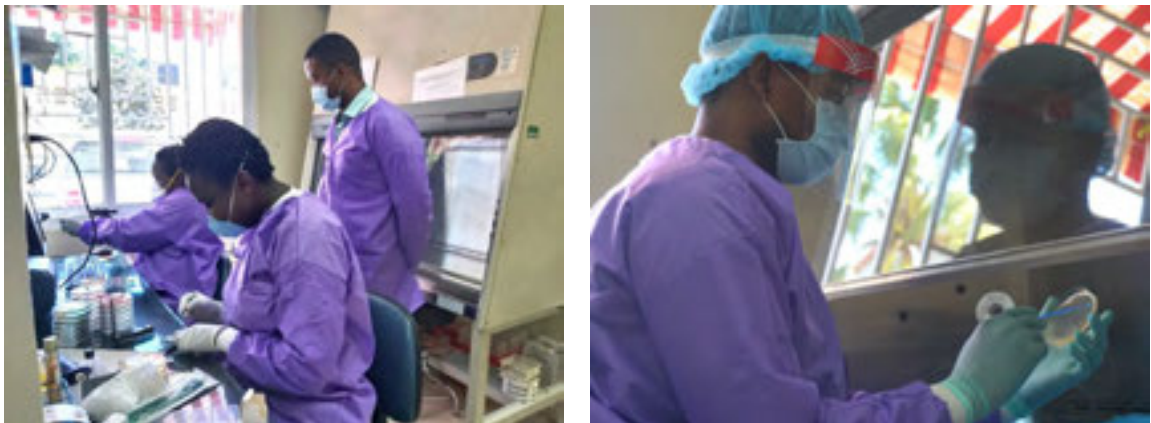
Training of field epidemiologists



Given the importance of laboratory testing for epidemiological surveillance, training sessions were also organized for personnel of the MSPP's National Public Health Laboratory (LNSP). Laboratory technicians

received training on antimicrobial susceptibility testing and on culture of stool specimens for the detection of *V. cholerae*, as well as salmonella and shigella species. All laboratories visited for the trainings were inspected to detect potential hazards. These laboratories also received recommendations for the improvement of quality assurance systems, data reporting, and management of biological waste.

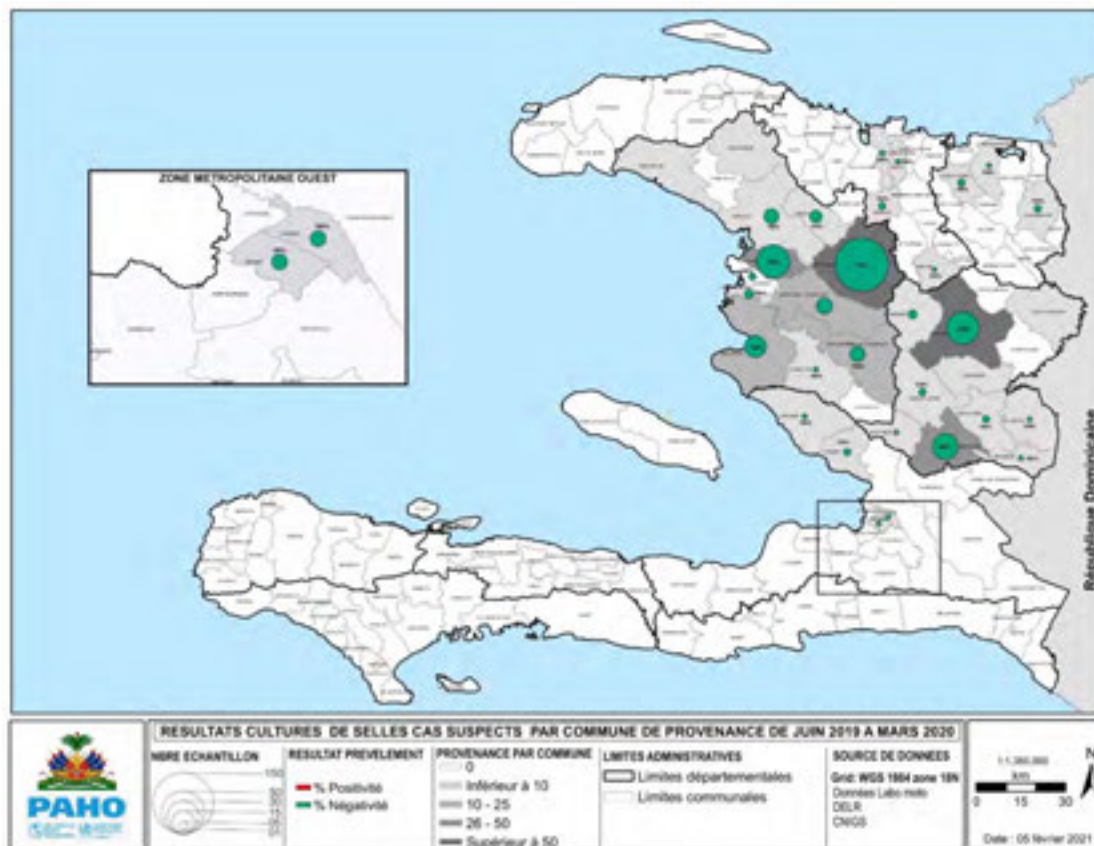
Training of laboratory technicians



Support for the collection and transport of samples

To assist the MSPP's efforts for the elimination of cholera by 2022, Project funds were utilized for the recruitment, training, equipping, and deployment of Labo-moto nurses. These are field nurses who have been working on the ground since December 2017 as part of an MSPP-PAHO collaboration to ensure the timely collection and transport of samples from treatment centers to laboratories on motorcycles. The Labo-moto system is complementary to the LNSP's national sample transport network. Between June 2019 and March 2020 (prior to the emergence of COVID-19 in Haiti), 395 suspected cholera cases were reported in the country. Labo-moto nurses enabled the testing of 93% of these suspected cases. None of them was positive for *V. cholerae*. Furthermore, Labo-moto nurses ensured that health institutions had sufficient supplies to avoid disruptions in the sampling of suspected cases.

Mapping of stool specimens collected from suspected cholera cases by Labo-moto nurses, June 2019–December 2020



B. [Strengthening the alert and response system for epidemic-prone diseases](#)

An effective alert and response (A&R) system represents a key element of a well-functioning surveillance system. The primary objective of A&R is to rapidly detect and respond to any unusual conditions or health events. Rather than relying on laboratory testing, the system hinges largely on the detection and verification of immediate alerts originating from health care settings or from communities. The response component of the system facilitates swift implementation of the necessary public health measures to control or limit the impact of a potential public health threat.

[Support to the alert and response system](#)

To strengthen the MSPP’s A&R system, 10 assistant epidemiologists (AEs) were trained, equipped, and integrated in the departmental health directorates. Under the supervision of the departmental epidemiologists, AE were tasked to support the rapid investigation of alerts; perform field risk assessments; assist response activities (e.g., reactive vaccinations, operational planning); and collect, analyze, and report epidemic intelligence to health authorities at the central level.

From June 2019 to December 2020, the AEs have contributed to the detection, verification, and response to 857 non-COVID alerts. The majority (85%) of the alerts were related to cholera and diphtheria. The

alerts came from all of Haiti’s 10 departments; however, the departments of Artibonite and Centre accounted for most (62%) of the alerts.

Non-COVID alerts investigated with support from the assistant epidemiologists, June 2019–December 2020

| | 2019 | | | | | | | | | | | | 2020 | | | | | | | | | | | | Grand Total |
|---------------------------------|------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|--|--|--|--|--|-------------|
| | June | July | August | September | October | November | December | January | February | March | April | May | June | July | August | September | October | November | December | | | | | | |
| Cholera | 68 | 20 | 17 | 40 | 23 | 22 | 21 | 40 | 32 | 23 | 11 | 5 | 19 | 8 | 14 | 6 | 6 | 1 | 406 | | | | | | |
| Diphtheria | 7 | 15 | 7 | 21 | 15 | 15 | 18 | 8 | 18 | 15 | 9 | 13 | 4 | 22 | 16 | 2 | 4 | 11 | 325 | | | | | | |
| Measles | | | | 1 | | 2 | 1 | 15 | | 7 | | 1 | | 1 | | 2 | | 1 | 32 | | | | | | |
| Rabies | | | 3 | 3 | 6 | 9 | | | | 2 | | 1 | 1 | | 3 | | | 1 | 29 | | | | | | |
| Anthrax | | 1 | | | 2 | | | | | 9 | 8 | | | | 2 | | | | 22 | | | | | | |
| Flaccid Paralysis | 1 | 2 | 1 | | 1 | 4 | | | | 1 | | | | | | | 1 | | 11 | | | | | | |
| Malaria | 2 | | | | | | | | | 2 | | 1 | 1 | | 2 | 1 | | 1 | 10 | | | | | | |
| Dengue | | | | 3 | | | | | | | | | | | | 2 | | | 5 | | | | | | |
| Collective Food Intoxication | | | | | | | | | | 1 | 1 | | | | 1 | | | | 3 | | | | | | |
| Typhoid Fever | | | | | | | | | | | | | | | 2 | | | | 2 | | | | | | |
| Neonatal Tetanus | 1 | | | | | | | 1 | | | | | | | | | | | 2 | | | | | | |
| Neonatal Death | | | | | | | | | | | | | | | | 2 | | | 2 | | | | | | |
| Elephantiasis | | | | | | | | | | | | 1 | | | | | | 1 | 2 | | | | | | |
| Varicella | | | | | | | | 1 | | | | | | | | | | | 1 | | | | | | |
| Tetanus | | | | | | | | | | | | | | | | 1 | | | 1 | | | | | | |
| Scabies | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | |
| Rubella | | | | | | | | | | | | | | | | 1 | | | 1 | | | | | | |
| Healthcare Associated Infection | | | | | | | | | | | | | | | | | 1 | | 1 | | | | | | |
| Carbon Monoxide Intoxication | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | | |
| Grand Total | 79 | 38 | 114 | 68 | 47 | 52 | 40 | 65 | 50 | 110 | 28 | 21 | 26 | 31 | 37 | 19 | 1 | 13 | 857 | | | | | | |

Source : Alert database

2. Promote capacity building and provide technical support for MSPP managers, health professionals and technicians

2.1 Training on emergency case management (10 hospitals) + joint training with CAN and virtual simulations

To improve the management of emergencies, four types of training have been considered:

- A. The training of the staff of the National Ambulance Center (CAN) with the aim of improving pre-hospital care to ensure appropriate care during the referral of patients. This training is aimed at all the functions represented (drivers, first-aiders and nurses).
- B. Theoretical training of health personnel in triage and emergency case management.
- C. A virtual reality training platform that will give teams an immersion as close as possible to reality and will improve triage, especially in the event of a mass casualty event.
- D. Supervision of staff, in situ (coaching), for 1 or 2 weeks, to ensure the quality of care in emergency and intensive care units.

ACTIVITIES COMPLETED

A. Training of CAN personnel

The training of CAN staff for the pre-hospital care component required the development of 3 training manuals.



The driver's manual is in Creole based on simple algorithms.

The nurses' manual is very comprehensive, covering 35 medical and trauma emergencies. These 3 manuals have been validated by the MSPP.

Before starting the training, all CAN staff were assessed according to their level of intervention. Thus, 138 personnel were tested among which 61 were women. The results of the pre-test made it possible to specify the important concepts to be incorporated into the manuals and those for which the training should pay special attention.

Pre-test

The results of the pre-test showed that no staff knew how to manage bleeding, did not know the actions of effective resuscitation, or techniques for immobilizing limbs. The best mastered points were the obstruction of the upper respiratory tract and the safe lateral position.

The results of the staff pre-test are presented in the table below:

| Pre-test | People tested | Average grade out of 100 |
|------------------|---------------|--------------------------|
| Drivers | 42 | 30 |
| First responders | 54 | 50,1 |
| Nurses | 42 | 39 |

Post-test

Following the pre-test and the development of manuals, the training of drivers and rescuers was organized, and 93 people were trained. The post-test results show that 6 first responders and 15 drivers have a score that is still below 50/100. It seems important to consider repeating this training for these staff.

The results of the post-test carried out after the training are presented in this table:

| Post-test | People tested | Average grade out of 100 |
|------------------|---------------|--------------------------|
| Drivers | 43 | 60.5 |
| First responders | 50 | 68.7 |

To complete the training of first responders and drivers, simulation exercises were carried out by all participants. These results highlight that the practice is better mastered than the theoretical training, however it appeared that certain gestures remained to be practiced, such as unblocking of the respiratory tract.

The results are shown in the table below:

| Practice Scenarios | People tested | Average grade out of 100 |
|--------------------|---------------|--------------------------|
| Drivers | 43 | 75 |
| First responders | 50 | 90 |

The training of nurses began in September 2019 (after validation of the nurse's manual obtained in early August 2019).

Due to the socio-political situation preventing the nurses from going to the training, only 75% of the training could be carried out. Once the security situation had calmed down, training resumed, but given the epidemiological situation, the curriculum was oriented towards the management of Covid-19 and infection prevention and control measures.

The nurses' pre-test average was 39 out of 100 and the training they received showed a very low ability to provide diagnostic guidance. Therefore, as explained above, it was decided that the regulation tool would integrate a diagnostic aid thus allowing nurses to focus more on the care to be provided given the diagnostic hypothesis defined by the CAN regulation tool.

Finally, it should be noted that the 2019 CAN data show that obstetric emergencies represent more than 32% of emergencies transported. Faced with this observation, the PAHO/WHO program in charge of maternal health is committed to expanding the training of CAN staff on this specific component.

B. Theoretical training

The theoretical training focused on 2 specific components: hospital triage and emergency case management.

This training was carried out jointly with the MSPP so that in the future, this training can be replicated in other hospitals.

Theoretical training was aimed at doctors and nurses in emergency rooms, however, in some hospitals with few staff, auxiliaries were present for the part dedicated to triage. It should also be noted that the pediatric and obstetrical emergency services have sometimes asked to join the training provided.

During this project, **7 hospitals received training and 221 staff were trained.**

| Theoretical training | Doctors | | Nurses | | Auxiliaries | | Total |
|------------------------|-----------|-----------|----------|-----------|-------------|-----------|------------|
| | ♂ | ♀ | ♂ | ♀ | ♂ | ♀ | |
| HUJ Cap Haïtien | 9 | 9 | 0 | 25 | 0 | 0 | 43 |
| HIC Cayes | 8 | 8 | 1 | 16 | 0 | 2 | 35 |
| HSA Jérémie | 11 | 3 | 2 | 19 | 0 | 0 | 35 |
| HSM Jacmel | 11 | 8 | 0 | 12 | 1 | 4 | 36 |
| R. P Louis Arcachon 32 | 10 | 7 | 0 | 6 | 1 | 7 | 31 |
| HCR Ary Bordes Beudet | 0 | 2 | 0 | 8 | 6 | 5 | 21 |
| HTS Miragoâne | 5 | 2 | 1 | 10 | 0 | 2 | 20 |
| Total | 54 | 39 | 4 | 96 | 8 | 20 | 221 |

*including 14 residents

The analysis of the results of the pre and post-tests (table below) showed that the training was very beneficial for the participants.

| Pre and post-test analysis | Pre-test | | Post-test | |
|----------------------------|----------|--------|-----------|--------|
| | Doctors | Nurses | Doctors | Nurses |
| HUJ Cap Haïtien | 43,6% | 36,0% | 84,7% | 87,8% |
| HIC Cayes | 45,6% | 40,5% | 73,5% | 75,3% |
| HSA Jérémie | 42,2% | 28,3% | 86,0% | 75,4% |
| HSM Jacmel | 58,4% | 25,1% | 90,2% | 79,8% |
| R. P Louis Arcachon 32 | 54,6% | 31,6% | 94,6% | 84,7% |
| HCR Ary Bordes Beudet | 58,0% | 25,5% | 95,0% | 88,3% |
| HST Miragoâne | 53,42% | 17,69% | 85,71% | 79,38% |

Regarding the HCR supported by Brazil: The doctors of the HCR R.P Louis in Arcachon 32 obtained the best score with an average of 94.5% for 17 trained doctors (the Beudet score of 95% for 2 doctors not being representative). Zilda Arns Hospital is not shown in this table because the training took place in 2018, supported by other funding.

Training at the HCR Raoul Pierre Louis in Arcachon 32



Training at the HCR Ary Bordes of Beudet



C. Virtual reality training platform

This is a virtual reality tool that allows emergency services personnel to **put into practice the theoretical training** on triage considering the clinical cases most frequently encountered in Haiti as well as medical equipment and supplies available on the territory.

As part of the development of this tool, the head nurse of Zilda Arns hospital (who participates as a triage trainer with the PAHO/WHO expert) went to Paris to work with the firm, whose employee was unable to travel to Haiti for security reasons, in order to adapt the tool to the reality of Haiti.

In order to be able to use this tool, 10 hospitals will be equipped with a computer allowing medical staff to train at will. Headsets will also be available for use after the training sessions organized by MSPP and PAHO/WHO, allowing participants to be immediately immersed in virtual reality.

This training platform offers a choice of 3 scenarii and the rate of arrival of victims to the emergency room. Trainees can also choose between an emergency service or an advanced medical post.

The objective of the game is to train healthcare workers to sort as many people as possible in a minimum of time by identifying the elements of vital distress for each patient, through a choice of questions and clinical examinations.

Actions to be taken are available as well as a choice of secondary care. Then the player must identify the degree of urgency and the position of the victim. The player does not have the option of going back, so all his action choices are final.

At the end of the game, 2 assessments are offered:

A general assessment which assigns a score to the game and presents the positive points and the points to be improved within the framework of the treated event (triage speed, accuracy of the priority granted, essential actions present or missing, unnecessary secondary care or not, dangerous actions or prescriptions...). The player's progress is recorded.

A detailed assessment for each victim is also offered. It specifies the actions and the order in which these actions should have been taken for each of the proposed cases.

The training platform is finalized, and the helmets are ready to be used. However, with the situation related to Covid-19, group training as well as the sharing of the virtual reality headset is not recommended.

D. In situ supervision of staff

It is more precisely a form of coaching of emergency room personnel for the practice of theoretical courses.

As part of this project, **5 coaching programs were planned and were all carried out**; these are the 3 HCRs supported by Brazil, the Jérémie hospital and the HUU in Cap Haïtien.

Coaching took place over 1 week for each hospital, and it allowed to follow the implementation of the theoretical courses provided as well as the improvement of specific weaknesses encountered in each of the 5 emergency rooms.

This activity was appreciated by the healthcare workers, however few doctors are present daily in the emergency rooms and this coaching has been more beneficial to nurses.

Regarding the HCRs supported by Brazil: As in the other hospitals, the reduced number of doctors present in the emergency room did not allow the coaching to offer the desired impact. In the HCRs of Zilda Arns and Raoul Pierre Louis, 3 doctors were present whereas there was none in the emergency room of the HCR in Beudet. Nurses and residents in social service were particularly well involved. As for



the auxiliaries, they were very active in the part that concerns them, the organization of the service, triage, and the respect for confidentiality rules.

2.2 Elaboration, training, and training platform for Plans Blancs (Mass Casualty plans) and kit for Exceptional Sanitary Situations (SSE kits) and simulations

To improve the management of emergencies, four types of activity were considered:

- A. Development of *Plan Blancs* and training of staff (8 to 10 were planned as part of the project): It involved hospitals developing their crisis management plan and to train the hospital crisis cell on its implementation.
- B. A Serious Game: It is a training platform that allows better ownership of the *Plan Blanc* in case of a mass casualties, preparedness and response to a storm/hurricane and the partial destruction of the institution. It is aimed specifically at directors of health institutions and members of Hospital Crisis Cells (CCH, for its acronym in French).
- C. Kit SSE : In order to be able to implement its *Plan Blanc*, each institution was provided with a kit for exceptional sanitary situations (SSE for its acronym in French) to provide it with the materials necessary to organize its response space and have the basic medical supplies for the care of an average of 20 victims.
- D. Simulation: They allow to test the organization set-up and improve its weakest parts.

ACTIVITIES COMPLETED

A. *Plan Blanc* development

The effective and reactive response of health institutions to Exceptional Sanitary Situations is an essential element of the system defined by the National Plan (PNR-SSE for its acronym in French). However, this hospital response needs to be prepared in advance to deal with all the situations likely to generate a significant increase in the demand of care or to disrupt the organization of the supply of care.



As part of the initial project, 8 to 10 hospitals had to develop their *Plan Blanc*, thus defining the response system adapted to their specific context, the organization of their CCH as well as their crisis tools. Once their *Plan Blanc* had been drafted and hospital staff trained in their use, it was planned to organize simulations as well as an evaluation of the exercises but, given the epidemiological situation and the reallocation of funds for the response to COVID-19, the simulation component could not be achieved.

As part of this specific project, **6 *Plans Blancs* were developed**. They concern:

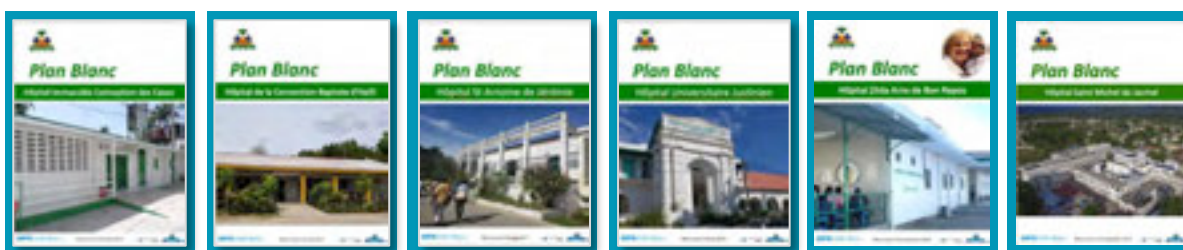
- 4 departmental hospitals: HUJ of Cap Haïtien, HIC of Cayes, HSA of Jérémie, and the HSM of Jacmel
- 1 HCR: Zilda Arns of Bon Repos
- 1 public/private hospital: The Convention Baptiste d'Haïti Hospital (HCBH) in Quartier Morin in the North department.

Among the HCRs supported by Brazil, only the Zilda Arns Hospital in Bon Repos has drafted their *Plan Blanc*.

Overall, the *Plan Blanc* development workshops brought together 160 people, listed in the following table:

| Plans Blancs | HUJ | HIC | HSA | HCR | HCBH | HSM | Total |
|--|-------------|-----------|-----------|------------|----------------|-----------|------------|
| | Cap Haitien | Cayes | Jérémie | Zilda Arns | Quartier Morin | Jacmel | |
|  Participants | 15 | 12 | 12 | 12 | 11 | 7 | 69 |
|  Participants | 23 | 13 | 12 | 14 | 18 | 11 | 91 |
| Total | 38 | 25 | 24 | 26 | 29 | 18 | 160 |

Service providers and managers were enthusiastic to take ownership of this crisis management tool and have requested support for its implementation. In these 6 institutions, all staff involved in the implementation of the *Plan Blanc* were sensitized.



The development of the 4 additional *Plans Blancs* was halted by the Covid epidemic to which the funds were redirected.

However, when the 2020 hurricane season hit, it seemed important to revitalize the *Plans Blancs* of hospitals in the most exposed departments and to initiate the concept of hospital crisis cells in hospitals of the most vulnerable areas that do not yet have *Plans Blancs*.

In addition, for these 6 departments, the key elements of preparedness of health institutions to face cyclonic risks were addressed (physical preparation of structures, management of potential victims, sensitization of personnel, provision of supplies, etc.). A self-assessment of the level of preparedness of health institutions developed by PAHO/WHO was also shared.

In total, 82 health institutions in 6 departments benefited from this training.

| Hurricane preparedness workshop | Nord | Nord Est | Nord Ouest | Sud | Sud Est | Grande Anse | Total |
|---------------------------------|------|----------|------------|-----|---------|-------------|------------|
| Institutions | 7 | 4 | 17 | 25 | 9 | 20 | 82 |
| Participants | 17 | 13 | 28 | 53 | 18 | 44 | 173 |

Given the weakness of the technical platforms and the lack of human resources of some of these institutions, it is important to specify that only 9 institutions (5 in the North, 1 in the North-East, 3 in the

South and 1 in the Grande Anse) would be able to manage a crisis involving mass casualties. This assessment highlights the need to **implement a departmental plan to organize the supply of care in exceptional sanitary situations** to identify the care path for victims based on a mapping of health institutions and effective coordination between different actors (public and private) in each department.

B. Serious game

To allow hospitals that have developed their *Plan Blanc* to train and fully understand their role within the Hospital Crisis Cell (CCH), a Serious Game was developed and will be made available to these hospitals. Computers have been purchased for this exclusive use.

This game, aimed specifically at members of the CCH, enables the implementation of the responsibilities of the Crisis Staff in preparedness and response aspects.

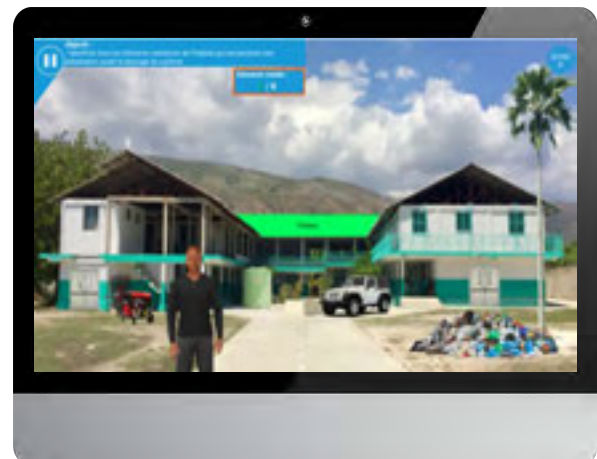
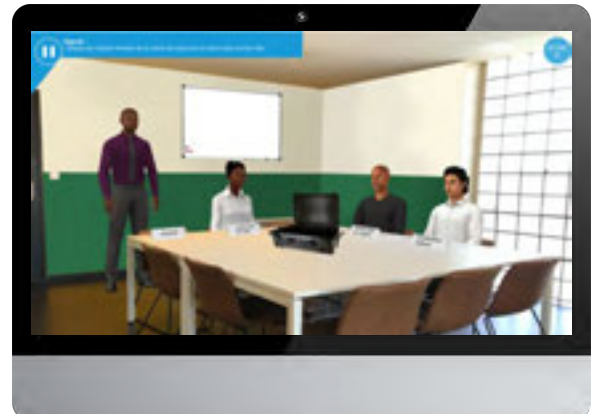
The game revolves around 3 scenarii:

- The massive influx of victims, oriented towards the composition of the CCH and the role of each of its members in responding to the stress on the hospital in the face of a massive influx of victims;
- An event leading to the relocation of the institution following considerable damage to buildings (earthquake);
- Preparedness and response of the institution affected by the passage of a hurricane (preparation of buildings, human and material resources, patient management, etc.).

Through this game, the different members of the CCH visualize a crisis and are led to make decisions considering their own responsibilities. A score is awarded to the player throughout the game and points that can be lost in the event of an error having a negative impact on crisis resolution; comments appear for each action taken by the player.

A final revision of version V1 of the 3 scenarios allowed us to identify some points to improve.

The final version, which considers all our comments, was delivered in December 2020.



C. Kit SSE

To provide hospitals with the essential items for the implementation of their *Plan Blanc*, the 6 hospitals that have drafted their plan have received a kit of equipment adapted to their institution. These kits include safety tapes for signaling care areas, colored bracelets for setting up the triage, personnel identification armbands and vests, whistles, megaphones, flashlights, body bags, etc. A stock of medical materials and supplies should be considered; however, we are working on defining the terms of use so that it is not used without a possibility of restocking.

Simulation Exercises

Before embarking on a simulation involving the entire institution and putting at stake all the constituent elements of crisis management, it seemed beneficial to test successively, in a progressive approach, the various elements through table-top exercises. Experience shows that case studies, iterative scenarios over short periods (half a day) and in a very limited sector of activity, can contribute to acquire a real proficiency for those who find themselves facing a crisis later.

Thus, the first exercises were organized to test the hospital crisis directories (Jacmel, Convention Baptiste and HJJ). These exercises were carried out during the *peyi lòk* (country lockdown) period with the aim of assessing the responsiveness of healthcare providers during this critical period.

During the same period, the Convention Baptiste d'Haïti Hospital (HCBH) organized its own field exercise (simulation) on a massive influx of victims linked to socio-political unrest. A few days later, this hospital was led to launch its *Plan Blanc* in a real-life situation during a public highway accident.

Regarding the HCRs supported by Brazil: The Zilda Arns HCR tested its crisis cell staff at the onset of the Covid-19 pandemic. It also sought partners to set-up an isolation area for suspected Covid-19 cases awaiting testing or transfer.

Simulations that involve the entire health institution require expertise and careful preparation. They were scheduled for May 2020 with the help of an international expert. However, the arrival of this specialist could not be organized due to the closure of the borders and our commitment to the fight against Covid-19. Carrying out exercises is an essential educational process for testing the systems in place, which is why the simulations planned for these hospitals will be carried out through other funding in 2021.

2.3 Departmental Implementation of National Emergency Response Plan (10 departments), and adaptation of tools

This component includes:

- A. The development of departmental plans and their tools, which represents a major component of this project since it will provide the Ministry of Public Health and Population with an operational plan to respond to medium and large health situations.
- B. The development of a mobile application which will allow reaching very easily and simultaneously several key players in the response (hospital directors, members of the Crisis cells...).

ACTIVITIES COMPLETED

A. Development of 10 departmental plans

With the support of PAHO/WHO, the MSPP developed its first *National Plan for the Response to Exceptional Sanitary Situations (PNR-SSE)* officially launched on April 29, 2019.

This plan, complemented by a Crisis Manual, aims to structure the MSPP's response in the event of health crises and multisectoral crises with a health impact.

To complete this technical work, and allow its appropriation by the various actors involved, this plan had to be decentralized to the departmental level. To this end, in May 2019, an official circular from the General Directorate of the MSPP with instructions for preparedness and response to exceptional sanitary situations was adopted and disseminated. It not only requires the development of departmental plans (PDR-SSE for its acronym in French) but also the establishment of crisis tools and the performance of training and simulation exercises essential for its implementation.



This is probably the most important part of this component since the entire crisis response strategy relies on the ability of departments to coordinate the response in their own area, given that each department has its own context in terms of vulnerability, resources and leadership capacity of its departmental management.

To this end, all officials from the 10 Departmental Health Directorates participated in an initial workshop for the development of departmental plans in which drafts of departmental response plans was developed.

These workshops brought together 100 people divided by department in the table below:

| PDR-SSE | OU | ND | NE | NO | AR | NI | GA | SD | SE | CE | Total |
|----------------|----------|-----------|----------|----------|-----------|----------|-----------|-----------|----------|----------|------------|
| Participants | 4 | 9 | 8 | 8 | 8 | 6 | 9 | 4 | 4 | 8 | 68 |
| Participants | 3 | 2 | 1 | 1 | 5 | 3 | 2 | 10 | 4 | 1 | 32 |
| Total | 7 | 11 | 9 | 9 | 13 | 9 | 11 | 14 | 8 | 9 | 100 |

Following these meetings, all departments were responsible for drawing up a first draft of their plan and identifying the members of their departmental Crisis Cell.

In February 2020, additional workshops were held in the departments of Ouest, Centre, Nord-Est and Nord to support them in their efforts.

The establishment of departmental Crisis Cells being a key element of the response system to health situations, it seemed essential **to maintain this activity and carry out the implementation of these plans within 10 departments** despite the epidemic situation.

The goal was specifically to ensure the acquisition of basic principles of crisis management.

The objective was to strengthen the departmental crisis cells by:

- Identifying the needs of the Health Directorates in order to create a space dedicated to the management and coordination of crises (crisis space)
- Identifying the members of the crisis cell and defining the roles and responsibilities of each member
- Defining the institutional links and the partners of the crisis cell at local, departmental and national levels
- Putting the members of the crisis cell in a mock-up situation through a case study in order to use the appropriate tools for better communication and coordination.

In addition to staff of Departmental Directorates and PAHO/WHO, one or two members of the U-NGUS participated in these various workshops.

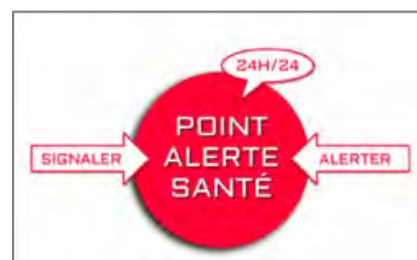
It should be mentioned that a security incident occurred during the workshop organized at the Grand Anse department requiring our mission to be interrupted and **only 9 of the 10 workshops were finalized.**

Finally, at the national level, the U-NGUS has seen its mechanism strengthened, in particular by the installation of its premises and the strengthening of its human resources. It should also be noted that the Minister of Public Health, with the objective of strengthening the national response system to exceptional sanitary situations, **has appointed a new director of U-NGUS.** The latter is currently working on the U-NGUS annual plan, and the emphasis will once again be on coordinating the departmental response to ensure better local response capacity in the event of a crisis.



[Establishment of a Point Alerte Santé](#)

The *Point Alerte Santé* (Health Alert Point) is the entity that constitutes the entry point for health signals.



The people likely to report an alert, the *Signalants* (authorities, CAN, DPC, health personnel, NGOs, etc.), have the contact details of the *Point Alerte Santé* in their department and contact the *Permanencier* if the event they witness requires to be reported. Once contacted, the *Permanencier* records the report, analyzes the information and launches the necessary procedures.

A specific request was made to a telephone operator so that all departments have an easily memorized number. The *cartes alerte santé* or health alert cards were distributed to people likely to make reports in each of the departments.



All the *Point Alerte* have been set up and are currently dedicated to the response to Covid-19. They allow health institutions to be in close contact with their department and at the central level to monitor the response.

This system put in place before the COVID-19 crisis has shown its effectiveness and will therefore be maintained for the years to come.

B. The development of a mobile application for a call for reinforcement of personnel or equipment

It is a mobile phone application allowing rapid mobilization of previously identified groups (members of crisis cells, decision-makers, rapid response teams, hospitals, ambulances, etc.).



The app allows to contact the resource persons necessary for the management of a crisis through a multichannel distribution (notification, SMS, and email).

Although particularly useful, this application has shown its limits in some departments due to poor access to the internet connection.

In addition, missions planned to train users had to be cancelled following the various security crises; **relaunching this application is essential to make it operational.**

2.4 Training for exceptional sanitary situation at central and departmental levels (Crisis cells, CICOM, etc.)

This component includes:

- A. Training at the national level which involves the CICOM focal points, members of civil society, *pilots*, the functioning of the U-NGUS, *Permanenciers*, members of the Crisis Cells and the *ReTex* (Postmortem documentation).
- B. Training at the departmental level which involves the training of departmental *Permanenciers*, *Signalants*, *pilots* and members of departmental Crisis Cells in each of the 10 departments.

ACTIVITIES COMPLETED

A. At national level

1. The training of **CICOM focal points** took place in August 2019, with the support of an expert from Geneva. The CICOM is an entity of the Crisis Cell whose role is to manage the arrival of foreign medical teams who have come as reinforcement during a health crisis. This training focused on:
 - The role of the focal points
 - The drafting of the various tools for setting up the CICOM such as registration forms, reference sheets, status reports, exit report, etc.

It is important to note that the new U-NGUS director seems to want to request for a change of CICOM focal points, or even to no longer be responsible for it. To date, no decision has yet been taken on this matter.

2. **Civil society actors**, as an integral part of the response, were invited in 2019 to participate in 2 sessions for the presentation of the National Plan in PAHO/WHO premises with the aim of promoting ownership of it and facilitate the organization of the response to health crisis.

At departmental level:

1. *Permanenciers training*: the first 3 departments to have drafted their departmental plan benefited from training for their *Permanencier* (3 per department) in 2019 in the use and filling of the paper and online reporting forms.
2. *Training of Signalants*: National police, DPC, Red Cross and directors of hospitals in 2 departments (Center and Nord-Est) were trained in how to report. Training activities for *Signalants* in the other departments had to be canceled, the priority being the activities related to the Covid pandemic.

Training of members of departmental Crisis Cells during initial training or revitalization workshops in August 2020 (see above).

2.5 Patient registry and tracking system with QRCode bracelets

This component includes the development of a computerized tool for the identification and monitoring of victims and includes the supply to CAN of 20,000 unique numbered bracelets and a mobile application.

To make this system more efficient, the firm was asked to work with the one that designed the regulation software and to make these 2 complementary tools.

This tool specifically allows to:

- Follow the victims from the place of the event to the transfer health institution.
- Inform institutions in real time of the number of expected victims and their degree of severity, thus allowing institutions to anticipate their care.



- Measure the scale of the situation thanks to an exact count of the victims and their degree of seriousness, thus allowing the department to determine the organization to be set up accordingly.
- Produce statistics on the most vulnerable geographical areas, the hospitals most in demand by transfers, etc.
- Inform families looking for their loved ones.

Concretely, the use of the tool is done in 4 steps:

1. The CAN regulator receives a call concerning an event and declares it in its regulation software
2. The ambulance staff who arrived on site puts a bracelet on the victims and flashes the QRC to declare each of the victims who can therefore be identified with or without having given their name.
3. All this information is visible to the regulatory agents who can, depending on the request of the ambulance attendants, provide, thanks to the regulation software, a diagnostic orientation, give the action to be taken and propose a place of transfer considering the technical platform required by the victim's state of health.
4. On arrival at the health institution, the ambulance driver or staff of the institution confirms the arrival of the victim.

Given that some geographic areas are only partially covered by the Internet, the application allows you to enter information offline and synchronize it as soon as you access the network.

The training of part of the CAN in the use of this tool was carried out in December 2020.

The entire medical regulation system & monitoring tool has been fully operational since January 1, 2021.

2.6 Simulation exercises (Theoretical exercises, field exercises in 10 departments, general simulation)

The simulations as proposed in this line specifically concern those relating to the implementation of response plans to exceptional sanitary situations.

- **At departmental level**, during the various workshops conducted at Health Directorates, case studies were carried out on a scenario of a cyclonic crisis.
During these exercises, the participants were led to:
 - Give an update on the situation.
 - Identify the actions to be implemented.
 - Complete the tools to put in place in a Crisis Cell (maps, monitoring table...).

The members of the Cell were thus trained to:

- Manage the selection of information.
- Formalize an action plan.
- Improve their coordination.
- Improve their internal communications.

Further recurring exercises should be planned in the future if we want to develop real coordination reflexes.

- **At national level**, only 2 table-top exercises on the organization of Crisis Cell meetings were organized before our activities and those of the MSPP were oriented towards the response to the Covid-19 epidemic.

2.7 Communication to the population: Elaboration of at least 50 infographic messages to disseminate to the population by mobile phone and in social networks

A. Communication for Prevention

This component consists of developing a library of prevention messages that can be disseminated on social networks in a crisis.

The last activity planned in the initial project concerns communication aimed at the population through the rapid dissemination of prevention messages before or during a crisis.

Concretely, it involved developing around thirty written messages or infographics adapted to the type of crisis, usable by SMS, WhatsApp, or social media to be widely disseminated. The type of crisis as well as all the messages were chosen in consultation with the MSPP. The library of images is finalized and ready to use.



3. Support the expansion and consolidation of the Community Health Model (ASCP / ESF / RISS) to ensure continuity of health care and community participation

3.1 Provide ASCPs with a technical update (Refresher training courses) to ensure continuity of health care.

The project funded capacitation and refresher courses for of 192 ASCP from the Cul-de-Sac Frontière District (CSF) and 103 ASCP from the Carrefour District. These ASCP received refresher courses the essential programs of the MSPP like maternal health, vaccination, malaria, HIV, Tuberculosis... The capacitation of the ASCP ensured the provision of the essential services at the community level around the 3 community hospitals with the perspective of integrating community health services to the network of health facilities at the district level.

The capacity building sessions for the ASCP were implemented with various workshops throughout the duration of the project. While the capacity building sessions were reoriented towards the COVID-19 community response during 2020, the refresher courses on essential services were still implemented to

the benefit of the 295 ASCP of Carrefour and CSF in order to ensure their continuity and to reduce the indirect impact of the pandemic on the population around the three hospitals (cf. Section D. Support to national response to COVID-19).

3.2 Organize meetings and trainings at the municipal level.

Workshops on the creation of Community Health Committees in the Districts of Carrefour and Cul-de-Sac Frontière.

With the objective of strengthening community involvement through a primary health care approach, various workshops were held at the first level of care in the Districts of Carrefour and Cul-de-Sac Frontiere (CSF).

This intervention aimed at mobilizing local actors in the decision-making processes related to health in communities through an organized structure which is the Community Health Committee. Three workshops were organized in December 2019, and each workshop brought together around 60 local actors from different local sectors (healthcare, education, sanitation, environment...), fostering the intersectoral approach to the determinants of health.

These initial workshops should have been followed up with subsequent ones in order to formally establish the Community Health Committees. However, due to many restrictions caused by the COVID-19 crisis, these meetings at local levels were limited and oriented towards the community response to the COVID-19 throughout 2020 (See section D. Support to national response to COVID-19).

3.3. Strengthen local governance structure (UAS / UCS / BCS) to ensure continuity and comprehensiveness of primary health care.

Elaboration of the technical framework of Districts Health Units aligned with the Integrated Health Services Delivery Networks strategy.

A close support was provided to the DOSS for the elaboration of the technical framework of Districts Health Units (UAS). In order to ensure this support, a specialized national consultant has been recruited to support the DOSS in ensuring this objective, while ensuring alignment with the PAHO/WHO strategic lines on organization of health services.

A working group was set up specifically to help the MSPP define the UAS concept provided for in the National Health Policy. The theoretical framework of UAS represents therefore a document dictating the lines for the implementation of integrated health services at the first level of care. The document aligns with the Essential Service Package of the DOSS and promotes the strengthening of primary health care through its different components. The UAS aligns with the strategy of Integrated Health Services Delivery Networks (RISS) defined by PAHO / WHO and adopted by the countries in the Region.

Various workshops have been carried with actors of the first level of care in order to integrate local perspectives to the document. With the support of technicians from PAHO-HSS and DOSS, managers of public, private and mixed institutions of the two districts participated in December 2019 in various working sessions on the networking of institutions.

During these sessions, the actors discussed the need to create the network to improve access to health services for the population; they also identified the resources available at the local level, the challenges and the opportunities for the implementation of a network of first level institutions, while considering and optimizing the available local resources.

Unfortunately, this process had been delayed multiple times due to shifting in priorities caused by the COVID-19 pandemic in Haiti. A draft of the theoretical framework has been developed and is currently being reviewed by different stakeholders before submission to the General Direction of the MSPP.

[Donation of equipment to UAS and HCR for the continuity of health services at the first level.](#)

With the aim of strengthening local governance and monitoring interventions at the first level of care, computer equipment was bought and provided to the two District Health Units and the three HCRs targeted by the project. The equipment was requested by the UAS and the HCRs for effective follow-up and supervision of the health facilities and for the continuity of interventions at the first level of care.

The donation was made in January 2020 and the materials were delivered to the two UAS of Cul-de-Sac Frontière and Carrefour and to the three HCR through the West Departmental Directorate (DSO).



Donation of IT equipment to the 3 HCR and the 2 UAS for the continuity of health services (January 2020).

3.4 Development of hospital management adapted to Haiti.

[Creation of Haiti Node on the Virtual Campus of Public Health of PAHO/WHO](#)

Aligned with the development and implementation of capacity building directed towards Haitian health professionals, the project funded the creation of the Haiti Node on the Virtual Campus of Public Health of PAHO/WHO.

The Haiti node will serve as a platform for the implementation of regional courses translated to French, and most importantly adapted to the Haitian context.

This node provides the opportunity to vulgarize the CVSP in Haiti and to implement various health related trainings for the benefit of Haitian professionals. Currently, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) is translated to French and available in the Haiti Node.

Discussions are ongoing for the translation and implementation the Methodology of Productive Management of Health Services (MGPSS) of HSS-PAHO, among others, which will be implemented through this platform.



Haiti Node on the Virtual Campus of Public Health

[Translation, Adaptation and Implementation of the CLAP's Virtual course on Maternal and Perinatal Death Surveillance and Response \(MPDSR\).](#)

Considering the challenges related to maternal and perinatal mortality in Haiti and the potential impact of the COVID-19 pandemic on access to health services, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) has been translated into French, adapted to the Haitian context and uploaded on the Haiti Node of Virtual Campus of Public Health of PAHO.

The translation and adaptation of this course fall within the framework of the Development of hospital management adapted to Haiti and represents an important opportunity for the healthcare system in Haiti in general, and health professionals involved in maternal and neonatal health, given the multiple challenges facing this field in Haiti.

This course will allow actors of the Haitian health system to benefit from all the materials disseminated at the regional level on Maternal and Neonatal Health, and to familiarize themselves with regional resolutions adopted in the field.

The translation of the course materials, including documents, videos, exercises, is finalized and has been reviewed by experts from the Family, Health Promotion and Life Course and Health Systems and Services programs of PAHO-Haiti as part of a cross-programmatic approach.

Enrolment options



Surveillance des décès maternels, périnataux et riposte - Haïti - 2021

Objectif du cours

L'objectif du cours est d'intégrer les compétences nécessaires à la mise en place de nouveaux comités d'audit sur les décès maternels et périnataux, ou de renforcer les comités existants. En suivant ce cours virtuel dans sa totalité, le participant aura acquis des connaissances sur la définition de décès maternel et périnatal, le cycle d'amélioration continue appliqué à l'audit, la création et le renforcement des comités d'audit et la planification des interventions pour éviter de nouveaux décès maternels et périnataux.

MPDSR course on the Virtual Campus of public Health-PAHO

3.5 Training of actors in hospital management of three hospitals in the 4 areas (i) Entrepreneurial management, ii) Clinical management, iii) Quality and safety management, iv) Operational efficiency management)

[Training of the Director of the Zilda Arns Community Reference Hospital in Crisis and Emergency Management.](#)

The project funded a capacity building trip to Israel for the Director of the Zilda Arns Community Reference Hospital from December 5th to December 16th, 2019. The training which was provided by the Galilee International Management Institute, included classroom sessions in a multinational environment and various visits to health facilities in Israel.

This training equipped the Director with the knowledge necessary to mitigate the risks associated with emergency situations and to strengthen the resilience of his facility, especially in the context of the recurrent socio-political crisis in Haiti.

The training was also very timely especially with the emergency created by the COVID 19 crisis in Haiti.

Training of Health Professionals in Hospital Management during crisis

The implementation of the Methodology of Productive Management of Health Services course in face-to-face and virtual arrangements scheduled for March 2020 has been compromised by the pandemic of COVID 19, particularly with the limitations in terms of travel (for the potential tutors). It was agreed with the various stakeholders to organize a virtual modality course on the *Management of Health institutions during crisis situations*, together with Galilee International Management Institute (GIMI).

The implementation of the virtual modality course in concert with GIMI took place from July 14 to September 17, 2020, at a rate of 90 minutes of synchronized sessions each Tuesday and Thursday on the ZOOM platform. About 48 Haitian health professionals participated in this course. In addition to professionals from the 3 Community Reference Hospitals supported by the Project and representatives of the DOSS-MSPP, the managers of the following institutions participated in the training:

- Hôpital Immaculée Conception (Nord-Ouest) ;
- Hôpital Sainte Thérèse et Hôpital Universitaire de Mirebalais (Centre) ;
- Hôpital la Providence des Gonaïves (Artibonite) ;
- Hôpital Universitaire Justinien, HCR de Borgne et HCR de Acul du Nord (Nord) ;
- Hôpital Saint Antoine, HCR de Corail et UAS d'anse d'Hainault (Grand Anse) ;
- Hôpital de Fort Liberté et Direction Départementale (Nord Est) ;
- Hôpital Immaculée Conception (Sud).

Several consultants from the PAHO office in Haiti also benefited from the training, not only with the objective of capacity building, but also with the objective of evaluating the content, quality and methodology of the course curriculum in order to adapt it for future cohorts. A mid-term evaluation conducted in August 2020 revealed a very high level of participant satisfaction with the methodology, the approach and the content of the course.

The last working session took place on September 17th 2020. During the last session, the participants organized into 8 groups, presented their final work, as stipulated in the course curriculum. The three Community Reference Hospitals (Zilda Arns, Ary Bordes and Raoul Pierre-Louis) have proposed and defended projects for the reduction of absenteeism in their respective medical teams, a challenge long-debated during synchronized sessions.

The synchronized sessions of the course have been recorded and will be available on the Haiti Node of the Virtual Public Health Campus.



Souvenir photo of the participants in the Hospital Management in Crisis Situation course.

3.6 Strengthen national governance and oversight of health facilities to new standards and guidelines.

Revision and reproduction of the National List of Essential Medicines

As part of the project's intervention lines focused on the development of hospital management adapted to Haiti and the strengthening of national governance and the surveillance of health establishments in accordance with new standards and guidelines, support was given to the Directorate of Pharmacy, Medicines and Traditional Medicine (DPMMT) for the revision of the National List of Essential Medicines (LNME).

Aligned with the World Health Organization's Model List of Essential Medicines, the LNME constitutes an important pillar of the National Pharmaceutical Policy. It is a normative document guiding healthcare establishment on the availability of the main drugs and the main lines relating to their use (dosage-mode of administration ...) taking into account the complexity of the three levels of the health pyramid.

The choice of drugs appearing in the document was based on epidemiological, pharmacological and economic data, criteria such as local disease prevalence, efficacy / safety, cost / quality ratios, compliance, environment, while considering the revised treatment protocols.

In addition to support for the revision of the document, support was provided for the reproduction of copies intended for the health institutions countrywide, with the aim of strengthening hospital management in general, and the quality of care particularly.



3.7 Document lessons learned and develop a follow-up plan.

Mapping of interventions at hospital level in Haiti

In connection with the documentation of lessons learned from interventions at the hospital level in Haiti, a mapping was carried out in order to document the initiatives implemented at the health facility level in Haiti over the past 10 years (2010-2020) and to see how the different actors in the system can better benefit from the lessons learned from these many experiences.

A total of 110 interventions were identified across the entire territory; the mapping explored the following dimensions:

- General characteristics,
- Hospital management (GH),
- Integrated Health Services Delivery Networks (RISS).

Unfortunately, due to the COVID 19 national emergency, this activity which was supposed to begin in early 2020 has been put on hold for most of the year. However, by the end of 2020, some progress was made despite the many restrictions in effect.

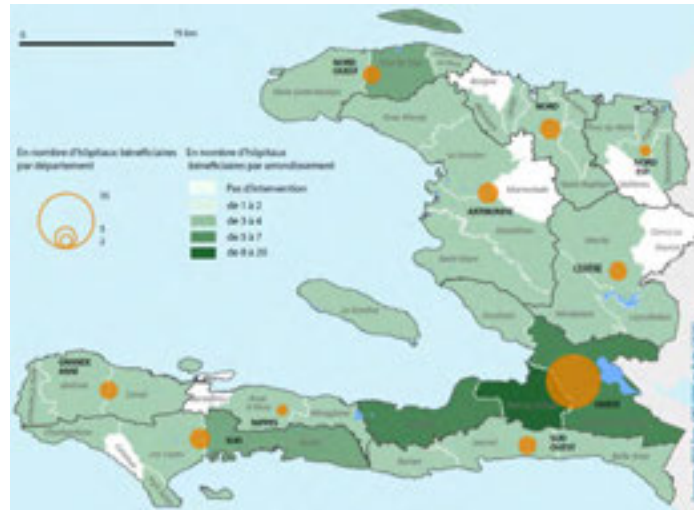
The mapping related to the general characteristics of the interventions is finalized and available. This first step provides a profile of the multitude of interventions at hospital level and serves as an initial step for the census related to interventions on hospital management and Integrated Health Services Delivery Networks.

This initial step was to be the subject of a workshop on October 28, 2020, with the participation of several actors of the Haitian health system (private/public/mixed health facilities, community hospitals, departmental directorates, central Directorates of the MSPP, universities, Technical and financial partners). The objectives of this workshop were to:

- Present and discuss the preliminary results of the mapping of interventions at hospital level carried out by PAHO / WHO.
- Share and discuss experiences of hospitals in Haiti from different perspectives.

- Discuss specific issues related to hospital management in a panel made up of stakeholders and experts in the sector in Haiti.

Unfortunately, due to unforeseen events, this workshop had to be postponed *sine die*.



Result of the Mapping-Spatial distribution of beneficiary establishments by district and department.

[Exploratory analysis of the resilience of the first level of care of the Haitian health system.](#)

An exploratory analysis of the resilience of the first level of care around the 3 HCRs was carried out during the project. This analysis was carried using contrasting case studies/Health institutions identified at the first level of care (Community health centers, Health centers and Community reference hospitals) located around Community Reference Hospitals Raoul Pierre-Louis, Zilda Arns and Ary Bordes.

The objectives of this analysis were to:

- Reference and analyze the daily practices of first level care providers.
- Present the results and develop recommendations for integrating resilience into the National Health Policy (PNS) and into the actions underway to strengthen the first level of care.
- Use the results of the Haitian context to contribute to regional and global knowledge on the resilience of health systems.

Unfortunately, due to the COVID 19 national emergency, this activity which was supposed to run through 2020 has been put on hold for most of the year. However, by the end of 2020, some progress was made despite the many restrictions in effect. The preliminary results of the analysis were the subject of a workshop on October 8, 2020, bringing together around 30 participants from central and departmental and peripheral Directorates of the MSPP, primary level health institutions, technical and financial partners and the university / academic sector.

During the workshop, a prioritization of the elements of vulnerability and an analysis of the causes of said vulnerability at the first level of care were carried out jointly with all the participants. The final report of this analysis is being reviewed with the Unite d’Etudes et de Programmation (UEP-MSPP), the counterpart of the PAHO HSS team in this analysis.



Main findings of the Exploratory analysis of the resilience of the first level of care

4. Support to national response to COVID-19

Strengthening COVID-19 surveillance

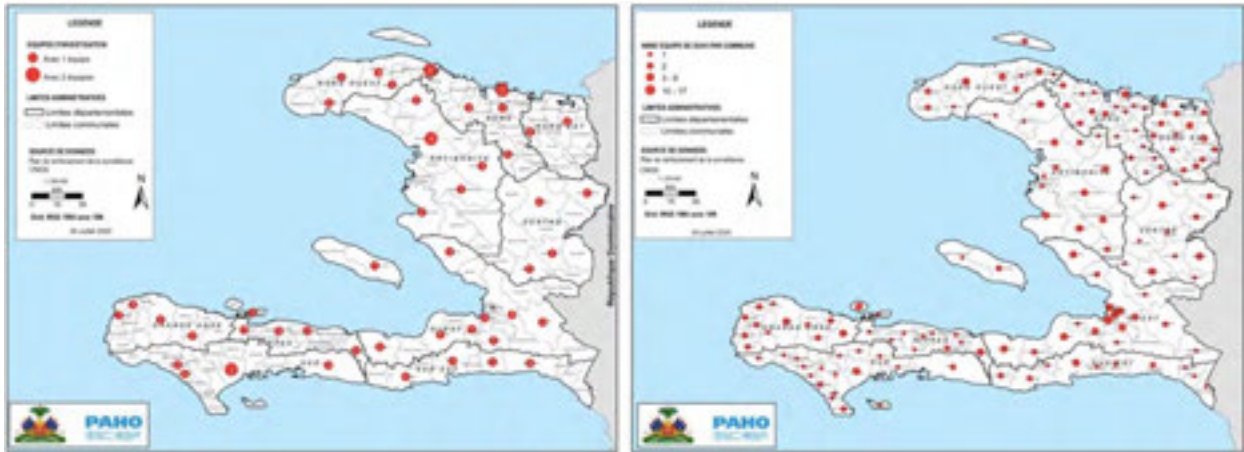
Following the emergence of COVID-19, technical and financial support was provided to the MSPP for the strengthening of surveillance capacity, both at the national and departmental level. Specifically, assistance was provided to the Departmental Health Directorates for the development of context specific surveillance plans aimed at limiting the transmission and impact of COVID-19 in Haiti. All plans were aligned with the National Coronavirus Preparedness and Response Plan launched by the MSPP in March 2020, which itself was consistent with the eight pillars of the PAHO/WHO COVID-19 Strategic Preparedness and Response Plan.

The departmental plans had three main objectives in terms of epidemiological surveillance: 1) to increase the number of investigation teams and ensure an equitable distribution of personnel, in order to respond as rapidly as possible to alerts and to investigate all suspected cases; 2) to establish an effective contact tracing system, so as to identify and monitor all high-risk contacts and break the chain of transmission; and 3) to ensure the collection, management, and analysis of epidemiological data, in order to support field activities and produce periodic reports.

To meet these objectives, part of the funds from the project were used to hire consultants from different areas of public health. These consultants formed a total of **310 contact tracing teams** and **49 investigation teams**, which were **deployed across the country's 10 departments**. Funds were also used to recruit staff for **call centers and data analysis teams** working in each department.

Distribution of investigation teams

Distribution of contact tracing teams



All recruited field staff benefitted from training sessions on epidemiological surveillance. Topics covered include the MSPP's strategy to ensure early detection and active case finding as well as contact tracing. The roles and responsibilities of field teams, the use of personal protective equipment (PPE), the use of sample collection kits, and the use of surveillance data collection tools were also discussed. Data management personnel were trained on the use of software packages (e.g., ArcGIS, R, and Tableau) for the visualization of spatio-temporal trends in the transmission of COVID-19 in Haiti and the production of weekly epidemiological reports.

Training on epidemiological surveillance



From October 2020 the number of investigation teams and contact tracing teams was gradually reduced following the reduction in the incidence of COVID-19 cases in the country. However, to ensure the detection of potential cases and the tracing of their contacts, sampling sites were set up throughout the territory. **As of 31 December 2020, 66 sites were operational in the 10 departments.**

COVID-19 sampling sites in Haiti, as of 31 December 2020



PAHO/WHO entered a partnership with the International Organization for Migration (IOM) to support the MSPP's efforts towards the strengthening of COVID-19 surveillance. PAHO/WHO, IOM and the MSPP collaborated on the implementation of a plan for the screening and monitoring of passengers arriving at the international airport of Port-au-Prince. From August to December 2020, a total of 14,973 passengers were followed up for a period of 14 days to identify and, if necessary, refer potential cases to the MSPP. A total of 14 cases were referred to the MSPP as potential COVID-19 cases. Furthermore, 43,666 calls were made to monitor passengers and provide psychosocial assistance during the pandemic.

Strengthening the capacity for laboratory testing

Project funds contributed to the set-up of a large-scale laboratory diagnostic confirmation system to guide the response and limit the spread of the novel coronavirus (SARS-COV-2). Reagents, PPE, and other supplies were purchased and distributed to nine laboratories across the country, including the National Public Health Laboratory (LNSP). Technicians from these laboratories also benefitted from several training sessions on the use of the GeneXpert test for the molecular diagnosis of COVID-19. Finally, recommendations were made to these institutions for the improvement of quality assurance systems, the reduction of turnaround times for laboratory results, and the management of biological waste.

Furthermore, in collaboration with the LNSP, training sessions were organized on the collection of samples for COVID-19 testing. The training had both theoretical and practical components. The target audience for sessions were doctors, nurses as well as laboratory technicians.

Training on the collection of samples for COVID-19 testing



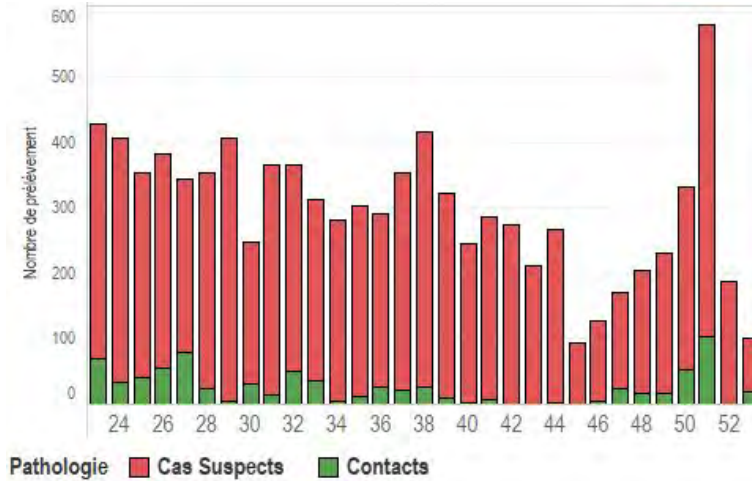
Visits were made to eight hospitals responsible for collecting suspected cases of COVID-19. The aim was to assess the functioning of these institutions to ensure that the collection, management, and transport of specimens were carried out in compliance with international standards. More specifically, during the visits, the following elements were assessed: data collection, triage, hygiene (the presence of water points for hand washing, good room ventilation, adequate waste management process), and levels of attendance at the establishment. Regarding the samples, the evaluations focused on their quality, their packaging before transport, and the transport time (<24h, 24-48h,> 48h).

Collection of samples during one of the assessment visits



As part of the response to the COVID-19 epidemic, the Labo-Moto nurses reoriented their activities from cholera to COVID-19 to ensure that all suspected cases were tested in the laboratory. Between June and December 2020, these nurses collected and transported by motorbike 9,414 samples from the collection centers to the various laboratories (central and departmental). About 80% of all samples collected outside the Ouest department were tested in the laboratory thanks to the support of the Labo-moto nurses.

COVID-19 samples collected by Labo-Moto nurses by week, June–December 2020



[COVID-19 response at the first level of care](#)

A close support was provided to the Direction of Health Promotion and Environmental Protection (DPSPE) and the Departmental and District Health Directorates to strengthen to COVID 19 response at the first level of care, emphasizing on the primary health care approach.

A total of **3047 Community Health Workers and Auxiliary Nurses** countrywide were capacitated on the COVID 19, specifically on supervision within the context of COVID-19 on preventive measures, community awareness, early detection of cases, active investigation of suspected cases, and follow-up of contacts.

Furthermore, in order to reduce the impact of the pandemic on other services, the first level professionals were also capacitated on the continuity of care for the priority programs, such as childhood vaccination, prenatal care, maternal health....

With the support of the various Departmental Health Directorates, the Family Health Teams (ESF) have been deployed in places where social distancing measures are difficult to implement; they have contributed to the transmission of prevention and promotion messages to the population, particularly on the importance hand washing and mask wear.

This work of the ESF has been essential in public markets and particularly during patronal feasts across the country, during which ESF had the opportunity to employ techniques and skills acquired in terms of community awareness to deal with COVID 19.



Community Health Workers at work in public markets

Care and treatment

A. Technical support to COVID-19 treatment centers

To prepare the response to COVID-19, support was provided to the various COVID-19 treatment sites on the following aspects:

- Establishment of standards in COVID-19 treatment centers (adequate patient circuit, compliance with Infection Prevention and Control standards, etc.)
- Purchase of Personal Protective Equipment (PPE)
- Purchase of medical materials and supplies
- Purchase of specific medical equipment (O₂ concentrators)
- Continuous monitoring of compliance with IPC norms.



As part of this project, we were able to provide support to 29 COVID-19 sites; of which only 25 opened given the epidemic trend.

The 29 sites are spread over 7 departments (Ouest, Centre, Artibonite, Nord, Nord-Ouest, Sud and Grand'Anse) with a total of 937 beds including 41 intensive care beds.

| Technical support | Structures supported | Follow-up visits |
|-------------------|----------------------|------------------|
| Ouest | 9 | 117 |
| Other departments | 20 | 40 |
| Total | 29 | 157 |

Today, only 12 sites are still open in 6 departments, with 287 beds including 19 intensive care beds:

- 3 located in the Ouest department, where most cases were recorded
- 1 in the Centre department
- 2 in the Artibonite department
- 2 in the Nord department
- 2 in the Sud department
- 2 in the Grand'Anse department

These sites receive PPE support, WaSH kits and medical supplies according to their needs.

B. Technical support to non-COVID-19 Centers

To avoid the contamination of health personnel and allow all patients to continue to consult in complete safety, all health institutions were asked to implement the early detection protocol drafted by the DOSS with the support of PAHO/WHO.

To date, 283 non-COVID-19 institutions have been visited and **270 have received technical support for the implementation of early detection** of suspected cases of Covid (i.e. space for advanced triage and isolation of suspected cases).



As the epidemic is mainly located in the Ouest department, the implementation of early detection activities was first focused on this department.

To date, 94 institutions in the West Department have been visited (90%) and 71 have installed triage points for early detection thanks to the project. Overall, 180 institutions across the country perform triage and 105 have an isolation area.



| Technical support | Supported structures | Triage installed | Isolation | Isolation beds |
|--------------------------|----------------------|------------------|------------|----------------|
| Ouest | 81 | 71 | 33 | 73 |
| Other departments | 189 | 109 | 72 | 282 |
| Total | 270 | 180 | 105 | 355 |

During the last quarter of the project, a loosening of protective measures was observed; also, early detection is no longer systematic at the level of health institutions.

C. Partnership with IOM for the implementation of early detection and isolation spaces

Through several joint efforts, PAHO/WHO with the support of IOM and its fast and efficient operational capacities (which include engineers), was able to respond to urgent last-minute requests of support from the Ministry of Health, such as the set-up of triage and isolation spaces in essential non-COVID health institutions in need of urgent support to continue providing safe care to the population.

To continue this collaboration, IOM was approached to continue supporting these interventions, under the technical guidance and recommendations of PAHO/WHO aiming at strengthening MSPP capacity to effectively address COVID-19 pandemic through repairs/upgrades to designated medical centers.

Through this partnership, IOM supported **8 health institutions to set-up a triage and an isolation space** to ensure safe provision of care and avoid cross contamination: 3 in the Nord-Est department, 5 in the Ouest department, of which 2 in the island of la Gonâve, a site that received special consideration given that health institutions in this site had received minor support from the onset of the pandemic.

D. Daily monitoring of Covid bed occupancy rate

Since the start of the epidemic, daily monitoring of the number of hospitalizations of confirmed and suspected hospitalized cases has been carried out. This activity aims to monitor the availability of beds in each center in order to guide the regulation of CAN.

These daily calls also allow knowing the specific needs of each center in real time (PPE, medical supplies, training material and other additional technical support) and to be able to respond to them as quickly as possible.

E. Support to U-NGUS

Support was provided to U-NGUS by increasing its response capacities with an additional administrative assistant and a crisis management consultant.

- The administrative assistant monitors the material, logistical and transportation needs of the U-NGUS but more importantly the capacity building of the current administrative assistant.
- The national consultant in crisis management supported the implementation of the health policy decided by the MSPP, as well as the coordination and sharing of information

between the Departmental Health Directorates and the central level. Given the downward epidemic trend, this consultant's contract was not renewed.

F. Trainings

COVID-19 and non-COVID-19 sites:

The staff of all COVID-19 sites and the non- COVID-19 sites that we support have been trained in:

- Early detection (triage and isolation)
- The implementation of IPC norms and the use of PPE
- Cleaning and disinfection

Healthcare personnel have also been trained in oxygen therapy

Ambulance services

The personnel of the public ambulance services (CAN) and private were trained in:

- The implementation of IPC norms and the use of PPE
- Cleaning and disinfection



Health Directorates

Training of trainers was carried out in the Health Directorates of the Nord and Nord-Est departments, in standards for setting up COVID and non-COVID sites.

In total, this project made it possible to train 1,830 staff on COVID-19 protocols.

| Number of people trained | Women | Men |
|--------------------------|-------|-----|
| 1830 | 1170 | 660 |

Communications and Community Engagement to the COVID 19 response

Community engagement represented an important priority to ensure effective response to the COVID 19 in communities, especially in rural areas. Various workshops were held with community leaders countrywide to sensitize them on the COVID 19 and on their role in the response.

These workshops targeted leaders from different sectors (schools, churches, sanitation, local councils...), in order to strengthen an effective involvement to address the determinants of health related to COVID 19. Nationwide, **a total of 198 community leaders** were sensitized on the community response to the COVID 19.

MSPP Communication Unit

Material support was provided to the MSPP Communication Unit to ensure the continuity of their interventions in telework mode.

MSPP Website:

Support was provided to the MSPP to add information related to the Covid response on their website in collaboration with the Center for Information and Training in Health Administration (CIFAS), in charge of the site.



This update has allowed to publish the daily COVID situation report as well as the protocols and guidelines of the Ministry of Health.

Development and publication of documents

Technical support was provided to the Directorate for the Organization of Health Services (DOSS) for the drafting of two documents during the pandemic. The first is a guide for the set-up of early detection measures in health centers. The second one details the MSPP's response strategy at the epidemic stage, particularly the sanitary organization and the healthcare network, including home care.



[Intersectoral approach to the COVID 19 response](#)

As part of the national response to COVID 19 and the resumption of school activities decided by the Haitian government in August 2020, the HSS team provided technical support to the joint efforts of the Department for the Health Promotion and the Protection of the Environment (DPSPE) of the MSPP and the Ministry of National Education and Professional Training (MENFP) for the integrated training of several professionals of the Haitian education sector who will, in turn, be trainers in their respective geographical areas.

During two consecutive days, on August 13th and 14th, 30 executives (from both Central and Departmental Directorates of the MENFP) and school inspectors, participated in this initiative aimed at raising awareness

on the behaviors to be encouraged for the prevention and management of COVID 19 in schools. The working sessions had the objective to train trainers who will educate school principals, teachers, school staff and parents of students.

During these sessions, the MSPP response plan, the MENFP protocol for the reopening of classes, the communication adapted to COVID-19, the use of infrared thermometers and the barrier gestures were presented. Simulation exercises and practical work on wearing were also carried out with the active participation of all beneficiaries.

The training ended with the delivery of surgical masks, protective visors and hydro-alcoholic gels to the participants. With the support of the DPSPE and the Departmental Directorates of the MENFP, these executives will participate in building the capacities of other departmental actors on the prevention measures and the awareness-raising against COVID 19 in schools.

PROJECT MANAGEMENT

In order to assess progress made in the implementation of the workplan in relation to the project objectives and deliverables, to identify the factors of progress as well as the constraints, and to make adjustments to the implementation strategies as necessary, several complementary monitoring mechanisms were put in place:

- Monthly meetings of the Comité de Pilotage, led by the MSPP and gathering representatives of PAHO/WHO and UNOPS as implementing agencies
- Field visits of the Brazil delegation (Representatives of the Ministry of Health and UNDP), whenever possible
- Monthly teleconference calls with all the partners starting May 2020, when the COVID-19 pandemic prevented travel and field visits from the Brazil delegation
- In the case of PAHO/WHO, and in preparation for a successful project closure:
 - July 2020: PAHO was proactive in inquiring with UNDP to confirm the project closure dates (Same deadline of 31 December 2020 for completion of deliverables and all transactions including payments)
 - Establishment of an internal closure schedule that sets deadline dates for all transactions: large purchases, field missions, issue payment requests etc. This intended to facilitate administration and finance processes.
 - Starting August 2020 (as soon as the project closure dates were confirmed), establishment of bi-weekly project monitoring meetings to review the workplan and budget execution report line by line, assess progress in implementation of activities, review plan of implementation for the following 2 weeks, analyze amounts to liquidate (pay) and outline a list of corresponding action points.

BUDGET EXECUTION

| | | |
|--|----|------------------|
| Approved budget | \$ | 4,560,000 |
| Of which disbursement #1 | \$ | 2,023,795 |
| Of which disbursement #2 | \$ | 2,536,205 |
| | | |
| Total execution as of 31 December 2020 | \$ | 4,545,557 |
| Balance | \$ | 14,443 |
| | | |
| % execution | | 99.68% |

The official final financial report is included in **Annex I** of this report.

The unofficial reconciled financial report using UNDP's FACE format is included in **Annex II** of this report.

ANNEXES

Annex I – Official financial report

Annex II – Unofficial financial reconciled report

PAN AMERICAN HEALTH ORGANIZATION

Financial Resources Management

OFFICIAL FINANCIAL REPORT

PROJECT TITLE: RENFORCEMENT DU SYSTÈME DE SANTÉ POUR UNE MEILLEURE PRISE EN CHARGE DES URGENCES MEDICO-SANITAIRES EN HAITI/STRENGTHENING THE HEALTH SYSTEM FOR BETTER MANAGEMENT OF MEDICAL AND HEALTH EMERGENCIES IN HAITI

GRANTOR: UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

GRANT PERIOD: 1 JUNE 2019 TO 31 DECEMBER 2020

COMMITMENT AMOUNT: USD \$ 4,560,000.00

GRANT NUMBER: 191139

FINAL

STATEMENT OF BUDGET AND DISBURSEMENTS

2 DECEMBER 2020 TO 10 MARCH 2021

(Expressed in US Dollars)

SUMMARY

| GRANT | EXPENDITURE CATEGORY | AWARD BUDGET | D I S B U R S E M E N T S | | | UNLIQUIDATED OBLIGATIONS | AWARD BALANCE |
|-------|------------------------------------|---------------------|---------------------------|---------------------|---------------------|-----------------------------|------------------|
| | | | PRIOR | THIS PERIOD | TOTAL | | |
| 0001 | Project Management & Supervisio | 523,337.26 | 435,708.73 | 87,628.53 | 523,337.26 | 0.00 | 0.00 |
| 0002 | Support to UEP | 23,638.29 | 14,644.29 | 8,994.00 | 23,638.29 | 0.00 | 0.00 |
| 0003 | Update of emergency routine man | 29,839.95 | 29,839.95 | 0.00 | 29,839.95 | 0.00 | 0.00 |
| 0004 | Management of medical and health | 8,999.99 | 8,999.99 | 0.00 | 8,999.99 | 0.00 | 0.00 |
| 0005 | Medical regulation - CAN | 351,646.00 | 126,946.00 | 224,700.00 | 351,646.00 | 0.00 | 0.00 |
| 0006 | Epidemiological surveillance | 132,784.53 | 132,533.93 | 250.60 | 132,784.53 | 0.00 | 0.00 |
| 0007 | Training on emergencies | 171,987.79 | 141,039.79 | 30,948.00 | 171,987.79 | 0.00 | 0.00 |
| 0008 | White plans | 330,992.75 | 179,642.64 | 151,350.11 | 330,992.75 | 0.00 | 0.00 |
| 0009 | Implementation of national plan on | 142,108.19 | 142,108.19 | 0.00 | 142,108.19 | 0.00 | 0.00 |
| 0010 | Training on response to SSEs | 9,805.03 | 9,023.03 | 782.00 | 9,805.03 | 0.00 | 0.00 |
| 0011 | QRCode patient tracking system | 103,623.05 | 36,229.69 | 67,393.36 | 103,623.05 | 0.00 | 0.00 |
| 0012 | Simulation exercises | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0013 | Communication - emergency | 6,000.00 | 6,000.00 | 0.00 | 6,000.00 | 0.00 | 0.00 |
| 0014 | Refresher courses ASCP | 176,229.22 | 160,357.28 | 15,871.94 | 176,229.22 | 0.00 | 0.00 |
| 0015 | Meetings at municipal level | 29,452.37 | 28,942.64 | 509.73 | 29,452.37 | 0.00 | 0.00 |
| 0016 | Strengthen local health governanc | 49,901.85 | 40,801.85 | 9,100.00 | 49,901.85 | 0.00 | 0.00 |
| 0017 | Guidelines on hospital managemen | 101,703.77 | 97,403.77 | 4,300.00 | 101,703.77 | 0.00 | 0.00 |
| 0018 | Training on hospital management | 163,111.56 | 150,350.96 | 12,760.60 | 163,111.56 | 0.00 | 0.00 |
| 0019 | Monitoring health governance | 119,917.43 | 109,067.13 | 10,850.30 | 119,917.43 | 0.00 | 0.00 |
| 0020 | Lessons learned and monitoring pl | 109,920.66 | 94,347.66 | 15,573.00 | 109,920.66 | 0.00 | 0.00 |
| 0021 | La Paix - Renovations of emergen | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0022 | Purchase of medical equipment | 15,000.00 | 15,000.00 | 0.00 | 15,000.00 | 0.00 | 0.00 |
| 0023 | COVID-19 Response | 1,648,183.92 | 1,335,202.58 | 312,981.34 | 1,648,183.92 | 0.00 | 0.00 |
| | Program Support Costs | 297,372.85 | 230,593.31 | 66,779.55 | 297,372.85 | 0.00 | 0.00 |
| | TOTAL | 4,545,556.46 | 3,524,783.41 | 1,020,773.06 | 4,545,556.46 | 0.00 | 0.00 |

CERTIFIED CORRECT BY: JORGE G. CRUZ, CHIEF
TRUST FUNDS MANAGEMENT

Washington D.C. 10 March 2021
EM

PAN AMERICAN HEALTH ORGANIZATION

Financial Resources Management

OFFICIAL FINANCIAL REPORT

PROJECT TITLE: RENFORCEMENT DU SYSTÈME DE SANTÉ POUR UNE MEILLEURE PRISE EN CHARGE DES URGENCIES MEDICO-SANITAIRES EN HAITI/STRENGTHENING THE HEALTH SYSTEM FOR BETTER MANAGEMENT OF MEDICAL AND HEALTH EMERGENCIES IN HAITI

GRANTOR: UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

GRANT PERIOD: 1 JUNE 2019 TO 31 DECEMBER 2020

COMMITMENT AMOUNT: USD \$ 4,560,000.00

GRANT NUMBER: 191139

CASH POSITION AS OF 10 MARCH 2021

| | |
|---------------------|--------------|
| CONTRIBUTIONS | USD \$ |
| May-19 | 2,023,795.00 |
| May-20 | 2,536,205.00 |
| TOTAL CONTRIBUTIONS | 4,560,000.00 |
| LESS: | |
| TOTAL DISBURSEMENTS | 4,545,556.46 |
| CASH BALANCE | 14,443.54 |
| LESS: | |
| REFUND TO SPONSOR | 14,443.54 |
| CASH BALANCE | 0.00 |

CERTIFIED CORRECT BY: JORGE G. CRUZ, CHIEF
TRUST FUNDS MANAGEMENT

Washington D.C. 10 March 2021
EM

Funding Authorization and Certificate of Expenditures

UN Agency:

UNDP

Date:

Country: Haiti
 Project Title: BRA/17/018 - Strengthening the Management of Services and the Health System in Haiti
 Project Number: 00098088 / 00101554
 Responsible Officer(s): Maria Teresa Amaral Fontes
 Implementing Partner: UNDP Brasil

Type of Request:
 Direct Cash Transfer (DCT)
 Reimbursement
 Direct Payment

Currency: USD

| Activity Description from AWP with Duration | Coding for UNDP, UNFPA and WFP | REPORTING | | | | | REQUESTS / AUTHORIZATIONS | | |
|---|---|---------------|---|----------------------|---------------------------------|-----------|--|-------------------|-------------------------------|
| | | Annual Budget | Actual Project Expenditure through 31 December 2020 | ATLAS Voucher number | Expenditures accepted by Agency | Balance | New Request Period & Amount <u>MM-MM YYYY</u> | Authorised Amount | Outstanding Authorised Amount |
| | | A | B | | C | D = A - C | E | F | G = D + F |
| | 71205 - Intl Consultants-Sht Term-Tech | 167,500 | 167,380 | | 167,380 | 120 | | | |
| | 71210 - Intl Consultants-Sht Term-Supp | 330,500 | 330,368 | | 330,368 | 132 | | | |
| | 71305 - Local Consult - Sht Term-Tech | 279,500 | 279,260 | | 279,260 | 240 | | | |
| | 71310 - Local Consult - Short Term-Supp | 104,000 | 103,625 | | 103,625 | 375 | | | |
| | 71605 - Travel Tickets-International | 9,000 | 8,594 | | 8,594 | 406 | | | |
| | 71610 - Travel Tickets-Local | 59,800 | 59,541 | | 59,541 | 259 | | | |
| | 71615 - Daily Subsistence Allow-Intl | 3,500 | 3,375 | | 3,375 | 125 | | | |
| | 71620 - Daily Subsistence Allow-Local | 162,300 | 162,051 | | 162,051 | 249 | | | |
| | 71625 - Daily Substist Allow-Mtg Partic | 77,000 | 76,985 | | 76,985 | 15 | | | |
| | 72105 - Svc Co-Construction & Engineer | 16,500 | 16,334 | | 16,334 | 166 | | | |
| | 72130 - Svc Co-Transportation Services | 113,500 | 113,497 | | 113,497 | 3 | | | |
| | 72140 - Svc Co-Information Technology | 16,000 | 15,943 | | 15,943 | 57 | | | |
| | 72160 - Svc Co-Education & Health Serv | 646,000 | 645,531 | | 645,531 | 469 | | | |
| | 72170 - Svc Co-Humanitarian Aid & Relf | 346,500 | 346,437 | | 346,437 | 63 | | | |
| | 72210 - Machinery and Equipment | 11,000 | 10,830 | | 10,830 | 170 | | | |
| | 72215 - Transportation Equipment | 12,000 | 11,639 | | 11,639 | 361 | | | |
| | 72330 - Medical Products | 890,000 | 889,709 | | 889,709 | 291 | | | |
| 4. Prover apoio técnico para a preparação, juntamente com profissionais do MSPP, de manuais de rotina, da padronização de cuidados e procedimentos operacionais administrativos e de protocolos de atendimento clínico em casos de urgência e emergência. | 72335 - Pharmaceutical Products | 51,000 | 50,744 | | 50,744 | 256 | | | |
| | 72350 - Medical Kits | 500 | 285 | | 285 | 215 | | | |
| | 72370 - Security related goods and mat | 4,000 | 3,566 | | 3,566 | 434 | | | |
| | 72399 - Other Materials and Goods | 3,500 | 3,401 | | 3,401 | 99 | | | |
| | 72405 - Acquisition of Communic Equip | 3,500 | 3,407 | | 3,407 | 93 | | | |
| | 72425 - Mobile Telephone Charges | 8,200 | 8,041 | | 8,041 | 159 | | | |
| | 72440 - Connectivity Charges | 300 | 97 | | 97 | 203 | | | |
| | 72505 - Stationery & other Office Supp | 3,500 | 3,426 | | 3,426 | 74 | | | |
| | 72715 - Hospitality Catering | 46,000 | 45,872 | | 45,872 | 128 | | | |
| | 72805 - Acquis of Computer Hardware | 5,000 | 4,890 | | 4,890 | 110 | | | |
| | 72815 - Inform Technology Supplies | 4,500 | 4,322 | | 4,322 | 178 | | | |
| | 73107 - Rent - Meeting Rooms | 15,500 | 15,251 | | 15,251 | 249 | | | |
| | 73110 - Custodial & Cleaning Services | 300 | 284 | | 284 | 16 | | | |
| | 73405 - Rental & Maint-Other Office Eq | 500 | 323 | | 323 | 177 | | | |
| | 73406 - Maintenance of Equipment | 400 | 314 | | 314 | 86 | | | |

Currency: USD

| Activity Description from AWP with Duration | Coding for UNDP, UNFPA and WFP | REPORTING | | | | | REQUESTS / AUTHORIZATIONS | | |
|---|--|--|---|----------------------|---------------------------------|-----------|---|-------------------|-------------------------------|
| | | Annual Budget | Actual Project Expenditure through 31 December 2020 | ATLAS Voucher number | Expenditures accepted by Agency | Balance | New Request Period & Amount MM-MM YYYY | Authorised Amount | Outstanding Authorised Amount |
| | | A | B | | C | D = A - C | E | F | G = D + F |
| | 73410 - Maint, Oper of Transport Equip | 4,500 | 4,474 | | 4,474 | 26 | | | |
| | 74205 - Audio Visual Productions | 6,500 | 6,420 | | 6,420 | 80 | | | |
| | 74210 - Printing and Publications | 17,500 | 17,034 | | 17,034 | 466 | | | |
| | 74215 - Promotional Materials and Dist | 14,000 | 13,869 | | 13,869 | 131 | | | |
| | 74220 - Translation Costs | 8,000 | 7,996 | | 7,996 | 4 | | | |
| | 74225 - Other Media Costs | 2,400 | 2,107 | | 2,107 | 293 | | | |
| 5. Promover o treinamento de gestores, profissionais de saúde e técnicos do MSPP. | 71205 - Intl Consultants-Sht Term-Tech | 251,000 | 250,703 | | 250,703 | 297 | | | |
| | 71305 - Local Consult.-Sht Term-Tech | 100,000 | 99,681 | | 99,681 | 319 | | | |
| | 71310 - Local Consult.-Short Term-Supp | 54,500 | 54,127 | | 54,127 | 373 | | | |
| | 71605 - Travel Tickets-International | 5,000 | 4,993 | | 4,993 | 7 | | | |
| | 71610 - Travel Tickets-Local | 10,000 | 9,846 | | 9,846 | 154 | | | |
| | 71620 - Daily Subsistence Allow-Local | 13,500 | 13,152 | | 13,152 | 348 | | | |
| | 71625 - Daily Subsist Allow-Mtg Partic | 31,000 | 30,962 | | 30,962 | 38 | | | |
| | 72130 - Svc Co-Transportation Services | 25,500 | 25,434 | | 25,434 | 66 | | | |
| | 72145 - Svc Co-Training and Educ Serv | 13,000 | 12,840 | | 12,840 | 160 | | | |
| | 72170 - Svc Co-Humanitarian Aid & Relf | 53,500 | 53,355 | | 53,355 | 145 | | | |
| | 72335 - Pharmaceutical Products | 74,000 | 73,676 | | 73,676 | 324 | | | |
| | 72405 - Acquisition of Communic Equip | 6,400 | 6,318 | | 6,318 | 82 | | | |
| | 72440 - Connectivity Charges | 300 | 200 | | 200 | 100 | | | |
| | 72505 - Stationery & other Office Supp | 1,000 | 621 | | 621 | 379 | | | |
| | 72715 - Hospitality Catering | 21,500 | 21,346 | | 21,346 | 154 | | | |
| | 72805 - Acquis of Computer Hardware | 14,000 | 13,987 | | 13,987 | 13 | | | |
| | 72815 - Inform Technology Supplies | 200 | 162 | | 162 | 38 | | | |
| | 73107 - Rent - Meeting Rooms | 2,500 | 2,312 | | 2,312 | 188 | | | |
| | 73120 - Utilities | 700 | 599 | | 599 | 101 | | | |
| | 73125 - Common Services-Premises | 1,100 | 1,001 | | 1,001 | 99 | | | |
| | 73410 - Maint, Oper of Transport Equip | 9,500 | 9,116 | | 9,116 | 384 | | | |
| | 74205 - Audio Visual Productions | 2,000 | 1,605 | | 1,605 | 395 | | | |
| | 74210 - Printing and Publications | 17,500 | 17,037 | | 17,037 | 463 | | | |
| | 74220 - Translation Costs | 15,000 | 14,745 | | 14,745 | 255 | | | |
| | 74225 - Other Media Costs | 1,500 | 1,478 | | 1,478 | 22 | | | |
| | 6. Promover a atualização técnica e a reintegração dos | 71205 - Intl Consultants-Sht Term-Tech | 118,700 | 118,611 | | 118,611 | 89 | | |
| | | 71305 - Local Consult.-Sht Term-Tech | 27,000 | 26,750 | | 26,750 | 250 | | |
| | | 71310 - Local Consult.-Short Term-Supp | 5,000 | 4,709 | | 4,709 | 291 | | |
| 71605 - Travel Tickets-International | | 1,500 | 1,468 | | 1,468 | 32 | | | |
| 71620 - Daily Subsistence Allow-Local | | 9,000 | 8,771 | | 8,771 | 229 | | | |
| 71625 - Daily Subsist Allow-Mtg Partic | | 112,000 | 111,834 | | 111,834 | 166 | | | |

Currency: USD

| Activity Description from AWP with Duration | Coding for UNDP, UNFPA and WFP | REPORTING | | | | | REQUESTS / AUTHORIZATIONS | | |
|---|--|------------------|---|----------------------|---------------------------------|---------------|---|-------------------|-------------------------------|
| | | Annual Budget | Actual Project Expenditure through 31 December 2020 | ATLAS Voucher number | Expenditures accepted by Agency | Balance | New Request Period & Amount MM-MM YYYY | Authorised Amount | Outstanding Authorised Amount |
| | | A | B | | C | D = A - C | E | F | G = D + F |
| agentes comunitarios dos centros de saude (Agentes Comunitários de Saúde Polivalente - ACSF) formados pelo Comitê da Cooperação Tripartite. | 72130 - Svc Co-Transportation Services | 3,500 | 3,210 | | 3,210 | 290 | | | |
| | 72335 - Pharmaceutical Products | 74,000 | 73,676 | | 73,676 | 324 | | | |
| | 72505 - Stationery & other Office Supp | 500 | 197 | | 197 | 303 | | | |
| | 72805 - Acquis of Computer Hardware | 9,000 | 8,763 | | 8,763 | 237 | | | |
| | 72715 - Hospitality Catering | 8,700 | 8,622 | | 8,622 | 78 | | | |
| | 72815 - Inform Technology Supplies | 5,000 | 4,925 | | 4,925 | 75 | | | |
| | 73107 - Rent - Meeting Rooms | 3,700 | 3,681 | | 3,681 | 19 | | | |
| | 74215 - Promotional Materials and Dist | 14,000 | 13,819 | | 13,819 | 181 | | | |
| Total | | 4,560,000 | 4,545,556 | | 4,545,556 | 14,444 | | | |

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution hereby certifies that:

- The funding request shown above represents estimated expenditures as per AWP and itemized cost estimates attached.

The actual expenditures for the period stated herein has been disbursed in accordance with the AWP and previously approved itemized cost estimates. The detailed accounting documents for these expenditures can be made available for examination, when required, for the period of five years from the date of the provision of funds.

Date Submitted: _____ Name: _____

Director of Administration

Project Director

NOTES: * Shaded areas to be completed by the UN Agency and non-shaded areas to be completed by the counterpart.

FOR AGENCY USE ONLY:

| |
|----------------------|
| FOR ALL AGENCIES |
| Approved by: |
| Signature: _____ |
| Name: _____ |
| Title: _____ |
| Date: ____/____/____ |



Empoderando vidas.
Fortalecendo nações.

Programa das Nações Unidas para o Desenvolvimento - PNUD Relatório de viagem

| | |
|--|----------------------------------|
| Nome Completo: EVERALDO TORRES CORDEIRO | Itinerário/Trecho: BSB/PAP/BSB |
| Local: Porto Príncipe/Haiti | Data: 19 a 23 de janeiro de 2020 |
| Contatos Parceiros/Projeto: Dr Jean Henrys - MSP Dr Gerald Lerembours - MSPP Felipe Munevar - UNOPS | |
| Objetivo da viagem: | |

Participar de missão de monitoramento da execução do PRODOC BRA 17/018

Resumo das atividades realizadas:

38º Relatório de Missão Internacional PRODOC BRA 17/018 Porto Príncipe, 20 a 23 de janeiro de 2020



Este relatório apresenta uma síntese das atividades desenvolvidas entre os dias 20 a 23 de janeiro de 2020, referente a missão de monitoramento da execução do Projeto BRA/ 17/018, que tem por finalidade o fortalecimento do sistema de saúde haitiano.

O objetivo da missão, foi o de avaliar o grau de cumprimento da execução dos acordos firmados entre o PNUD/UNOPS e PNUD/OPS/Haiti, conforme os produtos distribuídos nas linhas estratégicas nº 1 e 2 do PRODOC BRA 17/018, bem como acompanhar os avanços do processo de transferência gradativa da gestão dos hospitais comunitários de referências Dra Zilda Arns, Dr Ary Bordes e Dr Raoul Pierre ao governo haitiano.

Delegação brasileira

Representaram o Ministério da Saúde do Brasil, Dr. Paulo Marcos Rodopiano de Oliveira, Chefe de Gabinete da Secretaria-Executiva, a Dra. Adriana Teixeira, Diretora da área de Urgência e Emergência do MS e Everaldo Torres Cordeiro, consultor do Projeto. Pelo Programa das Nações Unidas para o Desenvolvimento (PNUD) participaram Maria Teresa Amaral Fontes e Renata Ramos Ribeiro.

Programação da missão:

Dia 20 de janeiro / 2020

09H00: REUNIÃO COM A EQUIPE TÉCNICA DO ESCRITÓRIO DAS NAÇÕES UNIDAS DE SERVIÇOS PARA PROJETOS / UNOPS.

Objetivo:

1. Conhecer o estágio atual do grau de execução do plano de manutenção dos hospitais em cada hospital monitorado pelo projeto
2. Conhecer o saldo atual dos recursos da carta acordo entre o PNUD e UNOPS
3. Conhecer as dificuldades encontradas no processo de transição gradativa dos hospitais ao governo haitiano, estágios atuais, desafios e perspectivas;
4. Conhecer o processo de execução das obras dos blocos administrativos nos hospitais Dra Zilda Arns e Dr Raoul Pierre
5. Conhecer o estágio atual da execução das novas demandas apresentadas pelo MSPP (agosto de 2019) , CAN e Equipamentos e insumos no laboratório do Centro Nacional de Transfusão Sanguínea)
6. Planejar em conjunto da próxima etapa do projeto

14H00: REUNIÃO COM EMBAIXADOR DO BRASIL NO HAITI

Objetivo:

1. Apresentação de toda agenda de trabalho durante a missão de monitoramento
2. Conhecer a situação política atual do Haiti
3. Perspectivas do atual embaixador com os rumos do projeto
4. Orientação para a reunião com a ministra da saúde do Haiti

Dia 21 de janeiro / 2020

09H00: REUNIÃO COM REPRESENTANTES DA OPS/OMS –HAITI

Objetivo:

1. Conhecer o estágio atual da execução dos componentes 4,5 e 6 da carta acordo entre o PNUD e a OPS
2. Conhecer as atividades que já foram executadas
3. Novas demandas apresentadas pelo MSPP:
 - ✓ Execução de um novo serviço de urgência no Hospital La Paix em Porto Príncipe
 - ✓ Apoio à implementação do Plano de Resposta a Situações Excepcionais e crises
 - ✓ Dotação de equipamentos e insumos para os serviços de urgência dos Hospitais Departamentais e Hospitais Comunitários de Referência (US\$ 50.000)
4. Próximas etapas a serem executadas no âmbito da carta acordo
5. Conclusão

14H00: REUNIÃO COM A MINISTRA DA SAÚDE E DA POPULAÇÃO DO HAITI

Objetivo :

1. Apresentar o estágio atual do projeto, sobretudo salientando a finalização do projeto, onde o MSPP deverá assumir em definitivo a gestão de todos os hospitais
2. Apresentar a fase que se encontra as novas demandas apresentadas pelo MSPP
3. Os preparativos do Ministério da Saúde do Haiti em referência com a finalização do projeto, perspectivas e desafios.
4. Conclusão

Dia 22 de janeiro / 2020

9H00 AS 18H00 - MONITORAMENTO *IN LOCO* - HOSPITAIS DRA ZILDA ARNS, DR ARY BORDES E DR RAOUL PIERRE

1. Verificar *in loco* o funcionamento dessas instituições, com foco nas dificuldades enfrentadas pelos gestores e busca de soluções.

Dia 23 de janeiro / 2020

09H00 – 38º REUNIÃO DO COMITÊ GESTOR DO PROJETO DE COOPERAÇÃO EM SAÚDE NO HAITI

Objetivo:

1. Reunir com todos os parceiros envolvidos na execução do projeto, visando o alinhamento das ações programadas

Reunião de Trabalho com a equipe do UNOPS Haiti para atualização sobre as últimas

atividades realizadas no escopo da Carta Acordo com o PNUD.



O Escritório das Nações Unidas de Serviços para Projetos - UNOPS é um órgão operacional responsável pela execução da manutenção dos hospitais Dra Zilda Arns, Dr Ary Bordes e Dr Raoul Pierre, todos construídos no âmbito do projeto de cooperação em saúde no Haiti.

Esse encontro foi conduzido pelo Gerente de Operações, Ziad Hamze, onde apresentou os pontos de avanços e desafios perante a execução da carta acordo assinada com o PNUD, sendo apresentado:

- ✓ O contexto sócio – político e os impactos nos serviços fornecidos pelas instituições;
- ✓ Relatório das atividades desenvolvidas no ano 2019 ;
- ✓ Principais progressos e realizações do projeto (Desde agosto de 2019 - 37ª reunião do comitê de gestor);
- ✓ Avanços nos planos de Manutenção Integrada dos HCRs, e treinamento
- ✓ Construção dos blocos administrativos nos hospitais Dra Zilda Arns e Dr Raoul Pierre
- ✓ Novos pedidos do MSPP :
- ✓ Plano de Transição e da transferência sustentável dos 3 HCRs ao governo haitiano

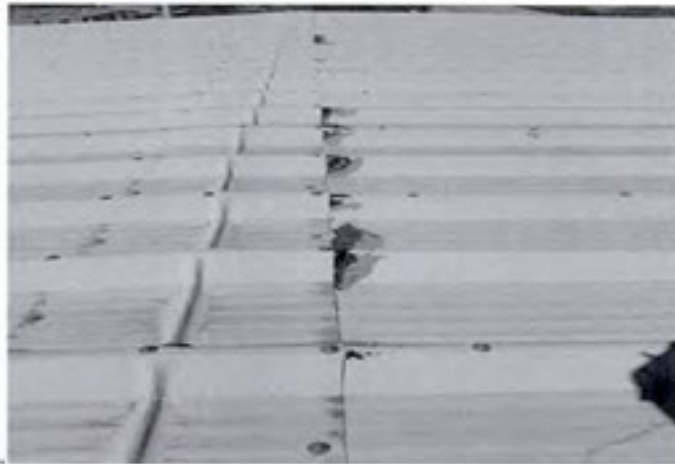
Foi informado as dificuldades encontradas por toda equipe do UNOPS durante a intensificação dos movimentos populares que paralisaram o Haiti, levando alguns atrasos considerados ao projeto, devido a inacessibilidade aos locais de atividades.

Apesar das manifestações sociais ocorridas durante o segundo semestre de 2019, a equipe destacou as principais realizações e avanços no plano de transição dos 3 hospitais, sobretudo a execução das obras dos blocos administrativos, bem como do andamento das novas demandas do Ministério da Saúde do Haiti, especificamente com relação ao CAN e o Programa Nacional de transfusão de Sangue.

Ainda de acordo com o gerente do UNOPS, o ano de 2020 será o ano dos resultados do projeto, uma vez que a equipe está concentrada na finalização das atividades acordadas no projeto e da transição sustentável dos 3 hospitais ao governo haitiano.



Outro ponto de observação e de preocupação da equipe do UNOPS a qual deve ser resolvida antes da transferência definitiva dos hospitais ao governo haitiano, é a de reparar as avarias que vem sendo cada vez mais visível em algumas partes da estrutura dos hospitais (telhado, piso, banheiros, etc), bem como em alguns equipamentos



médicos.

Imagens de avarias encontradas no HCR Dra Zilda Arns – Credito UNOPS

- O comitê gestor do Projeto concordou em elaborar um aditivo de USD 150 mil ao Acordo para sanar as avarias apresentadas.

Recomendações da UNOPS antes da transferência definitiva da gestão dos hospitais

Com a proximidade da transferência definitiva da gestão dos hospitais ao governo haitiano e para que o MSPP receba todas instituições de saúde em pleno funcionamento, o UNOPS recomenda que seja substituído o sistema de tratamento de água de cada hospital por um sistema mais eficiente e confiável incluindo nessa substituição um aparelho de dessalinização. De acordo com o UNOPS, para esses serviços o custo seria de aproximadamente de 150,000 USD.

Outra recomendação do UNOPS é a troca de todos os geradores dos hospitais Dra Zilda Arns e Dr Ary Bordes, tendo em vista que esses aparelhos já apresentam sinais de desgaste. O valor dessa substituição para os 2 hospitais é de aproximadamente 350.000 USD.

Construção dos blocos administrativos dos hospitais Dra Zilda Arns e Dr Raoul Pierre

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Com a finalidade de liberar espaços nos hospitais, estão sendo construídos dois blocos administrativos. Nesses blocos, serão acomodados toda área administrativa de cada hospital. A previsão de entrega das obras é para o mês de novembro de 2020.

O acordo firmado prevê apenas a construção dos blocos, sendo que o mobiliário e material de apoio seria adquirido pelo Ministério da Saúde do Haiti. Portanto e já

de conhecimento, acredita que o ministério da saúde do Haiti não terá recursos para essa aquisição.

- PNUD deverá avaliar se haverá saldo de recursos também para a aquisição do mobiliário e materiais administrativos, no valor estimado de USD 50 mil.

Execução das novas demandas do Ministério da Saúde do Haiti apresentadas no agosto de 2019, vide pedido abaixo.



Em agosto de 2019, a Ministra da Saúde do Haiti encaminhou pedido formal à Embaixada brasileira no Haiti, solicitando apoio para financiar ações na área da saúde. Diante dessa solicitação, o Comitê Gestor do Projeto BRA/17/018, após várias reuniões tanto no Haiti como no Brasil e, em conformidade com o saldo do Prodoc distribuíram as ações da seguinte forma.

Sob a responsabilidade do UNOPS:

Centro de Ambulância Nacional do Haiti - CAN - com o fornecimento de peças e equipamentos de reposição para ambulâncias.

Programa Nacional de Transfusão de Sangue – com o fornecimento de equipamentos e insumos ao laboratório.

Referente ao Centro Nacional de Ambulância, o UNOPS em conjunto com a direção do MSPP preparou um plano de trabalho para atender as necessidades desse centro, conforme abaixo:

- ✓ A necessidade de compras de peças de reposição e kits de manutenção para as ambulâncias

- ✓ A necessidade de aumentar a capacidade de armazenamento de combustível com a aquisição de um novo tanque que comporte 2 mil galões
- ✓ Reformas necessárias no prédio do CAN

Para todas essas necessidades, foi elaborado um termo de referência e lançado uma licitação no mês de dezembro de 2019.

Sobre o Programa Nacional de Transfusão de Sangue, o UNOPS após várias reuniões com as áreas técnicas, identificaram as seguintes necessidades para melhoramento do programa:

- ✓ Treinamento de usuários nos equipamentos que serão adquiridos;
- ✓ Aquisição de reagentes;
- ✓ Indicação de ponto focal sobre segurança de transfusão de sangue na OPS.

Também em dezembro de 2019, foi lançado a licitação para aquisição de novos equipamentos e reagentes para o programa.

- Um ponto de observação nessa demanda, é o alto custo do reagente o qual deverá ser assumido pelo Ministério da Saúde e da População do Haiti.

Equipamentos médicos para o hospital de La Paix

Um dos componentes da Carta Acordo entre o PNUD e UNOPS é a aquisição e entrega de equipamentos médicos para o hospital de La Paix, com a finalidade de fortalecer os serviços de urgência e emergência desses hospitais, os quais deveriam ser entregues no início do ano de 2019.

Ocorre que por questões de orçamento no MSPP a reforma da área de urgência não foi concluída e em razão disso os equipamentos não foram entregues.

No entanto, reforma da área de urgência não foi sequer iniciada pela OPAS e os equipamentos não puderam ser entregues.

Em agosto de 2019, a Ministra da Saúde do Haiti, encaminhou ao governo brasileiro (Embaixada Brasileira), nova comunicação reiterando a importância do apoio financeiro para a reforma e ampliação da área de urgência do hospital de La Paix, no valor de USD 600 mil. Este item está sob o escopo do Acordo com a OPAS, que até o momento não conseguiu finalizar as negociações para assinatura do aditivo e condução do processo licitatório necessário para a condução dos serviços.

- Cabe ressaltar, que todo processo para aquisição dos equipamentos já foi iniciado pelo UNOPS, aguardando tão somente a entrega das obras no hospital de La Paix pela OPS para entrega dos equipamentos.

- Conforme informado pela OPS/Haiti, o processo licitatório já foi iniciado e que a previsão de conclusão e entrega de todos serviços é para o mês de agosto de 2020.

Do processo de transição gradativa da gestão dos hospitais

A vigência do PRODOC BRA 17/018 está prevista para dezembro de 2020, portanto, encontra-se em curso a transferência gradativa da gestão dos hospitais Dra Zilda Arns, Ary Bordes e Dr Raoul Pierre ao governo haitiano, com destaque para as seguintes responsabilidades já assumidas pelo Ministério da Saúde e da População do Haiti.

- ✓ Pagamento de todos trabalhadores dos 3 hospitais;
- ✓ Fornecimento, sob a observação do UNOPS de combustível para os 3 hospitais;

Por fim, foi informado pelo UNOPS que no dia 18 de dezembro de 2019, foi realizada uma reunião entre os principais parceiros do projeto no Haiti (UNOPS, OPS, Direção dos HCRs e várias diretorias do MSPP), com o objetivo de apresentar a alta direção do Ministério da Saúde e da População do Haiti as atividades realizadas durante o ano de 2019 e do progresso do plano de transição da gestão dos HCRs, isso serviu para alertar o governo haitiano de se preparar administrativamente e financeiramente após a fim da vigência do projeto.

Outras informações

Também foi informado pelo UNOPS que várias ações de melhorias vem sendo aplicada nos hospitais, como:

- ✓ Revisão do nível do sistema de distribuição de gás medicinal
- ✓ Avaliação anual dos geradores dos 3 HCRs
- ✓ Substituição de 25 aparelhos de ar condicionados que estavam com defeitos
- ✓ Reparação de todas as redes mosquiteiras dos 3 HCRs
- ✓ Manutenção do sistema operacional de produção de oxigênio medicinal
- ✓ Instalação de novos serviços de lavanderia

Pontos focais do acordo na UNOPS/Haiti

| | |
|----------------|-------------------|
| Felipe Munevar | FelipeM@unops.org |
| Ziada HAMZE | ziadh@unops.org |

Reunião com o Representante da Embaixada Brasileira do Brasil no Haiti – (Embaixador)



A reunião teve por objetivo informar o Sr Embaixador do andamento do projeto, os desafios encontrados e os preparativos para o final da vigencia do projeto, bem como tomar conhecimento da situação politica do Haiti, sobretudo das manifestção que ocorreram no ultimo semestre de 2019, que teve reflexo nas atividades do projeto em desenvolvimento naquele país.

O Embaixador informou que a missão dele no Haiti se finalizará no dia 31 de janeiro de 2020, sendo que seu substituto já vem tomando conhecimento de todas fase do projeto de saúde em andamento.

Por fim, o Embaixador mostrou preocupação com os hospitais construidos pelo Brasil em parceria com o PNUD, orientando que se busque haja possibilidade, meios para que essas instituições continue em pleno funcionamento, após a vigencia do projeto.

- Cabe ressaltar e informado que até aquela data o indicado a primeiro ministro do Haiti, ainda não tinha tido seu nome ratificado pelo senado haitiano, ou seja, poderá o Presidente do Haiti governar por meio de Decreto.

Reunião com a área técnica da Representação da OPS no Haiti



No dia 21 de janeiro, foi realizada a reunião na sede da representação da OPS no Haiti, com vista a dar conhecimento aos avanços da carta acordo assinada entre essa representação e o PNUD, que vem executando os componentes 4,5 e 6 da linha estratégica número 1 do PRODOC BRA 17/018.

O acordo acima foi no aporte de USD 3.810.000, sendo que o primeiro desembolso para início das atividades ocorreu em junho de 2019 no valor de USD 2.023.795.

Conforme apresentado, foram comprometidos do valor repassado até 31 de dezembro, cerca de USD 1.069,083, ou seja, 57% de execução.

Para dar seguimento aos compromissos assumidos, a OPAS solicitou do PNUD/Brasil, o repasse financeiro previsto para o primeiro semestre de 2020, no valor de USD 1.786.206. O PNUD informou que, conforme as regras do Organismo, realizaria o repasse quando a OPAS confirmasse o gasto e/ou comprometimento de pelo menos 80% do valor repassado em 2019.

Dá mesma forma como pactuado com o UNOPS, e para atender a nova demanda apresentada em agosto de 2019 pela Ministra da Saúde e da População do Haiti, foi emendado o acordo em USD 750.000, com os seguintes componentes:

- **Instalação de um novo serviço de urgência no Hospital La Paix em Porto Príncipe (US\$ 600.000);** este projeto chamado para melhorar significativamente a gestão de urgências dentro desta instituição está aguardando financiamento;
- **Apoio à implementação do Plano de Resposta a Situações Excepcionais e crises (US\$100.000);** o plano nacional que foi elaborado, validado e lançado oficialmente no final de abril precisa ser implementado em todo o território nacional;
- **Dotação de equipamentos e insumos para os serviços de urgência dos Hospitais Departamentais e Hospitais Comunitários de Referência (US\$ 50.000),** para a melhoria da

gestão de urgências de saúde no nível nacional;

Em referência às novas demandas do MSPP, foi informado que mesmo com vários obstáculos encontrados, a OPAS envidou esforços para cumprir com o cronograma pactuado inicialmente. Infelizmente a situação de bloqueio do país não permitiu que isso fosse realizado. O comitê gestor do Projeto alertou para o atraso na implementação das atividades do Projeto, principalmente no que diz respeito a La Paix. PNUD mencionou que havia uma promessa do RR da OPAS em entregar La Paix em dezembro de 2019, mas até o momento a equipe da OPAS não foi capaz de entregar os documentos necessários para a emissão do aditivo, tampouco concluiu a licitação para a realização das obras.

Cronograma das obras na área de urgência e emergência no hospital de La Paix

- Sobre a execução dos serviços de reforma e ampliação na área de urgência do hospital de La Paix, foi informado que o processo de licitação foi aberto no segundo semestre de 2019 e espera-se que 10 empresas apresentem propostas;
- É aguardado que no dia 21 de fevereiro sejam abertas as propostas das empresas interessadas;
- Agosto ou setembro é o prazo informado para entrega de todo o serviço.

Cronograma da implementação do plano de resposta a situações excepcionais e dotação de equipamentos para os hospitais Departamentais e HCRs

- Esta atividade não foi iniciada pois o aditivo ao Acordo não foi assinado ainda entre OPAS e PNUD.

Aquisição de medicamentos – Crise

Em outubro de 2019, o RR da OPAS enviou ao PNUD uma mensagem de WhastApp informando a respeito da necessidade de adquirir alguns medicamentos que estava em falta na rede de saúde pública no Haiti durante o período de bloqueio do país. Esses medicamentos fazem parte de um kit de emergência orçado em USD 108.184, composto por tetraciclina, eritromicina, neomicina, bacitracina, aspirina, paracetamol, ibuprofeno, antifúngica, soro antitetânico, cateteres, insulina, gases, seringas etc. Na sequência, o PNUD respondeu também por WhatsApp que o pedido de deveria ser formalizado por e-mail ao comitê gestor do projeto com informações sobre valores dos medicamentos, para qual finalidade, qual componente da carta acordo seria destacado o custo desses medicamentos, etc. Informou também que seria necessário um documento formal da Ministra do MSPP com o pedido de compra.

Como não houve um retorno da OPAS a respeito do assunto, concluiu-se que a demanda havia sido sanada de outra forma.

Somente durante a missão o comitê gestor tomou conhecimento de que os medicamentos foram

adquiridos à revelia. A alegação da OPAS é pelo fato da urgência que se instalou durante o período de manifestação no segundo semestre de 2019 no Haiti, mas que todas as formalidades serão enviadas ao PNUD.

Por fim, a OPS informou que mesmo com os desafios que a equipe técnica enfrentou e vem enfrentando no Haiti, impactando diretamente na execução das atividades pactuadas na carta acordo vigente, todos os compromissos assumidos serão entregues até o prazo do acordo.

Pontos focais do acordo na OPS/Haiti

| | |
|----------------|--|
| Luis Codina | codinalu2@paho.org |
| Chantal Calvel | calvelc@paho.org |
| Raphaele Dambo | damborap@paho.org |

Reunião com a Alta Direção do Ministério da Saúde e da População do Haiti



O objetivo da reunião foi apresentar aos dirigentes do MSPP o grau de execução do PRODOC BRA 17/018, sobretudo o estágio atual da manutenção dos 3 hospitais comunitários de referência, bem como conhecer por parte da ministra os preparativos que estão sendo realizado para o recebimento por parte do MSPP da gestão dos 3 HCRs.

O representante do Ministério da Saúde do Brasil, Dr Paulo Marcos, fez uma minuciosa prestação de contas, onde apresentou ponto a ponto das fases de cada atividade que vem sendo desenvolvida pelo projeto, destacando os que já foram executados e os que estão em andamento, conforme quadro abaixo

| Compromisso | Agencia |
|---|----------------|
| Em andamento - Manutenção de 3 hospitais Comunitários de Referência - entrega dezembro 2020 | UNOPS |
| Em andamento – Construção dos blocos administrativos dos hospitais Dra Zilda Arns (região de Bom Repos) e Dr Raoul Pierre (Região de Carrefour) – previsão de entrega, novembro 2020 | UNOPS |
| Em andamento - Processo de Fortalecimento do Centro de Ambulância Nacional do Haiti | UNOPS |
| Em andamento - Processo de finalização de licitação para escolha da empresa responsável pela aplicação da ferramenta LEAN nos hospitais Zilda Arns, Raoul Pierre e Eliazar Germain – entrega novembro de 2020 | PNUD/Brasil |
| Em andamento - Processo licitatório para escolha da empresa responsável pela reforma e ampliação dos serviços de urgência do hospital de La Paix – agosto ou setembro de 2020 | OPS/HAITI |
| Em andamento - Processo licitatório para aquisição de equipamentos médicos e mobiliário para o Hospital de La Paix – aguardando entrega da reforma e ampliação do bloco cirúrgico de urgência do hospital de La Paix | UNOPS |
| Em andamento - Processo de aquisição de equipamentos para o Laboratório do Centro Nacional de Transfusão de Sangue | UNOPS |
| Em andamento - Processo de aquisição de equipamentos para os serviços de urgências para os hospitais Departamentais e para os HCRs | OPS/Haiti |
| Em andamento - Plano de Resposta em situação excepcional de crises | OPS/Haiti |
| Em andamento - Processo de tomada de decisão da viabilidade da realização de transferência de conhecimento da metodologia de cirurgias de catarata nas Regioes de Bon Repos e Jacmel | PNUD/ABC |
| Em andamento – Remanejamento de recursos para reparos nas avarias encontradas nos hospitais Dra Zilda Arns, Dr Raoul Pierre e Dr Ary Bordes | PNUD/MS |
| Concluso - Reforma e ampliação do Centro Nacional de Ambulância do Haiti, aquisição de mais 10 novas ambulâncias e reforma de todos os veículos adquiridos pelo projeto anterior | UNOPS |
| Concluso - Reforma, ampliação e entrega de equipamentos médicos para o hospital Santo Antônio em Jeremie | UNOPS |
| Concluso – Reforma do Depósito e armazenamento de vacinas e insumos em Jeremie | UNOPS |

A ministra agradeceu a coordenação do projeto pela atualização de todas as atividades que vem sendo desenvolvidas no âmbito do projeto, destacando pelo atendimento nas prioridades por ela requerida no mês de agosto de 2019.

A ministra está ciente que a OPS é a agência responsável pela execução das obras de ampliação dos serviços de emergência do hospital de La Paix, e que essa demandas está prevista para ser entregue no mês de agosto ou setembro de 2020.

- Foi discutido com a ministra a preocupação da continuidade da prestação dos serviços ofertados pelos 3 HCRs após o fim da vigência do projeto. Neste ponto foi apresentado o custo de manutenção mensalmente e anualmente dos 3 HCRs, para que o governo haitiano, se aproprie da realidade de custeio dessas instituições e busque meios para a continuidade desses serviços após 2020.
- Os custos de manutenção dos hospitais, não estão computado o pagamento dos trabalhadores nos 3 HCRs, uma vez que essa atividade já foi absorvida pelo MSPP, quadro abaixo:

| HOSPITAIS | CUSTO MENSAL | CUSTO ANUAL |
|-----------------|--------------|-------------|
| Dra Zilda Arns | USD 78.000 | USD 936.000 |
| Dr Raoul Pierre | | |
| Dr Ary Bordes | | |

Visitas aos Hospitais Comunitários de Referência Dra. Zilda Arns, Dr Ary Bordes e Raoul Pierre



As visitas foram realizadas *in loco* em cada hospital no dia 22 de janeiro, com o objetivo de conversar com cada gestor os desafios que vem enfrentando no dia a dia de funcionamento nessa instituições. Tanto no hospital Dra Zilda Arns e no hospital Dr Ary Bordes, a preocupação dos gestores é a mesma, ou seja, a proximidade da finalização da vigência do projeto de cooperação que atualmente vem mantendo em funcionamento os 3 hospitais comunitários de referência.

O Diretor do hospital Dr Ary Bordes (Beudet) solicitou apoio a coordenação do projeto para que também fosse construída uma área administrativa nessa instituição, conforme estão sendo construída

nos outros HCRs. O gestor alega que a demanda vem a cada dia aumentando neste hospital e que uma área administrativa liberaria espaços no interior do hospital

- Foi informado ao gestor do hospital Dra Zilda Arns que em breve está sendo conduzido processo licitatório para a contratação da ferramenta LEAN e que, caso bem-sucedido, ela poderá ser aplicada no HCR promovendo um melhor fluxo de pessoas e da gestão desse hospital
- Por orientação da equipe de segurança do UNOPS o hospital Dr Raoul Pierre (Carrefour) não pode ser visitado.
- Todos diretores dos HCRs foram convidados a participar da reunião do comitê gestor do Projeto, ocorrida no dia 23 de janeiro. Essa participação possibilitou aos gestores de reivindicarem melhorias para essas instituições junto aos representantes do MSPP.
- No hospital Dra Zilda Arns, foi registrado a execução do bloco administrativo com previsão de entrega para novembro de 2020, visita a fabrica de oxigênio que abastece além desse hospital os hcrs Dr Ary Bordes e Dr Raoul Pierre.
- Foi observado as avarias que vem apresentando o hospital Dra Zilda Arns e Ary Bordes. Está sendo discutido a possibilidade de recuperação nas estruturas desses hospitais, antes da entrega definitiva da gestão desses hospitais ao governo haitiano.
- Foi informado ao gestor do hospital Dra Zilda Arns que em breve estará sendo iniciado a aplicação da ferramenta LEAN, esperando com essa atividade o melhoramento do fluxo de pessoas e da gestão desse hospital.





A 38ª Reunião do Comitê Gestor realizada no dia 23 de janeiro, composta por representantes do Ministério da Saúde Pública e da População do Haiti, do Ministério da Saúde do Brasil, do PNUD/Brasil, da OPS/Haiti, do UNOPS/Haiti, e dos Diretores dos Hospitais Comunitários de Referência Dra Zilda Arns, Dr Ary Bordes e Dr Raoul Pierre, apresentou os avanços do projeto e do processo de transferência da gestão dessas instituições ao governo haitiano, tendo em vista a finalização da vigência do acordo para o segundo semestre de 2020.

O objetivo da reunião é reunir todas as agências envolvidas na execução do projeto e apresentar aos demais parceiros do projeto as atividades que estão sob sua responsabilidade (atividades em andamento e concluídas).

A dinâmica da reunião foi por meio de apresentações com a seguinte ordem:

- a) Abertura
- b) Apresentação do UNOPS/CAN
- c) Apresentação OPS/Haiti
- d) Apresentação Comitê de Transição e Coordenação Executiva do Projeto
- e) Apresentação do Brasil

Foi apresentado pelo UNOPS algumas situações que requer intervenção por parte do MSPP e da gestão do projeto, com destaque:

- a) Reparos nas estruturas dos hospitais, os quais já vem apresentando desgastes (telhado, banheiros, pisos, etc)
- b) Com o estabelecimento da estrutura técnica, o Ministério deve solicitar e exigir um nível

mais alto de responsabilidade por parte dos gestores e técnicos dos HCRs.

- c) Requerer maior comprometimento da equipe de gestão dos hcrs na manutenção básica desses hospitais.
- d) Motivar todos os trabalhadores dos HCRs, principalmente aqueles em posição chave no funcionamento dos hospitais
- e) Requerer que o MSPP busque orçamento próprio para administrar a gestão dos hospitais após o termino do projeto

- **A OPS, destacou os seguintes pontos:**

- a) Afirmou que o termino das obras no hospital de la paix serão finalizadas em agosto de 2020
- b) Que as atividades estão sendo executadas conforme o cronograma previsto, ressaltando que houve atraso em algumas ações devido as manifestações sociais ocorridas no segundo semestre de 2019.
- c) Que a primeira turma de agentes comunitários já foi capacitada com previsão de formatura para o mês de junho de 2020

- **O comitê executivo do projeto apresentou suas intervenções:**

- a) Realização quinzenalmente da reunião do comitê de pilotagem que reúnem representantes da OPS, UNOPS, Direções dos HCRs e do MSPP, com vista a atualizar as atividades que estão sendo desenvolvidas e do processo de transição gradativa da gestão dos hospitais ao governo haitiano.

- **Representação brasileira**

- a) Apresentou as ações que estão em andamento e as que já foram executadas.
- b) Solicitou maior esforço de todos para que a transição dos 3 hospitais ocorra de forma segura e na data prevista
- c) Informou que o ano de 2020 será o ano das entregas de todos os compromissos assumidos perante o PRODOC BRA 17/018.

- **Representação haitiana**

- a) O Representante haitiano no projeto, Dr Jean Henrys, fez suas considerações finais, informando a data de 13 a 17 de abril de 2020 para a realização da 39ª reunião do comitê gestor.

ENCAMINHAMENTOS

| Compromissos | Responsabilidades |
|--|-------------------|
| Acompanhamento nos avanços do processo licitatório para aplicação da ferramenta LEAN nos HCR Dra Zilda Ams, Raoul Pierre e Eliazar Germain | MS/PNUD |
| Acompanhamento no processo de transição gradativa da gestão dos HCRs ao governo Haitiano | MS/PNUD |
| Organização logística para realização da 39ª Reunião do Comitê Gestor – Abril de 2020 | MS/PNUD |

Resultados alcançados:

Recomendações:



Assinatura

Obs: Anexar comprovantes de embarque

AMERICAN AIRLINES
BOARDING PASS

NAME OF PASSENGER
TORRES CORDEIRO/EVER

LN 5985655134 RBY
NO SAO PAULO GUARULH
MIAMI INTL
AMERICAN AIRLINES

CARRIER FLIGHT CLASS DATE TIME
AA 930 V 18JAN1030P

DATE BOARDING TIME SEAT SMOKE
318 940P 35L NO

ADDITIONAL SEAT INFORMATION
POS DL WT UNCL WT
GROUP 4

BAGGAGE ID NR
COUPON AIRLINE FOR SERIAL NO
RUBY
9EM / GRU 62

AMERICAN AIRLINES
BOARDING PASS

NAME OF PASSENGER
TORRES CORDEIRO/EVER

LN 5985655134 RBY
NO MIAMI INTERNTNL
PORT AU PRINCE
AMERICAN AIRLINES

CARRIER FLIGHT CLASS DATE TIME
AA 277 V 19JAN640A

DATE BOARDING TIME SEAT SMOKE
55A 11F NO

ADDITIONAL SEAT INFORMATION
POS DL WT UNCL WT
GROUP 4

BAGGAGE ID NR
COUPON AIRLINE FOR SERIAL NO
9C / GRU

AMERICAN AIRLINES
BOARDING PASS

NAME OF PASSENGER
TORRES CORDEIRO/EVER

LN 5985655134 RBY
NO PORT AU PRINCE
MIAMI INTERNTNL
AMERICAN AIRLINES

CARRIER FLIGHT CLASS DATE TIME
AA 903 M 24JAN135P

DATE BOARDING TIME SEAT SMOKE
1250P 18F NO

ADDITIONAL SEAT INFORMATION
POS DL WT UNCL WT
GROUP 4

BAGGAGE ID NR
COUPON AIRLINE FOR SERIAL NO
RUBY
4FA / PAP

AMERICAN AIRLINES
BOARDING PASS

NAME OF PASSENGER
TORRES CORDEIRO/EVER

LN 5985655134 RBY
NO MIAMI INTERNTNL
BRASILIA
AMERICAN AIRLINES

CARRIER FLIGHT CLASS DATE TIME
AA 213 M 24JAN750P

DATE BOARDING TIME SEAT SMOKE
705P 20C NO

ADDITIONAL SEAT INFORMATION
POS DL WT UNCL WT
GROUP 4

BAGGAGE ID NR
COUPON AIRLINE FOR SERIAL NO
RUBY
4FA / PAP

**HAITIAN RECONSTRUCTION FUND
 NARRATIVE PROGRESS REPORT
 REPORTING PERIOD: JULY-DECEMBER 2020**

| | |
|--|---|
| <p align="center">Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Strengthening the Management of Services and the Health System in Haiti Programme Number (if applicable) 00098088 MPTF Office Project Reference Number: | <p align="center">Country, Locality(s), Priority Area(s) / Strategic Results</p> <p><i>Country/Region</i> Haiti / Port-au-Prince</p> |
| <p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme <p>UNDP</p> | <p>The purpose of this project is to improve the health conditions of the Haitian population having access to the network of health services implemented through two strategic priorities directly related to the priorities of the government.</p> |
| <p align="center">Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: USD 19.800.000,00</p> <p>MPTF /JP Contribution:</p> <ul style="list-style-type: none"> by Agency (if applicable) Agency Contribution by Agency (if applicable) Government Contribution (if applicable) Other Contributions (donors) (if applicable) <p>TOTAL: USD 19.800.000,00</p> | <p align="center">Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations <p>UNDP Brazil</p> |
| <p align="center">Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> | <p align="center">Programme Duration</p> <p>Overall Duration (<i>months</i>) 36 <i>months</i></p> <p>Start Date 23/06/2017</p> <p>Original End Date 22/06/2020</p> <p>Current End date 31/12/2020</p> |
| | <p align="center">Report Submitted By</p> <ul style="list-style-type: none"> Name: Maria Teresa Amaral Fontes Title: Programme Analyst Participating Organization (Lead): UNDP Email address: maria.teresa.fontes@undp.org |

NARRATIVE REPORT FORMAT

EXECUTIVE SUMMARY

This report describes the main results achieved under Project BRA/17/018 until December 2020.

I. Purpose

Haiti is the poorest country in the Americas and its perverse indicators of health, specially life expectancy and infant mortality rate, reflect that serious problems still plague the health sector, such as:

- Low reception capacity of the existing health services;
- Low sanitary coverage characterized by a lack of sanitary facilities in comparison with the size of the population;
- Lack of equipment in many health institutions;
- Lack of infrastructure to accommodate the few existing equipment.

Although the right to health is a fundamental right that the Government of Haiti (GoH), through its Ministry of Public Health and Population of Haiti (MSPP), must ensure, the well-being of the population is dependent on improvements in the health service. Aware of this reality and faithful to its mission, the MSPP sought the financial support of the Haiti Reconstruction Fund (HRF) to promote the capacity of health management in the country.

This project gives continuity to NIM Project BRA/10/005, known as Tripartite Cooperation, a cooperation in health in Haiti under the Brazil-Cuba-Haiti Tripartite Memorandum of Understanding, signed in 2010 and implemented directly by UNDP Brazil with resources from the Government of Brazil (GoB). Project BRA/10/005 resulted a very successful experience of South-South Cooperation, promoting the strengthening of the health authority in Haiti and providing the country with three full equipped community reference hospitals, a rehabilitation center and one prosthesis and orthoses lab.

Project BRA/17/018 was designed around two strategic outcomes, in accordance with the guidelines of the Action Plan for the Recovery of Haiti (PARDH), especially with reference to its Pillar 3: social reconstruction; and program 3.3: increase access to health services. The outcomes are: 1: Strengthening management, services, and governance in public health in Haiti; 2: Development and implementation of a plan for the management of the Tripartite Cooperation health services, with the aim of enabling sustainability and preservation of structures by the Haitian government.

Activities foreseen in the project are acquisition of strategic health products, professional training and strengthening primary health care and emergency services in Haiti. It also envisions the transfer of full management of the maintenance of health services built by Brazil in its previous cooperation to the responsibility of the MSPP. The actions to be performed are based on cross-sectional values that govern the South-South Cooperation and provide the key elements to improve the access to and quality of care in the health services network and, in the end, have an impact on the entire health system of Haiti.

II. Results

Projects' Initial Revision was signed on August 3rd, 2017. Aiming to attend the MSPP demands, UNDP Brazil was expected to conduct several activities in a quick manner, such as: organizing field missions, hiring project team, designing a detailed workplan with experts from MSPP and UNOPS Haiti, among others.

i) Narrative reporting on results:

- **Outcomes:**

The purpose of Project BRA/17/018 is to improve the health conditions of the Haitian population having access to the network of health services. As described above, the main outcomes of the project are:

- Strategic Axis 1: Strengthening of management, services, and governance in public health in Haiti;
- Strategic Axis 2: Development and implementation of a plan for the gradual transfer of the Tripartite Cooperation health services management in order to enable sustainability and preservation of structures by the Haitian government.

As stated in the Project Document, UNOPS Haiti (UNOPS) was selected as an implementing partner. Results of the previous cooperation were held as very satisfactory and for that, UNOPS was invited by GoB and UNDP to give continuity to the services also under Project BRA/17/018. For the achievement of the listed outcomes for Project BRA/17/018, an UN to UN Agreement was signed in 2017 with UNOPS in order to optimize the operations of the health facilities (3 HCRs and 1 IHR) and assets; to establish sustainable capacities within the MSPP maintenance units; to guarantee the offer of medical services to the local population; and to implement a progressive handover plan so that the hospitals and a rehabilitation center become under the MSPP full control and financial support.

Similarly, the partnership with PAHO/WHO was also foreseen in the scope of the Project and an UN to UN Agreement was signed with the agency in August 2019. Through this collaborative agreement, PAHO/WHO was expected to provide capacity-building and technical support to health managers, professionals and technicians of the MSPP in Haiti to improve the management of medical and health emergencies in three hospitals, while ensuring the continuity of health care services through the strengthening and expansion of the community health model.

Main activities of the signed Agreement are: provide technical support to the MSPP for the preparation of routine manuals, standardization of care and operational protocols to be used in emergency departments; promote capacity building and provide technical support for MSPP managers, health professionals and technicians; support the expansion and consolidation of the Community Health Model (ASCP / ESF / RISS) to ensure continuity of health care and community participation.

- **Outputs:**

Under the output 1. Perform diagnostic assessment of the management model of urgency and emergency services in Haiti, the following activities were completed in 2017 and 2018:

- 1.1. Map the public health services that make up the urgency and emergency health services network in Haiti, at the community, reference community, and department levels.
- 1.2. Map work processes in the services involved that make up the in urgency and emergency health care network in Haiti.
- 1.3. Map the flow among the services that make up the urgency and emergency health care network in Haiti.
- 1.4. Identify the epidemiological profile of urgencies and emergencies in Haiti and the profile of references of the major treatment centers.

Activities foreseen in Output 2 - Provide technical support to the Ministry of Public Health and Population (MSPP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the Management of Urgencies and Emergencies in the country” were conducted by GOH itself and will not be necessary under the scope of this Project anymore.

Referring to Output 3 “Provide technical support to the development of optimal flow of emergency care procedures, referencing and counter referencing, and the preparation of an Improvements Action Plan”, the GoB presented a proposal of implementing the Lean methodology in the HCRs in Haiti. The Lean Project in emergencies is a Brazilian Ministry of Health Project implemented by Hospital Sírio Libanês, to reduce overcrowding in emergencies of public and philanthropic hospitals. A procurement process was conducted, but due to the pandemic of the new coronavirus and the necessity to implement the contract *in loco*, the contract was cancelled. The completion of this output was also foreseen in the Agreement signed with OPAS and was achieved through capacity building and trainings activities.

Outputs 4, 5 and 6 was implemented through the Agreement with PAHO/WHO, signed in 2019. The key achievements under the 3 expected outcomes are:

- (i) Improved management of three hospitals in Haiti through capacity-building: Up-to-date National Diagnostics and Therapeutics Guide; Medical Directors, Administrators and Head Nurses of the three hospitals targeted by the project trained in Management of Health institutions during crisis situations; Haiti Node on the Virtual Campus of Public Health of PAHO/WHO established as a platform for the implementation of regional courses translated to French and adapted to the Haitian context. Currently, the regional course on Maternal and Perinatal Death Surveillance and Response (MPDSR) of the Latin American Perinatal Center (CLAP) is translated to French and available in the Haiti Node.
- (ii) Integrated health services established around the three hospitals through strengthened governance: Community health model expanded; Draft theoretical framework of the Unité d’Arrondissement de Santé (UAS) developed; Equipment donated to UAS and hôpitaux communautaires de référence (HCR) targeted by the project to ensure the continuity of health services at the first level of care.
- (iii) Improved individual emergency care: Medical regulation tool developed; Surveillance and alert and response systems for epidemic-prone diseases strengthened; Public health personnel trained on emergency case management; National Plan for the Response to Exceptional Sanitary Situations developed and implemented, as well as department-level versions; Elaboration, training, and training platform for Plans blancs (Mass Casualty plans).

Please see the final report of the Agreement with PAHO/WHO on **Annex 1**.

Under Output 7 were organized missions from the Brazilian team to Haiti with a view of monitoring the implementation of the Project. The last mission was held in January 2020 (please note travel report on **Annex 2**) and further visits were suspended due to covid19 pandemic. Nevertheless, monthly meetings were organized throughout 2020 with the counterparts of the project: GoB, GoH, ABC, UNOPS, PAHO/WHO and UNDP Brazil.

Outputs 8, 9 and 10 are referred to the Agreement signed with UNOPS:

8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered.
9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Beudet and Carrefour) and the Haitian Rehabilitation Institute;
10. Transfer the total management of the HCRs and of the IHR to the MSPP.

The Agreement signed with UNOPS had the objective to implement a project in which both transactional and capacity building activities related to the maintenance and operation of the HCRs and the HRI are included. In collaboration with the MSPP, UNDP Brazil and the MoH, four levels of activities have been identified in order to continue operations and guarantee the sustainability of the project investments: (1) to optimize the operations of these health facilities and assets, and (2) to establish sustainable capacities within the MSPP

maintenance units, (3) to guarantee the offer of medical services to the local population and (4) to implement a progressive handover plan so that the three hospitals and IHR become under the MSPP full control and financial support.

Please find in **Annex**

3 the 2020 Quarterly Progress Report from the Agreement signed with UNOPS.

- **Describe any delays in implementation, challenges, lessons learned & best practices:**

Projects' Initial Revision was signed on August 3rd, 2017. Implementation started right after the signature of the Prodoc and was on time with schedule. Nevertheless, a delay in the construction of the administrative buildings in the HCR of Bon Repos and Carrefour conducted by UNOPS was identified. Political turmoil in the country in 2019 also led to a delay in the implementation of field activities conducted by PAHO/WHO. Because of that, an extension of the project duration from October 2020 to December 2020 was required to complete actions foreseen in the Agreements signed with the referred agencies (Annex A).

In March 2020, following a request from the MSPP to the GoB in August 2019, the 2nd amendment to the Agreement with PAHO/WHO was signed. In this request, the Haiti national authorities requested additional funding to broaden the scope of work for strengthening the response to individual and collective emergencies, with the renovation of the emergency services of the La Paix hospital in Port-au-Prince, and the implementation of the National Plan for the Response to Exceptional Sanitary Situations at department level. The initial workplan was revised and the budget increased in USD 750,000 to accommodate this request (**Annex 4**).

In March 2020, the global community was taken aback by the covid-19 pandemic. Immediately after the identification of community transmission of the virus in Haiti, the Project Steering Committee began to reprogram activities previously agreed with partners, eliminating actions that would imply risk to the population, to service providers and partners. Additionally, it directed efforts and resources to the acquisition of individual protection equipment and training focused on combating and controlling the new corona virus.

In direct dialogue with the GoH, the Steering Committee began the negotiations with UNOPS and PAHO/WHO to reprogram project's activities to address national emergencies to combat the pandemic. At the end a total amount of USD 2,4 million has been reprogrammed to include activities such as:

- a. Strengthening the coordination capacity at national and departmental levels to support the response to covid-19.
- b. Purchase of personal protective equipment (PPE) and medical equipment.
- c. Adaptation of the therapeutic diagnostic guide to COVID-19 and the training on the revised guide.
- d. Staff training at UAS and community level.
- e. Covid-19 monitoring.
- f. Personnel training on case management, prevention and infection control.
- g. Strengthening medical regulatory capacity to guide quickly.
- h. Technical evaluation of potential Covid-19 treatment centers. The technical assistance also includes the preparation of technical specifications, as well as the technical evaluation of the offers received by the Ministry (the UNOPS team is part of the MSPP Crisis Management Group to coordinate and harmonize all efforts to combat covid-19).
- i. Market research / sourcing and support in identifying potential suppliers which can provide Personal Protective Equipment / Oxygen Concentrators, cylinders, accessories.

In view of that, new Amendments to the Agreements with UNOPS and PAHO were issued:

- Amendment 2 with PAHO-WHO signed in May 2020 with the objective of reprogramming activities to combat covid-19 in Haiti. Please see **Annex 4**.
- Amendment 4 with UNOPS signed in June 2020 with the objective of increase budget total amount in USD 200,000 and reprogram activities before aimed at the reform of La Paix Hospital to combat covid-19. **Annex 5**.

Despite the reprogramming of the Project's activities, some ongoing commitments had to be maintained, being severely impacted by exceptional circumstances related to the advancement of the covid-19 pandemic in Haiti. The outbreak of the pandemic caused a considerable delay in the construction of the administrative centers at the Bon Repos and Carrefour hospitals, which were commissioned under the Agreement signed with UNOPS in November 2019 and initially scheduled to end in December 2020.

Therefore, it will be necessary to extend the project's deadline to complete these works in Bon Repos and Carrefour. Furthermore, the extension is required to ensure the continuation of provisions relating to the closure of the Project and the formal transfer of the HCRs and the IHR to the Haitian Government. This was a challenge for 2020 but couldn't be implemented due the delays caused by covid19 pandemic.

In view of that, on October 2020 the Steering Committee sent a correspondence to the Haitian Reconstruction Fund, represented by the Haitian Finance Minister, requesting the extension of the Fund and also of the project (see **Annex 6**).

Since then, a series of meetings and exchanges were held between the parts and the donors to decide the new arrangements needed for the Fund extension. The updated situation of the negotiations with the 18 signatory countries of the Fund are:

- i. 13 have signed the document "Amendment to the Administration Agreement";
- ii. 3 signed a document to shut down the Fund (including Sweden, which had already withdrawn from the FRH in 2017); and
- iii. 2 are concluding their internal procedures relating to the issue.

It is still necessary to finalize the internal procedures of the 2 countries pending response to formalize the extension of the Fund and only after this stage it will be possible to submit a project revision and extend the duration of the project. Meanwhile, UNDP Brazil is preparing for the continuity of the project and holds permanent contact with the members of project's Steering Committee in order to approve a workplan for 2021 (activities and disbursements were suspended at the end of 2020).

In view of the delay in the constructions of the administrative buildings in Bon Repos and Carrefour, UNOPS Haiti presented an amendment proposal, which is being analyzed by the Steering Committee. (**Annex 7**). At this time UNDP Brazil is planning a meeting with the Steering Committee to follow up the negotiations on the extension and to approve UNOPS proposal.

- **Qualitative assessment:**

Dialogue and transfer of knowledge between MSPP, GoB and UNDP teams were essential to the positive results achieved and to surpass the pandemic period. The risk matrix was brutally impacted by the unexpected crisis and had to be updated. A project review will be submitted for approval as soon as the Fund is extended and, so far, there is no Programmatic revision foreseen.

Taking into consideration the challenges faced in 2020, the results achieved are very satisfactory. The reprogramming of activities was conducted on time and with the cooperation of the parts.



Ministère de la Santé
Publique et de la
Population, Haïti



Programme des Nations
Unies pour le
Développement, Brésil

*Empoderando vidas.
Fortalecendo nações.*



Ministère de la Santé,
Brésil

QUARTERLY REPORT – Q3 200

september 25, 2020

Sustainability of Community Reference Hospital (HCR) through the implementation of a maintenance support and operation supply program

Scope of the project: Cooperation South-South – BRA - 17/018

Project financed via PNUD. Brazil.

Beneficiary: Ministry of Public Health and Population, Haiti – MSPP.

| | | | |
|--------------------|--------------|--------------------------------|-----------------|
| Project ID | 20646-001 | Implementation of BRA 17/018 | |
| Focal point | Ziad HAMZE | Gestionnaire du projet | ziadh@unops.org |
| Office | UNOPS - HTOC | 3 rue Marion Péguy Ville Haïti | |

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1. Quarterly progress report

1.1 Status of implementation of project activities

During the past quarter covering the period from **[june – august 2020]**, the following deliverables were achieved in the 3 **HCRs** (Zilda Arns / Bon Repos, Beudet, Carrefour) mainly but also covers the support of the project at the National Blood Transfusion Center **CNTS** and the National Ambulance Center **CAN**.

- As part of the assessment of the BRA 17/018 project's progress, the **Management Committee** had held (3) three virtual follow-up meetings with the participation of stakeholders on June 18, July 23, and August 25, 2020.
- The meetings were the opportunity to discuss current issues' critical progress and inform stakeholders about **the project's main challenges** gradually with the pandemic's evolution.

Administrative update:

- Request to extend the current BRA 17/018 project until December 2020, signed and granted.
- Signature of an amendment to the contract for allocating an additional 200,000 USD for the roof's rehabilitation and furniture acquisition for the administrative buildings.
- The approval of a request made by the MSPP for the reallocation of funds initially planned for the purchase of medical equipment for the Hôpital La Paix (HUP) – an amount for (400,000 USD) for the purchase of the Equipment of Personal Protections (EPP).
- MSPP decides to cancel the LEAN implementation activity – and proposes a reallocation of funds – an amount of (300,000 USD) – for the strengthening of the HCRs and the CAN.

Key achievements in the Operations and Maintenance of HCR / IHR Institutions:

A-Prevention, Awareness, and Promotion of Hygiene in HCRs:

With the evolution of the COVID-19 pandemic, Haiti's health system faces many challenges in prevention and care. Prevention remains the primary tool and line of defense available today. The 3 HCRs are very frequented hospitals by the population and at very significant risk. They must be reinforced in terms of Training, equipment, awareness, and the preparation plan for possible care or isolation.



- Installation of handwashing at the entrance to the three HCRs. Installation of hydrogel dispensers in all areas/corridors of HCRs.
- Installation of television in waiting rooms to disseminate messages and hygiene instructions to the population, especially in connection with community spread prevention.
- Training of focal points of the Committee for the Fight against Nosocomial Infections (CLIN), hygiene and sanitation officers, and maintenance workers for medical premises. (Promotion of Hygiene).
- Purchase of hygiene and decontamination products to strengthen CLIN's efforts and provide technicians with the tools/materials necessary to carry out their mission.
- Support the UNHCR administration Zilda Arns / Bon Repos in setting up an external structure for the isolation of suspected cases.



B- The availability of oxygen in the 3 HCRs:

- The availability of wall-mounted oxygen available in each HCR, especially in critical areas such as hospitalization, emergencies, and the intensive care unit.
- The availability of oxygen through the H.C.R. Zilda Arns production plant at production cost. (Production and filling of cylinders to support the health network).
- Maintenance of the production plant as the oxygen concentrator units – mobile oxygen therapy equipment (4 per HCR) and the ventilators. The Training of 8 biomedical technicians (Training of trainer) on the correct use of the equipment.
- The creation of an emergency stock of **300 oxygen cylinders** filled and ready to be deployed.



C-Local capacity building – Oxygen therapy as a primary response to COVID-19:

- With the evolution of the COVID-19 pandemic, the MSPP – DOSS (Directorate of Organization of Health Services) requested the support of UNOPS to strengthen the capacities of the country's biomedical technicians. In turn, they will be responsible for managing the fleet of equipment (especially in connection with COVID-19, i.e., oxygen therapy equipment) in their respective centers and helping in COVID patients' care.
- In response to this need identified by the MSPP, UNOPS organized the Biomedical Technician Training Workshop "Keys for Biomed2" from **july 14 to 17, 2020.**
- Specific objectives of the Training:
 - i. Introduction to Covid 19 and the role of TBMs in the national response.
 - ii. An introduction to oxygen therapy and medical gases from a clinical point of view. (Visit UNHCR Zilda Arns)
 - iii. Proficiency in the safe use and preventive and corrective maintenance of respiratory assistance devices used in the response; Oxygen concentrator, oxygen cylinder, regulators, flowmeter, and more.
 - iv. Practical work – Maintenance of equipment samples ordered by the Haitian State (and intended for the public health system).



Formation de formateurs – Oxygénothérapie @ UNOPS



D-The acquisition and delivery of Personal Protective Equipment (EPP) :

- An order for **EPP** Personal Protective Equipment (representing the 400,000 USD of funds redirected from the activity – HUP) was made according to the choice and direction of the MSPP to support the MSPP in the fight against the pandemic.
- The official delivery/receipt of the order will be made on **thursday, august 13, 2020**

| EPP - Description Item | Ordered quantity / Delivered |
|-------------------------------|-------------------------------------|
| Mask, respirator N95 or FFP2 | 12,268 |
| Mask, surgical | 58,610 |
| Coverall with hoods | 5,000 |
| Goggles | 415 |
| Face shield | 300 |
| Gloves, Examination | 10,000 |
| Gloves, cleaning, rubber | 2,800 |
| Gown, surgical | 5,550 |
| Apron, heavy-duty | 2,000 |

| | |
|--------------------------|--------------|
| Boots or closed shoes | 500 |
| Surgical cap | 5,000 |
| Infrared temperature gun | 608 |



Handover / Official handing over of personal protective equipment to the MSPP – August 13, 2020@ UNOPS.

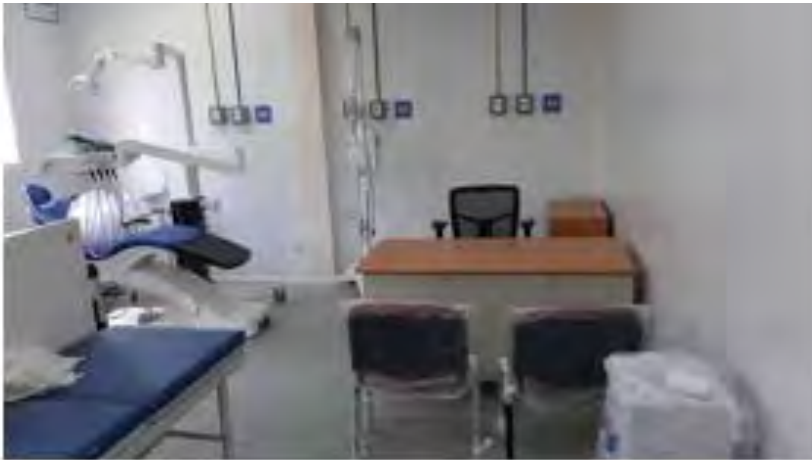
€ Technical support for the efforts of the Ministry of Public Health MSPP

UNOPS is part of supporting government efforts to put in place a national pandemic response strategy. The UNOPS team provided technical assistance to the MSPP / CMGP by assessing potential sites for managing COVID-19 patients (4 centers in 4 departments) in collaboration with OPS. The team subsequently provided ad hoc support to the Directorate of the Health Services (DOSS - MSPP) in designing solutions for lightweight tent structures for the isolation of suspicious patients.

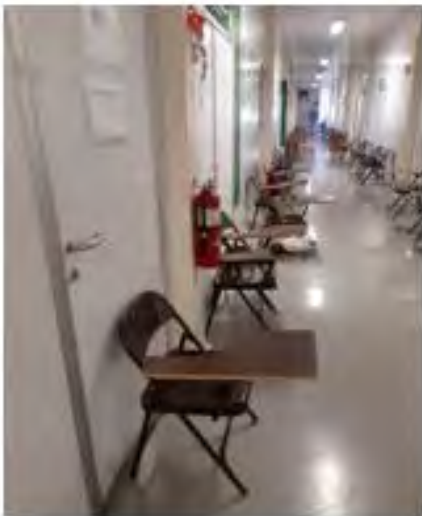


£ Support for operations and integrated maintenance of the 3 HCRs / Continuous Improvements

- Installation of Dental Offices / Workspace and Training of DOSS / HCRs technicians. Support to the MSPP in the implementation of its strategy to promote oral health in Haiti. Training of medical personnel planned for the next trimester.



- Installation of new fire and extinguisher alarm systems in the HCRs and the IHR. The Training of key personnel was carried out in march – april 2020.



- Installation of an inverter/battery system at the Carrefour UNHCR to make some essential services autonomous in terms of energy such as Emergencies, Maternity...



- Delivery and installation of the two generators / Generator (250 and 350 KVA respectively) to UNHCR Zilda Arns / Bon Repos. Building a dedicated space – The cage generator / Fuel Tank Protection. The electrical installation of the hospital network was completed.



- Preventive / Corrective Maintenance Intervention:
 - Temporary repair of damaged sheets on the roof of Zilda Arns and HCR Carrefour – pending the main roof replacement project
 - Replacement of submersible water pumps at wells - HCR Carrefour
 - Preventive maintenance two generators – HCR de Beudet
 - Repair of the Diesel Tank piping/line duct – HCR. Zilda Arns / Carrefour
 - Evaluation of UNHCR Beudet generators with plans to replace them.



F- Support to the IHR (Haitian Rehabilitation Institute) – Laboratory of Orthosis and Prosthesis;

- Reception of equipment and inputs for the prosthesis and orthosis laboratory (various materials, such as metal tapes, plaster, adjustable plastic materials, thermoforming / Molding).
- The inputs cover eight months of operation of the Orthosis and Prosthesis Laboratory.
- Ultrasound and infrared device for intramuscular therapy provided by the rehabilitation specialist. (Request from the General Directorate of the MSPP).

- Official submission to the MSPP of proof in **september 2020** – with the project coordinators and representatives of the DOSS and the General Management of the MSPP.



G- Support to the CAN – National Ambulance Center :

- At the heart of the response to COVID-19.
- Spare parts and maintenance kits for ambulances – Delivery / Official reception of the order to be made on **thursday, august 13, 2020**.
- Installation of 2 additional shower areas for CAN staff in July.
- Purchase and delivery of decontamination/disinfection products and kits / - july / august.
- Support in the maintenance of septic tanks / Canal drainage. (september 2020)
- Develop a dedicated CAN area for positioning and securing a 3,000-gallon fuel tank to increase CAN's capacity. (In progress – Delivery scheduled for September 2020).



H – Support to the CNTS – National Blood Transfusion Center:

- Reception and installation of medical equipment – Two Chimiluminescence Automata to fully automate the infectious disease panel testing process.
- → Sufficient reagents to process 7,500 bags of blood or the equivalent of **4 months from the annual volume of the CNTS.**
- The chronogram for commissioning – official system delivery:

Reception and installation: from 1st to june 14 (Completed)

Training of user and technical staff: june 20 – july 06

Quality Control: july 10 – july 30

Beginning of routine use: august 20, 2020



Training of laboratory technicians CNTS @ UNOPS.

- The new system installed at CNTS offers comparable advantages: Automation, considerable reduction (45%) of operating cost and reagents, and reduction of 60% of test processing time compared to the old one method.
- Test processing time compared to the old method.
- Local/regional representation of the brand. After-sales support available / Service contract in place to ensure equipment functionality and durability.
- → **Press Release (june, 14th 2020) by MSPP to thank the Brazilian government for support (PNUD / UNOPS) to CNTS.**



* Press Release - MSPP – June 14th 2020

I - Reallocation of Funds of activity LEAN

The MSPP sent an official letter on August 21, 2020, detailing the final choice of the Ministry on the reallocation of the 300,000 USD according to the following scenario:

- I. Replacement of UNHCR Budget generators (60,000 USD)**
- II. Reparation and enhancement of the structure / Castel of water (20,000 USD)**
- III. Replacement of the water treatment system in the 3 HCRs (70,000 USD)**
- IV. Raising of the medical level of 10 CAN ambulances. – (150,000 USD)**

1.2 Transition process

The transition process started in 2019 to consolidate the achievements and ensure a transfer of responsibilities / Project ownership progressively and responsibly to our leading partner, the MSPP / Government of Haiti, before december 31, 2020.

The Transition process has come to a complete standstill since february 2020 due to several reasons, mainly the unavailability of crucial MSPP resources to participate and support the process and the evolution of the pandemic. To face the new challenges imposed by COVID-19, THE MSPP has suspended the Transition Committee's organization of meetings (Responsible for monitoring and implementing the

consolidated transition plan). In the absence of these follow-up meetings, the MSPP could not implement the recommendations put forward in the **"Consolidated Transition Plan" approved and validated by the Transition Committee in 2019, particularly the designation/appointment of focal points Technical managers.**

Consequently, the primary objective planned for 2020 consisted mainly of close support with the focal points to strengthen their capacities (planning, execution, budgeting, etc.) and transfer the work methodology, share the lessons learned and discuss our experience on the best practices of the integrated maintenance management of the HCRs. Risk arises regarding the consolidation of the achievements, the technical and operational follow-ups of the HCRs, which could have a real risk linked to the progressive deterioration of the state of the Hospitals.

| Janvier - Septembre 2020 | | |
|---|---|---|
| | | |
| | Activités prévues | Date d'achèvement |
| Sous Groupe #2- Opérationnel | Accompagnement des équipes techniques et points focaux dans la mise en oeuvre des différentes activités et l'amélioration des processus | Au cours de la période Janvier - Septembre 2020 |
| | Transfert de la responsabilité de commande des kits de maintenance / pièces détachées | Juin 2020 |
| | Transfert de la responsabilité de sécurisation des périmètres et des biens des 3 HCRs (sécurité MSPP) | Septembre 2020 |
| | | |

** Extract - "Consolidated Transition Plan" - Activities under the responsibility of UNOPS (2020)*

Because of the uncertainties of the current situation, it is essential to consolidate the gains made in recent years and perpetuate the efforts invested in the HCRs to ensure a minimum of **sustainable transition**. The UNOPS team is working towards an official handover on december 31, 2020, and so the team is consolidating the following activities to mitigate the risks associated with this process:

Inventories of medical equipment/materials in the 3 HCRs

- ❖ The establishment of the electronic library for the equipment/installations
- ❖ equipment/installations
- ❖ Technical reference register – Technical fleet book available

- ❖ Register/consolidation of training support/capacity building
- ❖ Support of DOSS teams/HCR focal points in the implementation of different activities (especially planning, integrated maintenance)
- ❖ Transfer of work tools/CMMS and maintenance programs GMAO.
- ❖ Transfer of the planning methodology/Prioritization in integrated management

1.3 Financial progress status

Update on the Budgetary execution of the BRA 17/018 to date:

| Global Budget (BRA 17/018) | Approved | Amount Spent to date (Payments) | Amount Committed (Obligations) | Balance |
|-----------------------------------|-----------------|--|---------------------------------------|--------------------|
| USD 12,860,000 | | USD 9,733,556 | USD 2,682,463 | USD 443,981 |

Administration/monitoring of the closure plan :

- The next remaining disbursement scheduled for **october 2020: USD 553,884**
- **Remaining balance: 443,981 USD:** Following an analysis of the available balances for the various lines of activities, a revised execution plan is proposed to implement the activities planned for the next quarter, i.e., before December 31, 2020.
 - The details of this new work plan are presented opposite in Section 1.4. These activities aim to build the stock of medical equipment and essential materials and significant repairs to damage metal sheets and panels in the three structures and the roofs.
- **Remaining balance expected on december 31, 2020: 95,000 USD.** Based on the discussions of the BRA17/018 Management Committee of September 24, we

propose to maintain this budget balance to cover some of the possible costs linked to an extension of the project.

| |
|---|
| Amount Spent (Delivery) during the past quarter (june, july, august) |
|---|

| |
|----------------------|
| USD 1,263,113 |
|----------------------|

Update on Reporting/Communication:

- **Management Committee Reports BRA 17/018/ Three (3) Presentations of the progress to the project implementation plans BRA 17/018: june 19, july 24, august 26, 2020, respectively.**
- **Business case: Evolution of the construction component of the two Administrative Buildings at UNHCR Bon Repos & Carrefour: august 04, 2020**
- **Bilateral UNOPS/UNDP follow-up meeting: september 04, 2020**
- **Quarterly Report Q3 (june - august 2020): september 25, 2020**

1.4 Activities planned for the Next Quarter - Q4

Following the revision of the lines of the work plan and depending on the remaining balance, taking into account the time constraint given the closure of the project, here are the main activities planned for the next quarter:

- Acquisition of equipment, inputs, and furniture to enhance the general stock of 3 UNHCRs in particular support the Emergency services as well as the Maternity. **(140,000 USD)**
- Replacement of HCR Beudet generators – Upgrade **(60,000 USD)**
- Repair of damaged sheets in the 3 HCRs / Urgent repair - Retrofit **(60,000 USD)**
- → Improvement of water quality in the 3 HCRs/water softening **(60,000 USD)**
- Upgrade of the Towers/Water Château /distribution system of the HCR **(2,000 USD)**

- Official handover of the work to the CAN/installing the fuel tank - (october 2020)
- Official handing over of equipment and inputs to the IHR - (october 2020)
- Refresher training for medical and technical staff of HCRs – Capacity building and consolidation of achievements - (october/november/december 2020)

Construction of the two administrative buildings/dormitories

2.1 Case Presentation: Evolution of the construction file

The signing of contracts with the two contractors for constructing the administrative buildings and dormitories roofs and dormitories roofs in the two respective hospitals, Bon Repos and Carrefour, took place on **november 08, 2019**. The initial construction schedule (presented in November 2019) projected the end of construction work during **december 2020**.

| | Carrefour | Bon Repos (Zilda Arns) |
|--|------------------------------|-------------------------------|
| Amount of construction contracts by HCR. | <i>USD 887,797.90</i> | <i>USD 855,397.60</i> |

Omission / Variation Error: Risk Management Framework

The contractors raised that quantities in the BOQ did not reflect the quantities detailed in the plans and requested that assessment be made given the deviations of the quantities carried out on the site compared to that in the BOQ lines. Although the supervision team confirmed and validated that the work carried out in the field was following the plans' details, it could only approve the lump sum for the respective Lines

of the BOQ for which the contractor had carried out the step. It, therefore, could not modify these quantities in the posts.

At the same time, supervision called on the designer to inquire about the quantities detailed in the plans which were not reflected in the BOQ, and the designer confirmed that there was indeed a difference in the quantities of some lines in the BOQ; providing us with updated amounts for the quantities of steel (Ton) and concrete (m3).

- HCR Carrefour: 38 Tones of Iron not considered in the BOQ
- H.C.R. Bon Repos: 48 Tones of Iron and 35m3 of cement not considered in the

BOQ

| | Carrefour | Bon Repos (Zilda Arns) |
|---------------------------|-------------------|-------------------------------|
| Cost of omissions per HCR | USD 35,000 | USD 65,000 |

Risk Management Framework

The construction contracts issued by UNOPS for the construction activity in the HCRs of Bon Repos/Zilda Arns and HCR of Carrefour respectively are of the "Lump Sum" type - *Lump Sum*. This Contract modality assumes that the constructor takes ownership of the design provided and therefore assumes the financial risks on the project's technical design.

Contractually, this implies that the entrepreneurs must absorb this error and assume the full cost of the commissions.

Simultaneously, during the financial package for the construction activity, the project set aside contingency funds to cover unforeseen events; This is guided by best practices in construction project management, especially in volatile environments, and mainly based on our local experience. Thus, this omission estimated at 100,000 USD can be covered by the contingency budget provided for the works' framework. However, exhausting all planned contingency funds could constitute a significant risk for the project's remaining duration regarding exposure to new/unforeseen risks.

In the current post-COVID context, our analysis shows that if the entrepreneurs assume all of this variation/omission error, this financial imposition poses a very high risk to the project, which can ultimately lead the entrepreneurs to a total shutdown of activities. Project abandonment.

Recognizing these difficulties, coupled with reduced capacity due to covid-19 guidelines, we attempted to reduce the advance's payout percentage to alleviate the contractor's liquidity.

Evolution of the pandemic in Haiti and the impact on the progress of worksites:

After recording the first confirmed positive COVID 19 cases in march 2020, the President declared the country a health emergency and started to deplore all efforts to prevent community spread.

The 3 HCRs, which are top-rated hospitals, continued to operate and provide essential care to the population. However, the construction sites had to endure a work stoppage for six weeks (End of march-may).

Simultaneously, based on guidelines developed jointly with WHO – PAHO, UNOPS introduced a new protocol for the management of construction sites in light of COVID-19. The protocol reduces the maximum number of staff on a site, imposes distancing measures, and wears personal protective equipment (masks, glasses, etc.). The health and safety guidelines directly impact initial planning as the new framework proposed by UNOPS reduces the work capacity of contractors. Deadline of 4 additional weeks for the implementation of protocols with contractors.

In addition to the imposed delays (9 weeks), we have revisited our initial planning and the project completion projections during the month of june 2020, given the new reality and the framework imposed by COVID-19; This implies that we can resume at full capacity, thus allowing the entrepreneur to carry out activities in paralleled and/or to strengthen the teams to recover the lost time.

In addition to the restrictions imposed by COVID-19 at the country level, the Carrefour UNHCR faced considerable additional delays imposed by the reality of the country,

namely the situation of insecurity in the Martissant area, which makes it very difficult access to the site for the delivery of material on-site, and refusal of supplies to deliver trucks to the site citing the unstable situation of the neighborhood. A cumulative 6-week delay for UNHCR Carrefour.

Total delay accumulated to date at the UNHCR Bon Repos:

Current deadline: 5 months from the submission of the plan / initial chronogram.

Total delay accumulated to date at U.N.H.C.R. Carrefour:

Current deadline: 6 months from the submission of the initial plan/timeline.

On July 20, 2020, Haiti's government declared the country no longer in an emergency, which directly translates into a reopening of the country, which is no longer subject to COVID-19 restrictions. This new reality has given us leeway to increase capacity and resume work as usual from August 20, 2020.

We have revised the project planning and have new work completion projections scheduled for **June 2021**. **These are conservative projections based on a technically revised work plan, but this does not consider the risks associated with a possible evolution in Haiti's socio-political situation.** However, the leading BRA 17/018 project closing date of December 2020. Faced with this reality, we have proposed two scenarios to take into consideration;

| | Scenario Summary | Risk |
|------------|---|---------------|
| Scenario 1 | Work completed in December 2020 with the completion of one phase out of 2 (Gray works / Structural Works) | Medium / High |

| | | |
|------------|--|--------|
| Scenario 2 | Extension until June 2021 to complete the construction of 2 buildings and return the desired impact. | Medium |
|------------|--|--------|

2.2 Presentation of the proposed scenarios

Scenario 1

Scenario #1 considers that **the project ended in December 2020 with the impossibility of an extension beyond.** If applicable, the scenario proposes the renegotiation of contracts with the two contractors to separate the construction phases into two: "Gray Works" and "Finishes," to deliver before December 31, 2020, the first phase completed being the "Gray Works," which represents approximately **50% of the total construction work activities of the contract.**

The finishing phase will become a second phase, which could be completed later by the Ministry of Health, with alternative funding. However, such a prospect is unlikely given that there is currently no other funding source that can cover the continuation of the work.

The first phase - "Travaux Gris" / "Gray Works" covers the foundation, walls, roof, cement plaster, underground water tank, and septic tank.

The second phase - "Finishes," includes electrical conduits and supplies, installations of mechanical equipment, plumbing and accessories, installation, plumbing and accessories, connection to wastewater, woodwork, tiling, road, sidewalk, steel mill, and landscaping.

| | | |
|--|------------------|------------------|
| | Carrefour | Bon Repos |
|--|------------------|------------------|

| | | |
|---------------------------------------|----------------|----------------|
| Total Amount of Contract Construction | USD 887,797.90 | USD 855,937.60 |
| Travaux Gris / Gray Works | USD 433,485.93 | USD 386,263.08 |

Risks: Medium / High

- ❖ The general state of insecurity (challenging socio-political climate) has a more significant impact on the gray works / structural works phase requiring an additional extension to finalize the work more specifically on the UNHCR site in Carrefour,
- ❖ Advance recovered from the two contractors before december 2020.
- ❖ Handover of non-functional buildings – **Impact of project activity not achieved.**

Next phase: The Ultimate Decision

- ❖ If this scenario is retained, it is necessary to proceed as quickly as possible to a renegotiation of contractors to explain the situation and inform them of significant programming changes.
- ❖ The contractors intend to place the order for materials/equipment for the second phase (Finishing Phase) of the construction during september 2020.
- ❖ **A lack of clear decision to reorient the construction project's strategic vision poses a high risk that could translate into significant financial**

losses for the contractors, knowing that the second phase of the project does not take place. Would achieve more (in case of impossibility of extension).

Scenario 2 (UNOPS recommendation)

Scenario #2 considers that the project will benefit from an extension until **june 2021** to cover construction supervision activities. Where applicable, the scenario proposes the **monitoring of construction supervision activities until the official handover of the buildings, scheduled for june 2021**. This scenario is quoted based on a light project structure supervising construction activities.

| | Carrefour | Bon Repos |
|---|---------------|---------------|
| UNOPS supervision cost [January - June 2021] | USD 63,775.50 | USD 61,775.50 |

Risks: Medium

- ❖ Insecurity (socio-political climate and tensions projected in early 2021) or the country's socio-political situation has a greater impact on the "Finishing" phase requiring an additional extension beyond june 2021.
- ❖ Advance recovered from the two entrepreneurs in april 2021.

2.3 Current Status of Worksites (september 2020)

Site #1 - HCR Carrefour: 30% completion.

- Backfill and compaction under the slab completed.
- Completion of the steel reinforcement of the slab and beams of the ground floor level
- Concrete pouring of the finished ground floor slab
- Due to growing insecurity at Martissant and Carrefour, the contractor is experiencing delays due to difficulties or accessing the site to supply materials.



Site #1 - HCR Bon repos / Zilda Arns: 35% completion

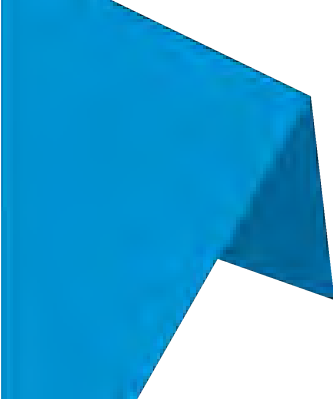
- Concrete pouring of the finished ground floor slab
- Completion of steel reinforcement of ground floor columns and shear walls
- Concrete pouring of columns and shear walls of the ground floor completed
- The contractor informed UNOPS in mid-August that works at the site would be halted due to their financial liquidity difficulties and demanded that their request for omission from the BOQ be processed.



- The UNOPS team is working with the contractor to explore potential solutions as soon as possible.

Aware of the difficulties that contractors are currently facing on their respective sites (operation at reduced capacity due to covid-19, access to the site due to insecurity, and possibly reduced profit margin due to the delays suffered on a contract at a fixed price), UNOPS, to relieve contractors, reduced the prepayment reimbursement percentage to allow contractors more cash to continue work at the sites.

We recognize that the management of a construction contract in the face of these difficulties, which is demonstrated in the sites' progress, is a challenge. However, we remain convinced that the contractors have the will and the capacity to finalize the works under the same contractual terms. We will try to support them in the best way that is contractually assigned to us to frame this process and manage the risks associated with the project's progress.



Ministère de la Santé
Publique et de la
Population, Haïti



Programme des Nations
Unies pour le
Développement, Brésil

*Empoderando vidas.
Fortalecendo nações.*



Ministère de la Santé,
Brésil

RAPPORT TRIMESTRIEL – Q4 200

22 Janvier 2021

Sustainability of Community Reference Hospital (HCR) through the implementation of a maintenance support and operation supply program

Cadre du projet : Coopération Sud-Sud - BRA-17/018

Projet financé via : PNUD Brésil.

Bénéficiaire : Ministère de la Santé Publique et de la Population, Haïti – MSPP.

| | | | |
|--------------------|--------------|--------------------------------|-----------------|
| Project ID | 20646-001 | Implementation of BRA 17/018 | |
| Focal point | Ziad HAMZE | Gestionnaire du projet | ziadh@unops.org |
| Office | UNOPS - HTOC | 3 rue Marion Péguy Ville Haïti | |

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1. Rapport sur l'état d'avancement trimestriel

Statut d'implémentation des activités du projet

Durant le trimestre écoulé couvrant la période allant de **Octobre - Décembre 2020**, avec certaines activités qui ont été achevées complètement en Janvier 2021. Les livrables suivants couvre les 3 institutions **HCRs** (Zilda Arns / Bon repos, Beudet, Carrefour) principalement mais couvre également les sous-activités qui appui le Laboratoire d'Orthèse et Prothèse **I.H.R**, le Centre National de Transfusion Sanguine **C.N.T.S** ainsi que le Centre Ambulancier National **C.A.N**.

- Fermeture opérationnelle du projet #20646 au 31 Décembre 2020.
- Dans le cadre de l'évaluation du progrès du projet BRA 17/018, le **Comité de Gestion** avait tenu (2) réunions de suivi soit le 25 Octobre et 17 Décembre 2020. L'occasion d'échanger sur les progrès clés et les **défis principaux** auxquels fait face le projet principalement et portes un risque important à considérer et planifier :
 1. La construction des deux (2) Bâtiments administratifs / Dortoirs.
 2. Une transition durable / Pérennisation des investissements, Continuité d'appui opérationnel aux HCRS (Intrants, Fuel..etc)
- Préparation et consolidation d'un **Business Case Exécutif / Analyse de cas** en vue de la demande d'extension prévue pour couvrir les activités de construction et assurer l'atteinte de l'objectif principal du projet - La remise des structures fonctionnelles. (Cadre de Gestion de Risques)

Les réalisations clés au plan d'Appui aux opérations et à la maintenance intégrée des 3 HCRs / Améliorations Continues

Suite à la révision des lignes du plan de travail et en fonction de la balance restante, tenant compte de la contrainte du temps en vue de la clôture du projet, voici les activités principales que le projet a pu réaliser dans les 4 derniers mois du trimestre :

- Finalisation de l'installation des services / équipements de Buanderie + Formation.
- Remplacement groupes électrogènes HCR Beudet - Aménagement de l'espace dédié
- **Remplacement total de la toiture de l'HCR Beudet**
- Réparation tôles endommagées / Réparation urgente - Bon Repos seulement
- Installation d'un système des **Caméras Vidéosurveillance** a l'HCR Beudet
- Installation des Cabinets Dentaires / Formation des techniciens de la DOSS/HCRs
- Amélioration de la qualité d'eau dans les 3 HCRs / Adoucissement d'eau
- **Inventaire de matériels dan les 3 HCRs / consolidation bases de données**
- Recyclage des **Formations au personnel** médical et technique des **HCRs** - Renforcement de capacités et consolidations des acquis

Remise officielle :

- Bibliothèques techniques / Bases de données mise à jour
- Remise officielle de sous-activités **C.N.T.S** - (Octobre 2020)
- Remise officielle des travaux au **C.A.N** / Réservoir de carburant - (Novembre 2020)
- Remise officielle des pièces et kits de maintenance au **C.A.N** - (Décembre 2020)
- Remise officielle équipements et intrants au Laboratoire d'Orthèse et Prothèse **IHR**.

Annule / Reporte (Contrainte de temp):

- Acquisitions des équipements , intrants et mobiliers pour rehausser le parc générales des 3 HCRs en support particulier aux services d'Urgence ainsi que la Maternite.
- Remise à niveau des Tours / châteaux d'eau / Système de distribution HCR

Transition / Retex :

- Atelier de travail - Bilan Annuel Remise officielle des activités du projet (UNOPS , OPS)
- Tableau de Bord et Bilan de transition présentes aux parties prenantes (MSPP, HCRs)

Construction Bâtiments Administration / Dortoirs :

- Ateliers de travail et révision réclamations des entrepreneurs - Etat des lieux
- Préparation en cours d'un Business Case en vue de préparer l'extension du projet.

A - Remplacement groupes électrogènes HCR Beudet - Aménagement de l'espace dédié - La sécurité électrique en attente la réception de double throw safety switch / cables et tubes -

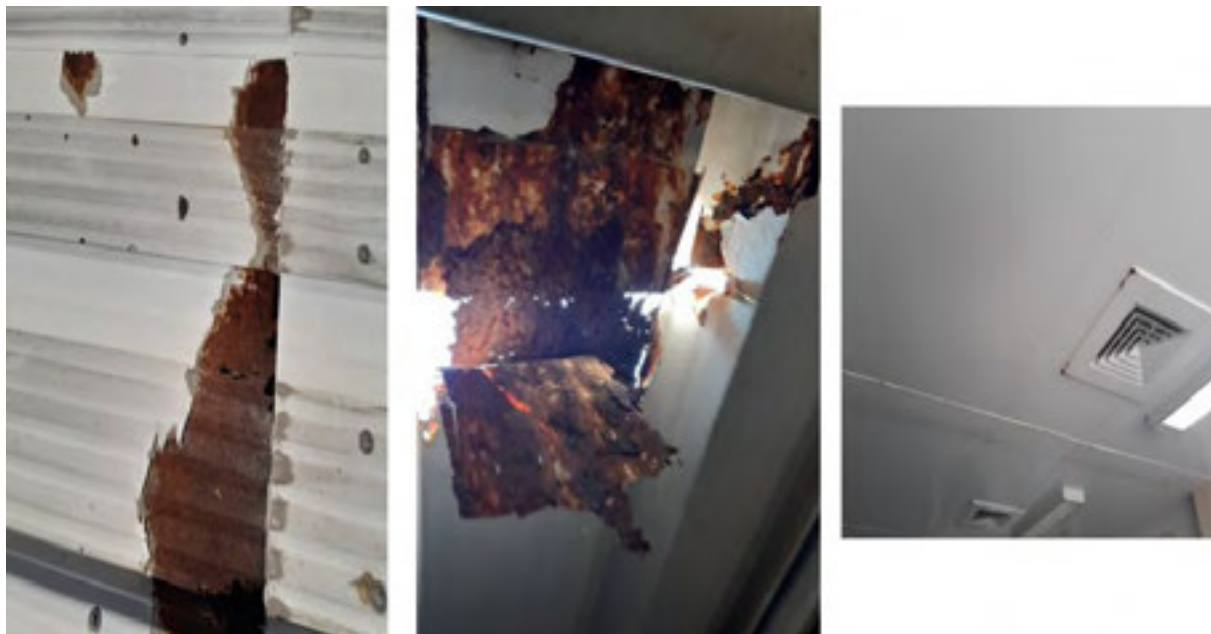


B- Installation d'un système Batterie-Inverter / Batterie à l'HCR de Carrefour et l'HCR de Bon Repos pour rendre autonome en matière d'énergie certains services essentiels tels que les Urgences, la Maternité et la Pédiatrie.



C - Remplacement total de la toiture de l'HCR Beudet

Avant :



Après :



D - Installation Cabinets Dentaires / Espace de Travail et la formation des techniciens de la DOSS/HCRs. Support au MSPP dans la mise en œuvre de sa stratégie de promotion de la santé buccodentaire en Haïti.



E- Installation et mise en fonctionnement des nouveaux services de Buanderie dans les 3 HCRs avec la composante formation du personnel liée à ce service



F- La disponibilité de l'oxygène dans les 3 HCRs :

- Livraison de 6 Concentrateurs d'Oxygène Mobile à chaque HCR + Formation du personnel sur l'utilisation du matériel en cas d'urgence (Banque Mondiale) .
- La formation de 8 techniciens biomédicaux (Formation de formateur) sur l'utilisation correcte / Maintenance intégrée du système
- La **maintenance de la centrale de production** ainsi que les unités de concentrateur d'oxygène - équipements d'oxygénothérapie mobiles (4 par HCR) ainsi que les ventilateurs.
- Le recyclage des formations pour le personnel médical / staff hospitalier.



G - Appui à L'IHR (Institut Haïtien de Réadaptation) - Laboratoire d'Orthèse et Prothèse

- Livraison du matériel et des intrants au Laboratoire d'Orthèse et Prothèse. (matériaux divers, comme des rubans métalliques, le plâtre, matières en couverture 8 mois de fonctionnement.
- Appareil d'ultrason et infrarouge pour les thérapies intramusculaires prestées par le spécialiste de réadaptation. (Demande de la Direction Générale du MSPP)
- Remise officielle avec la participation de la Direction Générale du MSPP.

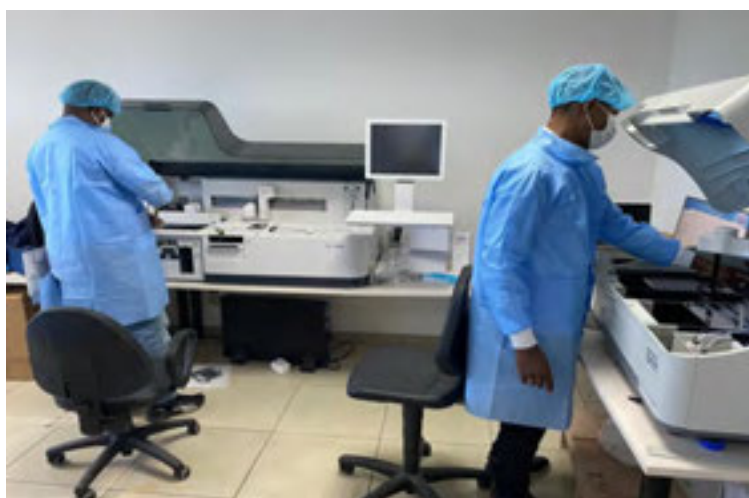


Appui et support au C.A.N - Centre Ambulancier Nationale :

- Remise officielle le 30 Novembre 2020.
- Réception officielle de la commande des pièces de rechange et kits de maintenance.
- Aménagement d'une zone dédiée au CAN pour 1) L'entrée sécurisée et 2) La mise en place et la sécurisation d'un réservoir de carburant de 3,000 gallons visant d'augmenter la capacité de stockage stratégique du CAN. (En cours d'exécution – Remise prévue en Octobre 2020)



Appui au C.N.T.S - Centre National de Transfusion sanguine :
Remise officielle le 30 Octobre 2020



I - Réallocation des Fonds de l'activité **LEAN (Activité n'est pas mise en oeuvre)**

Position du PNUD Brésil :

“ En ce qui concerne l'équilibre des ressources Lean, il faut attendre la décision sur l'extension du Fonds pour décider de son utilisation. Comme indiqué précédemment et consigné dans les procès-verbaux des réunions, il est possible que la Banque mondiale facture des frais pour continuer à gérer le Fonds. La balance Lean pourrait être utilisée à cette fin, si nécessaire. ”

Processus de Transition

Le processus de Transition est en arrêt complet depuis le mois de Février 2020 du a plusieurs raisons principalement la non disponibilité des ressources clés du MSPP pour participer et accompagner le processus, ainsi que l'évolution de la pandémie. Par conséquent, l'objectif primaire prévu en 2020 n'a pas pu être réalisé. L'objectif consiste principalement en un accompagnement rapproché avec les points focaux afin de renforcer leurs capacités et transférer la méthodologie de travail , partager les leçons apprises sur la gestion intégrée de la maintenance des HCRs

Il est primordial de consolider les acquis au cours des dernières années et de pérenniser les efforts investis dans les HCRs pour assurer un minimum de **transition durable**. L'équipe de l'UNOPS travail dans le perspective de remise officielle le 31 Décembre 2020, et ainsi l'équipe a consolidé les activités suivantes afin de mitiger les risques liées à ce processus :

- ❖ Les Inventaires des équipements médicaux / Matériels dans les 3 HCRs
 - ❖ La mise en place de la bibliothèque électronique pour les équipement / installations
 - ❖ Registre de références technique - Carnet Technique du parc disponible
 - ❖ Registre / Consolidation des support à la formation / Renforcement des capacités
 - ❖ Accompagnement des équipes DOSS / Points focaux HCR dans la mise en oeuvre des différentes activités (Surtout planification , maintenance intégrée)
 - ❖ Transfert des outils de Travail / GMAO et les programmes de la maintenance
- **Atelier de retour d'expérience - Bilan Annuel et remise officielle des activités: Le 11 Décembre** avec les cadres de MSPP et les HCRs , coordonnateurs MSPP.



Construction des 2 bâtiments Administratifs / Dortoirs

Resume executif:

1. Le projet BRA 17/018 est fermé opérationnellement depuis le **31 Décembre 2020**.
2. Révision du plan de travail du projet - **Extension de 10 mois nécessaires pour achevées les travaux nécessaires. Il s'agit des projections conservatrices basées sur un plan de travail révisé au plan technique, mais ceci ne considère pas les risques liés à une éventuelle évolution dans la situation socio-politique en Haïti.**
3. Ateliers de travail - Technical Workshop :
 - Des ateliers techniques visant à établir les écarts techniques entre le BOQ référentiel (qui est donné à titre référentiel en complément au document de design) et les plans soumis. Les ateliers visaient à établir le caractère raisonnable des réclamations des entrepreneurs, même si contractuellement elles ne sont pas recevables compte tenu de la responsabilité forfaitaire de leur part (Lump sum contract)
 - L'UNOPS a sollicité le soutien du concepteur (Denzay) qui a examiné l'offre initiale et présenté un BOQ révisé et mis à jour tout en acceptant la responsabilité des erreurs commises dans le BOQ référencé.
 - Cet atelier ne représente en aucun cas aujourd'hui un accord de l'UNOPS pour modifier les contrats pour inclure ces montants.
4. Extension des contrats Beaubrun et KP Builder jusqu'en Juin 2021 (réception des cautions et garanties bancaires)
5. Rapport Business Case en cours de finalisation. Calcul des coûts liés à l'extension du projet.

État Actuel d'avancement des chantiers (Décembre 2020)

Site #1 - HCR Carrefour : 35% d'achèvement.

- Achèvement du renforcement en acier de la dalle et des poutres du niveau rez-de-chaussée
- ***Chantier en arrêt depuis le 28 Septembre.***
- Difficulté de poursuivre le chantier en raison des dettes envers des fournisseurs
- L'entrepreneur réclame des omissions liées à une erreur dans la conception des plans et réclame des dépenses de plus que 200,000 USD non justifiées.
- Atelier de travail - KP Builder GB Design / Equipe UNOPS : Montant déterminé : 126,807 USD



Site #2 - HCR Bon repos / Zilda Arns: 40 % d'achèvement

- Achèvement du coulage de béton des colonnes et des murs de cisaillement du rez-de-chaussée
- ***Chantier en arrêt depuis le 1er Octobre 2020 sans mobilisation totale.***
- Le contractant a informé l'UNOPS que les travaux sur le site seraient interrompus en raison de leurs difficultés de liquidité financière.
- Analyse par l'équipe de l'UNOPS pour évaluer la validité et la base des réclamations.
- Atelier de travail - Beaubrun / Équipe UNOPS : Montant déterminé : 155,693 USD



Résumé financier:

| | |
|---|--------------------|
| Montant réclamé par les deux contracteurs | 450,000 USD |
| Amount derived from the workshop to complete works does not fall into a price range that is acceptable by the contractor following committee recommendations/suggestions. | 283,000 USD |
| UNOPS supervision cost for the 10 months extension period including project personnel, running cost, LMDC , fees.. | 247,000 USD |
| 8% Contingency (which was never budgeted for in the original construction budget of 1,870,494 USD) | 172 ,000 USD |
| Total nécessaire | 700,000 USD |

Options disponible pour financer l'extension et couts associes :

| | |
|--|--------------------|
| Remaining Budget BRA 17/018 (Activités non-achevées au 31 Décembre 2020) | 320,000 USD |
| LEAN Activity | 300,000 |
| BRA 17/018 Accumulated interests | 99,000 |
| BRA/05 project remaining balance | 200,000 |
| Potential project descopeing while maintaining the functionality of the dormitory / admin buildings. | |
| Total potentiellement disponible | 719,000 USD |

Etat d'avancement financier BRA 17/018

Mise à jour sur l'exécution Budgétaire du projet BRA 17/018 jusqu'à date:

| Forecast 2020 | Dépenses 2020 |
|---------------|---------------|
| 3,711,553 USD | 3,613,136 USD |

Mise à jour sur Reporting / Communication :

- **Rapports Comité de Gestion BRA 17/018 / Trois (3) Présentations de progrès aux plans d'implantation du projet BRA 17/018 : 25 Octobre et 17 Décembre 2020 respectivement.**
- **Bilan Annuel UNOPS / MSPP : 11 Décembre 2020**
- **Business case : Evolution du volet construction des deux Bâtiments Administratifs à l'HCR Bon Repos & Carrefour**

Prochaines étapes / Perspectives :

- **Concrétiser la décision du comité de gestion avec une extension du projet pour remettre les travaux de construction / Bâtiments fonctionnels.**
- **Finalisation des travaux en cours (Consolidation , Bases de données ... etc)**
- **Préparation du rapport narratif final**

Gestion des risques

| Catégorie | Description | Impact Potentiel | Réponse |
|------------|--|---|---|
| Reputation | Inachèvement des travaux de la construction à la date prévue | - Impact non atteint - Risque réputationnel pour nous et le bailleur de fonds | Etudier les réclamations et préparations d'une analyse de cas (Business case) pour informer et guider la décision des parties prenantes base sur le concept de gestion des risques |
| Finance | Manque de Budget propre pour couvrir les coûts réclamés par les entrepreneurs / ou dans le cas de la résiliation des contrats actuels, de trouver des nouveaux entrepreneurs | Pas de possibilité d'achever les travaux de construction selon le budget initial | Ateliers - Analyse par l'équipe UNOPS pour évaluer la validité et la base des réclamations, établir le caractère raisonnable de la situation |
| Transition | Durabilité opérationnelles des HCRs / Processus de Transition progressive au delà du 31 Décembre 2020 | Une transition inaccompli correctement - pas d'appropriation du projet par le partenaire le MSPP – Dégradation de la qualité des services , Interruptions des activités médicales , Pannes... | <ul style="list-style-type: none"> · Communication avec les différentes parties prenantes pour expliquer la situation · Atelier de Transition: Retour d'expérience / consolidations des acquis et remise technique du projet aux responsables centraux. |
| RH | Avec la fin du projet, des ressources humaines sont mise à disposition | Risque de perdre les ingénieurs du chantier pour une suite éventuelle | Sensibiliser les parties prenantes pour expliquer la situation et anticiper une solution dans les plus brefs délais |

UN AGENCY TO UN AGENCY CONTRIBUTION AGREEMENT AMENDMENT

BETWEEN

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

AND

THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO)

This Amendment No. 1 to the UN to UN Agreement between the United Nations Development Programme ("UNDP") and the Pan American Health Organization/World Health Organization (PAHO) in the scope of the Project BRA/17/018 - "Strengthening the Health System for Better Management of Medical and Health Emergencies in Haiti" is made pursuant to Article H of the Agreement, which provides that it may be modified or amended by written agreement between the two Parties and duly signed by the authorized representatives of the two agencies.

The Parties Agree

1. To amend the contribution amount by adding USD 750,000. The total budget amount is now: US\$ 4,560,000.
2. To amend Article E of the Agreement "Contributions", with the following text:

Schedule of payments:

| | |
|------------------|-------------|
| 15 March 2019 | \$2,023,795 |
| 21 February 2020 | \$2,536,205 |

3. To include a new Annex 1.b. Workplan and Budget, attached;
4. To replace Annex 2 "Budget and implementation timeline" with the attached updated Annex 2.

All other clauses of the Agreement remain unaltered and fully in effect.

As proof of their agreement, the Parties sign the present Amendment in the places and on the dates indicated below.

For the United Nations Development
Program (UNDP) in Brazil

For PAHO/WHO

Katyna Argueta
Resident Representative UNDP Brazil

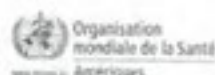
Place:
Date:



Dr. Carissa F. Etienne
Director

Place: Washington, DC
Date: 21 February 2020

Annex 1.b



RENFORCEMENT DU SYSTÈME DE SANTÉ POUR UNE MEILLEURE PRISE EN CHARGE DES URGENCES MÉDICO-SANITAIRES

Février 2020

CONTEXTE

En mars 2019, l'OPS/OMS et le bureau du PNUD au Brésil ont signé un accord de financement pour le projet « Renforcement du système de santé pour une meilleure prise en charge des urgences médico-sanitaires en Haïti », dans le cadre de la coopération entre le Ministère de la Santé du Brésil et le Ministère de la Santé et de la Population (MSPP) d'Haïti.

La Représentation de l'OPS/OMS en Haïti est responsable de la mise en œuvre du projet en étroite collaboration avec le MSPP, qui coordonne le suivi de l'implémentation du cadre élargi de la coopération en santé entre le Brésil et Haïti. En août 2019, à la suite d'une des missions périodiques de monitoring menée par le Brésil, le MSPP a sollicité l'appui du gouvernement brésilien pour la mise en œuvre d'une série d'activités supplémentaires.

En réponse à cette demande, le Ministère de la Santé du Brésil a confirmé l'inclusion de trois de ces activités dans l'accord existant l'OPS/OMS et le bureau du PNUD au Brésil, pour un budget total de 750 000 US\$ (Y compris les coûts indirects).

DESCRIPTION DES ACTIVITÉS DU PLAN DE TRAVAIL RÉVISÉ

Les activités proposées s'inscrivent dans la stratégie d'amélioration de la réponse aux urgences individuelles et collectives du projet existant (Ligne d'intervention no. 3).

Elles visent à contribuer aux résultats attendus suivants, tels qu'approuvés dans le projet existant :

- Mise en œuvre du plan national de réponse aux situations sanitaires exceptionnelles
- Amélioration de la prise en charge des urgences individuelles

a. La gestion des situations sanitaires exceptionnelles (Activité existante)

Suite à l'évaluation externe conjointe (JEE) qui s'est déroulée en juillet 2019 en Haïti, une des recommandations importantes faite par les experts est l'appropriation concrète du plan national de réponse aux urgences sanitaires, par l'ensemble des acteurs pouvant être impliqués. Il apparaît donc indispensable de décliner le plan national au niveau départemental, par le biais de formations et d'exercices continus tout au long du projet en ciblant le maximum d'acteurs de santé du pays. L'idée étant de créer chez ces acteurs, des automatismes de réponse à tous les échelons de la réponse et sur l'ensemble du territoire national, pour les différents types d'urgence pouvant subvenir dans le pays.

Budget de l'activité: \$93 458 (Hors coûts indirects)

b. Amélioration de l'espace et des plateaux techniques des services d'urgence de l'hôpital de La Paix (Nouvelle activité)

Il est important de noter que cette nouvelle activité s'inscrit dans les priorités actuelles les plus critiques du MSPP, qui à ce titre demande l'accompagnement quotidien et appuyé de l'OPS/OMS. Le dossier du service des urgences de l'hôpital universitaire La Paix (HUP) est suivi personnellement par la Ministre. Au-delà de l'importance technique de l'initiative, il faut donc également considérer la dimension politique de la coopération technique apportée par l'OPS/OMS dans le cadre de l'amendement à cet accord.

L'hôpital La Paix de Port-au-Prince, est considéré actuellement comme l'hôpital de référence pour les urgences du département de l'Ouest, l'Hôpital Universitaire (HUEH) étant depuis des années en cours de réhabilitation. Cependant, bien qu'il soit bien situé et que son service d'urgence soit doté en personnel, l'HUP ne dispose pas d'un service d'urgence optimum pour répondre à sa mission. D'une part, une évaluation du bâtiment a mis en évidence une faiblesse structurelle qui le rendrait inutilisable en cas de tremblement de terre, mais on note également un très mauvais agencement de l'espace qui ne permet pas d'organiser des zones de soins spécifiques (consultation, triage, pansement, soins intensifs, observation...); enfin la majorité des espaces actuels sont peu ou mal éclairés et ne disposent pas d'accès à l'eau courante.

Ainsi il a été décidé de relocaliser l'actuel service des urgences en construisant dans la cour de l'hôpital un service d'urgence :

- qui soit installé rapidement ;
- qui soit résistant aux aléas naturels ;
- qui réponde aux impératifs standard des services d'urgence ;

- qui soit autonome du reste de l'hôpital pour la réalisation des investigations (radiologie, examens de laboratoire de base).

Dans cette perspective, il a été prévu que le cahier des charges soit rédigé par un ingénieur expert des hôpitaux sûrs (Safe hospitals) et que le choix priorise une construction de type polystyrène, ou d'éléments préfabriqués. Les plans ont été dessinés conjointement par le MSPP et l'OPS/OMS et revus par un médecin inspecteur des services d'urgence français.

Budget de l'activité: \$560 748 (Hors coûts indirects)

c. Achat de matériel et d'équipement médical (Nouvelle activité)

Budget de l'activité: \$46 729 (Hors coûts indirects)

PLAN DE TRAVAIL ET BUDGET

Le budget additionnel s'élève à 750 000 US\$, dont 49 065 US\$ correspondent aux coûts indirects du projet. Le budget total du projet s'élève à \$4 560 000US\$, dont 298 318 US\$ correspondent aux coûts indirects du projet. Le taux de coûts indirects applicable est déterminé selon les termes de l'accord existant inter-agences Nations-Unies, et s'élève à 7%.

Le plan de travail et budget révisés sont comme suit :

| Lignes d'intervention et activités | | Coûts estimatifs |
|------------------------------------|---|---------------------|
| 1 | Fournir un support technique au MSPP pour la préparation des manuels de routine, de normalisation des soins et des protocoles opérationnels à utiliser dans un service d'urgence | \$ 860,771 |
| 1.1 | Appuyer l'UEP dans la coordination et la supervision du projet et ses différentes composantes | \$ 40,000 |
| 1.2 | Appuyer la DOSS dans la révision et la mise à jour des manuels de routine (normalisation des soins, protocoles opérationnels en cas de procédures d'urgence) | \$ 58,800 |
| 1.3 | Renforcer la DOSS et l'Unité Nationale de Gestion des Urgences Médico-Sanitaires dans leurs rôles et responsabilités en matière de formation, supervision et d'accompagnement des professionnels hospitaliers afin de renforcer l'application des protocoles, standards et normes dans les services d'urgence | \$ 30,000 |
| 1.4 | Appuyer le Centre Ambulancier National (CAN) pour la mise en place de la régulation médicale au niveau national | \$ 355,000 |
| 1.5 | Appuyer la DELR et l'Unité Nationale de Gestion des Urgences Sanitaires pour le renforcement de la surveillance épidémiologique, du laboratoire, ainsi que le contrôle et la prévention des infections dans les centres de santé. | \$ 376,971 |
| 2 | Promouvoir le renforcement des capacités et fournir un accompagnement technique au bénéfice des gestionnaires, des professionnels de la santé et des techniciens du MSPP | \$ 1,085,955 |
| 2.1 | Formations aux urgences (hôpitaux et CAN) et simulation virtuelle | \$ 389,735 |
| 2.2 | Plans blancs (élaboration, formation, plateforme d'entraînement) et kit SSE et simulations | \$ 424,266 |
| 2.3 | Déclinaison du plan national au niveau départemental (10 départements) et adaptation des outils | \$ 158,457 |
| 2.4 | Formation des acteurs de la réponse aux SSE des niveaux national et départemental (Cellules de crise, CICOM etc) | \$ 80,000 |
| 2.5 | Système d'enregistrement et de suivi des patients par QRCode | \$ 120,000 |
| 2.6 | Exercices de simulation | \$ 100,000 |
| 2.7 | Communication à la population : Préparation d'une cinquantaine de messages infographiques à diffuser par téléphone et réseau sociaux à la population | \$ 6,000 |
| 2.8 | Amélioration de l'espace et des plateaux techniques des services d'urgence: hôpital la Paix (HUP) de Port-au-Prince | \$ 560,748 |
| 2.9 | Achat de matériel et d'équipement médical | \$ 46,729 |
| 3 | Appuyer l'extension et la consolidation du modèle de santé communautaire (ASCP/ESF/RISS) afin d'assurer la continuité des soins de santé et la participation communautaire | \$ 1,514,956 |
| 3.1 | Fournir aux ASCP une mise à jour technique pour assurer la continuité des soins de santé | \$ 400,000 |
| 3.2 | Organiser des réunions et formations au niveau communal | \$ 130,000 |
| 3.3 | Renforcer la structure de gouvernance local (UAS/UCS/BCS) afin d'assurer la continuité et l'intégralité des soins de santé primaires | \$ 70,000 |
| 3.4 | Développement de la gestion hospitalière adaptée à Haïti | \$ 150,000 |
| 3.5 | Formation des acteurs à de la gestion hospitalière des 3 HCR dans les 4 domaines (i) Gestion entrepreneuriale, ii) Gestion clinique, iii) Gestion de la qualité et de la sécurité, iv) Gestion de l'efficacité opérationnelle) | \$ 414,470 |
| 3.6 | Renforcer la gouvernance nationale et de la surveillance des établissements de santé aux nouvelles normes et lignes directrices | \$ 200,000 |
| 3.7 | Documenter les enseignements tirés et élaborer un plan de suivi | \$ 150,466 |
| Sous-total activités | | \$ 4,261,682 |
| Coûts indirects (7%) | | \$ 298,318 |
| TOTAL | | \$ 4,560,000 |

Renforcement du système de santé pour une meilleure prise en charge des urgences médico-sanitaires en Haïti / Strengthening the health system for better management of medical and health emergencies in Haïti

Annex 2 - Amended workplan budget and implementation timeline

| Project Management & Supervision (Distributed across all project activities) | 2019 | | | | 2020 | | | | TOTAL |
|--|------------|-----------|-----------|-----------|------------|------------|------------|------------|------------|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| 1.1 Support to the UEP in coordination and supervision activities of all components of the project | \$ 20,000 | \$ 20,000 | \$ 20,000 | \$ 20,000 | \$ 262,500 | \$ 262,500 | \$ 262,500 | \$ 262,500 | \$ 525,000 |
| Technical and financial support to the UEP of the MISPP | | | | | | | | | 40,000 |
| 1.2 Support the DOSS in the revision and update of SOPs and manuals (normalization of care, emergency procedure operational protocols) | \$ 40,320 | \$ - | \$ - | \$ - | \$ 40,320 | \$ - | \$ - | \$ - | \$ 40,320 |
| Elaboration, printing and dissemination of training tools for 3 staff categories from CAN | \$ 15,960 | \$ - | \$ - | \$ - | \$ 15,960 | \$ - | \$ - | \$ - | \$ 15,960 |
| Revision, printing and dissemination of most common emergency case management algorithms | \$ 24,360 | \$ - | \$ - | \$ - | \$ 24,360 | \$ - | \$ - | \$ - | \$ 24,360 |
| 1.3 Strengthen DOSS and National Unit for Response to Sanitary Emergencies (U-NGUS) in their roles and responsibilities in terms of training, supervision and support to hospital professionals to reinforce the implementation of protocols, standards and norms in emergency services | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 18,000 |
| Field trips for DOSS and U-NGUSS throughout the national territory | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 9,000 | \$ 18,000 |
| 1.4 Support the National Ambulance Center (CAN) for the implementation of medical regulation at national level | \$ 338,146 | \$ - | \$ - | \$ - | \$ 338,146 | \$ - | \$ - | \$ - | \$ 338,146 |
| Evaluation of at last 30 emergency services | \$ 12,750 | \$ - | \$ - | \$ - | \$ 12,750 | \$ - | \$ - | \$ - | \$ 12,750 |
| Development of a computer based tool for medical regulation | \$ 325,396 | \$ - | \$ - | \$ - | \$ 325,396 | \$ - | \$ - | \$ - | \$ 325,396 |
| Training on the use of the medical regulation tool | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 5,000 | \$ 5,000 |
| 1.5 Support the Directorate of Epidemiology, Laboratory and Research (DELR) and U-NGUS to strengthen epidemiological surveillance, laboratory and infection prevention and control in health centers. | \$ 141,771 | \$ - | \$ - | \$ - | \$ 141,771 | \$ 210,200 | \$ 210,200 | \$ 210,200 | \$ 351,971 |
| 3 consultants for epidemiological surveillance | \$ 38,771 | \$ - | \$ - | \$ - | \$ 38,771 | \$ 77,542 | \$ 77,542 | \$ 77,542 | \$ 116,313 |
| Vehicule operations and mission travel | \$ 18,000 | \$ - | \$ - | \$ - | \$ 18,000 | \$ 36,000 | \$ 36,000 | \$ 36,000 | \$ 54,000 |
| Development, training and dissemination of infection prevention and control (IPC) and epidemiology guidelines | \$ 45,000 | \$ - | \$ - | \$ - | \$ 45,000 | \$ 46,658 | \$ 46,658 | \$ 46,658 | \$ 91,658 |
| Purchase of IPC and laboratory reagents | \$ 40,000 | \$ - | \$ - | \$ - | \$ 40,000 | \$ 50,000 | \$ 50,000 | \$ 50,000 | \$ 90,000 |
| 2.1 Training on emergency case management (10 hospitals) + joint training with CAN and virtual simulations | \$ 238,200 | \$ - | \$ - | \$ - | \$ 238,200 | \$ 83,270 | \$ 83,270 | \$ 83,270 | \$ 321,470 |
| Training for 3 types of CAN staff | \$ 28,400 | \$ - | \$ - | \$ - | \$ 28,400 | \$ 22,720 | \$ 22,720 | \$ 22,720 | \$ 51,120 |
| Training on triage for emergency services | \$ 31,500 | \$ - | \$ - | \$ - | \$ 31,500 | \$ 25,200 | \$ 25,200 | \$ 25,200 | \$ 56,700 |
| Training on emergency case management for emergency rooms | \$ 31,500 | \$ - | \$ - | \$ - | \$ 31,500 | \$ 25,200 | \$ 25,200 | \$ 25,200 | \$ 56,700 |
| In situ coaching in at least 5 hospitals | \$ 16,800 | \$ - | \$ - | \$ - | \$ 16,800 | \$ 10,150 | \$ 10,150 | \$ 10,150 | \$ 26,950 |
| Virtual reality training tool | \$ 130,000 | \$ - | \$ - | \$ - | \$ 130,000 | \$ - | \$ - | \$ - | \$ 130,000 |

**UN AGENCY TO UN AGENCY CONTRIBUTION AGREEMENT AMENDMENT
BETWEEN
UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)
AND
THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH
ORGANIZATION (PAHO)**

This Amendment No. 2 to the UN to UN Agreement between the United Nations Development Programme (“UNDP”) and the Pan American Health Organization/World Health Organization (PAHO) in the scope of the Project BRA/17/018 - “Strengthening the Health System for Better Management of Medical and Health Emergencies in Haiti” is made pursuant to Article H of the Agreement, which provides that it may be modified or amended by written agreement between the two Parties and duly signed by the authorized representatives of the two agencies.

The Parties Agree

1. To amend Article A of the Agreement “Summary of Activities”, section “Start/End dates”, with the following text:

Start/End dates: Activities start date: [date of receipt of funds]
 Activities end date: 31 December 2020

2. To include a new Annex 1.b. Workplan and Budget, attached;
3. To replace Annex 2 “Budget and implementation timeline” with the attached updated Annex 2;

All other clauses of the Agreement remain unaltered and fully in effect.

As proof of their agreement, the Parties sign the present Amendment in the places and on the dates indicated below.

For the United Nations Development
Program (UNDP) in Brazil

Katyna Argueta

Katyna Argueta
Resident Representative UNDP Brazil
Date:

For PAHO/WHO



Dr. Carissa F. Etienne
Director

Date : 12 May 2020

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Annex 1.b



RENFORCEMENT DU SYSTÈME DE SANTÉ POUR UNE MEILLEURE PRISE EN CHARGE DES URGENCES MÉDICO-SANITAIRES

Avril 2020

CONTEXTE

En mars 2019, l'OPS/OMS et le bureau du PNUD au Brésil ont signé un accord de financement pour le projet « Renforcement du système de santé pour une meilleure prise en charge des urgences médico-sanitaires en Haïti », dans le cadre de la coopération entre le Ministère de la Santé du Brésil et le Ministère de la Santé et de la Population (MSPP) d'Haïti.

La Représentation de l'OPS/OMS en Haïti est responsable de la mise en œuvre du projet en étroite collaboration avec le MSPP, qui coordonne le suivi de l'implémentation du cadre élargi de la coopération en santé entre le Brésil et Haïti.

En avril 2020, pour appuyer la mise en œuvre du plan national de réponse à la pandémie de COVID-19, le MSPP a demandé la réallocation d'une partie du budget du projet. Le Ministère de la Santé du Brésil a approuvé cette requête. L'OPS/OMS et le PNUD ont donné suite à cette reprogrammation en modifiant le plan de travail et le budget initial. Le montant reprogrammé pour financer les activités liées au COVID-19 est de 2 000 000 US\$ (Y compris les coûts indirects).

DESCRIPTION DES ACTIVITÉS DU PLAN DE TRAVAIL RÉVISÉ

Les activités proposées s'inscrivent dans le plan national de réponse au COVID-19, ainsi que dans les trois stratégies d'intervention du projet.

Ces activités incluent :

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- **Le renforcement de la capacité de coordination aux niveaux national et départemental pour soutenir la réponse au COVID-19**
 - Appuyer les actions de suivi de l'évolution de la situation par le Comité national ;
 - Collaborer avec les autorités sanitaires régionales et subrégionales dans l'échange des informations sur la propagation de l'épidémie et mener des actions conjointes de prévention et de contrôle de l'infection.
- **L'achat d'équipement de protection individuel (EPI) et de matériel médical**
 - Assurer le pré-positionnement/approvisionnement régulier des sites en intrants et matériels de protection
 - Assurer l'approvisionnement en matériel de protection nécessaire
- **L'adaptation du guide diagnostic thérapeutique au COVID-19, et la formation à ce guide révisé**
 - Adaptation et formation sur les normes de prise en charge, et dissémination à tous les acteurs en santé
- **La formation du personnel dans les UAS et au niveau communautaire (ASCP, ESF)**
 - Mettre en place un réseau de recherche active des cas et de suivi de leurs contacts au niveau communautaire pour assurer une détection précoce des cas et une interruption rapide de la transmission locale.
- **La surveillance du COVID-19**
 - Appui aux mesures de protection du personnel de laboratoire contre l'infection par l'application stricte des mesures de contrôle de l'infection
 - Former le personnel du LNSP sur les techniques utilisées pour le diagnostic du COVID-19
 - Former le personnel prestataire sur la surveillance épidémiologique du COVID-19 en particulier
 - Appui aux recherches biologiques et épidémiologiques pour mieux caractériser la dynamique de la transmission de la maladie en Haïti
 - Appui à la diffusion des données hebdomadaires sur la morbidité et la mortalité liées au COVID-19.
- **La formation du personnel sur la gestion des cas, ainsi que la prévention et le contrôle des infections**
 - Identifier et former le personnel prestataire et de support ;
 - Promouvoir les bonnes pratiques de gestion des patients du COVID-19
- **Le renforcement de la capacité de régulation médicale pour orienter rapidement les patients COVID-19 vers les établissements désignés**
 - Mettre en place des équipes et des ambulances dédiées et équipées pour le transport des cas suspects et confirmés, ainsi que des mécanismes d'aiguillage pour les cas graves
 - Appliquer les normes de prise en charge

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- Assurer l'application stricte des normes de gestion des déchets issus des activités de soins et de diagnostic
- Assurer l'application stricte des règles d'hygiène.

PLAN DE TRAVAIL ET BUDGET

Le montant reprogrammé du budget approuvé s'élève à \$2,000,000, hors coûts indirects. Le taux de coûts indirects applicable est déterminé selon les termes de l'accord existant inter-agences Nations-Unies, et s'élève à 7%.

Le plan de travail et budget révisés sont comme suit :

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| Lignes d'intervention et activités | | Coûts estimatifs |
|------------------------------------|---|---------------------|
| 1 | Fournir un support technique au MSPP pour la préparation des manuels de routine, de normalisation des soins et des protocoles opérationnels à utiliser dans un service d'urgence | \$ 558,000 |
| 1.1 | Appuyer l'UEP dans la coordination et la supervision du projet et ses différentes composantes | \$ 10,000 |
| 1.2 | Appuyer la DOSS dans la révision et la mise à jour des manuels de routine (normalisation des soins, protocoles opérationnels en cas de procédures d'urgence) | \$ 35,000 |
| 1.3 | Renforcer la DOSS et l'Unité Nationale de Gestion des Urgences Médico-Sanitaires dans leurs rôles et responsabilités en matière de formation, supervision et d'accompagnement des professionnels hospitaliers afin de renforcer l'application des protocoles, standards et normes dans les services d'urgence | \$ 10,000 |
| 1.4 | Appuyer le Centre Ambulancier National (CAN) pour la mise en place de la régulation médicale au niveau national | \$ 362,000 |
| 1.5 | Appuyer la DELR et l'Unité Nationale de Gestion des Urgences Sanitaires pour le renforcement de la surveillance épidémiologique, du laboratoire, ainsi que le contrôle et la prévention des infections dans les centres de santé. | \$ 141,000 |
| 2 | Promouvoir le renforcement des capacités et fournir un accompagnement technique au bénéfice des gestionnaires, des professionnels de la santé et des techniciens du MSPP | \$ 652,000 |
| 2.1 | Formations aux urgences (hôpitaux et CAN) et simulation virtuelle | \$ 245,000 |
| 2.2 | Plans blancs (élaboration, formation, plateforme d'entraînement) et kit SSE et simulations | \$ 150,000 |
| 2.3 | Déclinaison du plan national au niveau départemental (10 départements) et adaptation des outils | \$ 150,000 |
| 2.5 | Système d'enregistrement et de suivi des patients par QRCode | \$ 80,000 |
| 2.7 | Communication à la population : Préparation d'une cinquantaine de messages infographiques à diffuser par téléphone et réseau sociaux à la population | \$ 9,000 |
| 2.9 | Achat de matériel et d'équipement médical | \$ 18,000 |
| 3 | Appuyer l'extension et la consolidation du modèle de santé communautaire (ASCP/ESF/RISS) afin d'assurer la continuité des soins de santé et la participation communautaire | \$ 1,051,682 |
| 3.1 | Fournir aux ASCP une mise à jour technique pour assurer la continuité des soins de santé | \$ 230,000 |
| 3.2 | Organiser des réunions et formations au niveau communal | \$ 40,000 |
| 3.3 | Renforcer la structure de gouvernance locale (UAS/UCS/BCS) afin d'assurer la continuité et l'intégralité des soins de santé primaires | \$ 72,000 |
| 3.4 | Développement de la gestion hospitalière adaptée à Haïti | \$ 140,000 |
| 3.5 | Formation des acteurs à de la gestion hospitalière des 3 HCR dans les 4 domaines (i) Gestion entrepreneuriale, ii) Gestion clinique, iii) Gestion de la qualité et de la sécurité, iv) Gestion de l'efficacité opérationnelle) | \$ 305,000 |
| 3.6 | Renforcer la gouvernance nationale et de la surveillance des établissements de santé aux nouvelles normes et lignes directrices | \$ 137,000 |
| 3.7 | Documenter les enseignements tirés et élaborer un plan de suivi | \$ 127,682 |
| 4 | Appui à la réponse au COVID-19 | \$ 2,000,000 |
| Sous-total activités | | \$ 4,261,682 |
| Coûts indirects (7%) | | \$ 298,318 |
| TOTAL | | \$ 4,560,000 |

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| | 2019 | 2020 | TOTAL |
|---|---------------------|---------------------|---------------------|
| Surge capacity for medical regulation to quickly refer COVID-19 patients to COVID-19 designated facilities | \$ - | \$ 45,000 | \$ 45,000 |
| Training of ASCPs and ESFs on COVID response in the Ouest department | \$ - | \$ 100,000 | \$ 100,000 |
| Financial and technical support to community initiatives of the comités communaux in the COVID response (Including IEC materials) | \$ - | \$ 80,000 | \$ 80,000 |
| Update of <i>guide thérapeutique et diagnostique</i> (Adapted to COVID-19) | \$ - | \$ 35,000 | \$ 35,000 |
| Training on case management based on updated <i>guide thérapeutique et diagnostique</i> | \$ - | \$ 53,000 | \$ 53,000 |
| Sub-total | \$ 1,624,816 | \$ 2,636,867 | \$ 4,261,682 |
| Indirect costs (7%) | \$ 113,737 | \$ 184,581 | \$ 298,318 |
| Grand Total | \$ 1,738,553 | \$ 2,821,447 | \$ 4,560,000 |
| | 38% | 62% | 100% |
| | Jan-19 | Jan-20 | |

| |
|------------------|
| 4,560,000 |
| 100% |

| 2019 | | | | 2020 | | | |
|------|----|----|----|------|----|----|----|
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| | | | | | | | |
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SUSTAINABILITY OF THE BRA/17/018 PROJECT

THROUGH OPERATION AND MAINTENANCE FOR 36 MONTHS

REHABILITATION OF SAINT ANTOINE HOSPITAL OPERATING

ROOMS IN JEREMIE.

PROJECT

INITIATION

DOCUMENT





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Ministério da
Saúde



Empoderando vidas.
Fortalecendo nações.

| | | |
|-----------------------|--|--|
| Project Title | Sustainability of Community Reference Hospitals (HCR) through the implementation of a maintenance support and operation supply program for 36 months. Rehabilitation of two operating rooms at St Antoine hospital in Jeremie | |
| Document title | PID | |
| Project ID | 20646-001 | |
| Revision | Date | On May 2020, budget increase to USD 200,000 passing from USD 12,660,000 to USD 12,860,000 to renovate and repair the hospital's roofs, bathroom panels and also to buy furniture for the administrative buildings. For this activity the maintenance budget has been increased, see budget section for details and annexe 5. |

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1. PROJECT DETAILS

- a Title: Sustainability of the Bon Repos, Beudet and Carrefour HCRs through the
. Implementation of a maintenance support program for 36 months.
- b Localization: HCR Bon Repos, Port-au-Prince - HCR Beudet, Port-au-Prince - HCR
. Carrefour, Port-au-Prince
- c Duration: 36 months
.
- d. Funding Source: UNDP Brazil through Haitian Reconstruction Fund

2. BACKGROUND/INTRODUCTION

Through the original BRA/10/005 project (Improvement and reinforcement of the Haitian Health Sector), financed by the Ministry Of Health of Brazil (MoH), UNOPS Haiti (UNOPS) was appointed by UNDP Brazil (UNDP) in 2011 to build and equip 3 Community Reference Hospitals (HCRs).

After the hand-over of the facilities to the Haitian Ministry of Public Health and Population (MSPP) in the first quarter of 2014, the MoH has expressed its concern regarding the financial and operation sustainability of the project, particularly in terms of maintenance.

The project 91537 for operations and maintenance was started in January 2015 for an initial duration of 18 months. The project was granted a no-cost extension twice, making the total duration of the project 30 months. Outcomes of the project were rated satisfactory by the partners, and the Haitian MSPP expressed the need for 3 additional years of support similar to that currently provided by UNOPS.

In this perspective and based on UNOPS's know-how, expertise with hospitals locally and most importantly our established partnership with the MSPP in technical cooperation, UNOPS has been requested by MoH of Brazil and UNDP Brazil to present a project proposal to provide support to the MSPP. This consists of management of the maintenance/operation of the facilities, including their equipment assets for a period of **36 months**, as well as managing the payment of the salaries of medical and technical staff.

The funding source being the "**Fond de Reconstruction d'Haiti**", the specificities of the budget lines have been taken in account, in order to be in line with both priorities of MSPP and of the donor:

Strategic line 1 is the reinforcement of emergencies departments of the country, Strategic line 2 is the support to operation and maintenance of the three hospitals and IHR, with a progressive

handover to the MSPP.

- Operations and maintenance of the three hospitals and IHR are aligned on **strategic line 2**.
- the reinforcement of emergencies and the upgrades to support the change of status from community hospitals to University hospitals are aligned on **strategic line 1**.

The strategic line 2 has a strong focus on the progressive handover of the three hospitals and IHR to the MSPP during the duration of the project, that rely on a master plan to reduce the global ownership cost of the facilities, and the reinforcement of technical and administrative capacities .

The change of status of the hospitals, from **Reference Community to University Hospitals** will be a major event, leading to a significant increase of medical personnel, an enhanced administrative team, and a more flexible financial management.

The rehabilitation of two operating rooms in **Saint Antoine hospital**, in Jeremie, is a commitment of the Minister of Health of Brazil, and is included in the O&M project, strategic line 1, to reduce the cost of operations.

This document outlines how UNOPS, as a leading UN service provider, would proceed to implement this project. UNOPS will provide quality and accountable project management services to support the transactional activities related to the procurement of consumables, goods and services required for the proper maintenance/operation of the different health facilities and assets, as well as to provide technical and capacity building assistance to the MSPP to manage these maintenance activities.

3. JUSTIFICATION

Proper maintenance policies and practices are essential in order to guarantee the operation and sustainability of health facilities and equipment. Unfortunately, field observation and studies/evaluation of the MSPP operating and administrative capacities (USAID, 2013 and Unité de santé Internationale, 2013) show that the maintenance activities from preventive, corrective and extraordinary of the health infrastructures and equipment are generally inefficient and is not systematically conducted. This is mainly due to a lack of funds, capacity and proper planning/management both at the field level and at MSPP centrally.

The 91537 project of operations and maintenance (M&O) demonstrated that a proper organization of maintenance activities plus an adapted budget is the key to keep healthcare facilities operational 24/7.

In collaboration with the MSPP, UNDP Brazil and the MoH, four levels of activities have been identified in order to continue operations and guarantee the sustainability of the project investments:

1. The implementation of a progressive strategy to ensure the sustainability of the outcomes, through the complete handover of institutions to the Ministry of Health , both in terms of

- technical and financial support, at the end of the project in 2020.
2. The implementation of comprehensive technical and managerial support program to perform capacity building through training programs, advisory and monitoring services;
 3. The payment of salaries to medical and technical personnel who are hired and supervised by MSPP.
 4. The implementation of an improvement program for buildings and technical equipment.

Beneficiari

es:

- HCR technical and administrative staff;
- MSPP and all the other Departments that will be involved in the project implementation, such as DOSS, DAB, etc.
- The local populations, who will have access to facilities that are in proper working condition and capable of offering health services in a clean and well maintained environment;

4. PROJECT OBJECTIVE AND RESULTS

In order to assist the MSPP in the maintenance of the 3 HCRs facilities and their respective equipment (medical and mechanical), UNOPS is proposing to implement a project in which both transactional and capacity building activities related to the maintenance and operation are included. The objectives of such approach will be to (1) optimize the operations of these health facilities and assets, and (2) to establish sustainable capacities within the MSPP maintenance units, (3) to guarantee the offer of medical services to the local population and (4) to implement a progressive handover plan so that the three hospitals and IHR become under the MSPP full control and financial support.

Hereinafter is an overview of the execution phases overseen by UNOPS in the implementation of this project.

Transactional Component

- Phase 1: Training of the administrative staff in procurement practices, preparation of procurement plans, preparation of tender documents, inventory management, etc
- Phase 2: Definition of the procurement plans for each hospital;
- Phase 3: Execution of the procurement plans and ad-hoc procurement needs, complying with UNOPS Procurement Rules and Regulations;

Capacity Building Component

- Phase 1: Definition of needs in terms of maintenance for functioning facilities, with estimation of wear and tear.
- Phase 2: Definition of the maintenance structure - Coordination Unit + On-Site Technical Unit
- with the definition of the Terms of References per staff category and a reinforced organizational tree.
- Phase 3: Definition of an annual training program on a three-year basis.
- Phase 4: Improvement and monitoring of use of the Computerized Maintenance Management Software (data base) and renewal of the maintenance tools and instruments;
- Phase 5: Strengthening of the local maintenance team with the support team (UNOPS Specialists);
- Phase 6: On-site Training and on-going maintenance

Payroll management

- Phase 1: Reception and validation of the list of personnel selected by the MSPP;
- Phase 2: Implementation of a monitoring protocol (time sheet) at the level of each HCR;
- Phase 3: Payment of the salaries following a strict control protocol.

Transactional Activities

The supply of goods (spare parts, diesel, etc.) and services (repairs, etc...) are to be provided on a regular basis throughout the execution of a maintenance and operation program. These procurement activities will be executed: (1) in conjunction with pre-defined procurement plans and, (2) in response to specific requests/needs.

The supply of goods and services related to the maintenance and operation of the building and the equipment cannot be performed without a proper planning and management of the supply chain. This will imply the following activities:

- Preparation of annual procurement plans of goods and services related to the maintenance and the operation and a tri-annual plan for renewal of equipment.
- Preparation of annual maintenance and operation budgets (building and equipment) based on forecasts and contingencies;
- Execution of procurement transactions (tender documents, publication, analysis, contract award and management);
- Management of the reception, storage, distribution, logging of the goods or monitoring/supervision of the services.

All the pre-cited activities will be managed in a collaborative way between the management of each facility and UNOPS technical support team.

| Supply Chain Activities | HCR/IHR/LN/CAN | UNOPS |
|---|----------------|--------|
| Preparation of the annual procurement plans and budgets | R | S |
| Procurement of the goods | Shared | Shared |
| Payments | | R |
| Reception/Distribution | R | |
| Inventory Control | R | S |

R: Responsible - S: Support

Listed below are the goods and services that will have to be considered within the maintenance and operation activities of all the facilities including their equipment (MEP and medical)

HCR & IHR

- Administrative consumables (cleaning products, office supplies, etc.);
- Spare parts and tools (medical and MEP equipment);
- Operations Supplies (medical gas, diesel, etc.);
- Preventive maintenance services with vendors (medical and MEP equipment); and
- All the goods and services required inside corrective and extraordinary maintenance needs.

UNOPS will assist HCR and IHR staff in the implementation and management of proper supply chain structures both at the facility and equipment level (spare parts, supplies, etc.).

Technical Capacity Building

The maintenance activities related to the infrastructure, MEP equipment and medical equipment can be summarized in the following categories:

- Standard technical support to the users: the technicians support the users when necessary, in understanding and implementing the basic settings, connections, basic mounting or dismounting of accessories and consumables (like cartridges, sensors, and probes)
- Preventive maintenance: This activity consists of scheduled functional and safety checks of equipment performance, through auto-test features or by the use of specific analysers and simulators. Typically this can be done weekly, monthly or once/few times per year as per manufacturers' indications and the hospital maintenance plan. It may require the substitution of specific parts/kits
- Corrective maintenance: Implemented as response to specific and unexpected faults of the Equipment and may require substitution of spare parts or accessories or repair of damaged components; it can be identified as first level or second level, depending on the level of technical knowledge needed for the fault identification and solution
- Extraordinary maintenance: This is generally related to faults or damages that require the involvement of specialized technicians by authorized distributors or directly by the manufacturer. According to the characteristics of the equipment, the components can be sent to the authorized center for repair or the specialized technician has to be called on site

To manage the standard technical support, the basic preventive and corrective maintenance activities each HCR will need to have a basic maintenance team composed of a biomedical technician, an electrician, a mechanic and a plumber.

For the advanced preventive and corrective maintenance interventions, it is recommended that some technicians receive some training on some specific equipment categories that can be identified as follows:

- Diagnostics equipment (radiology, ultrasound, laboratory)
- Vital equipment (monitoring, anaesthesia and ventilation)
- Electromechanical equipment (steam sterilizers, washers and laundry)

Different options would have to be evaluated on how to perform these advanced maintenance activities depending on the technical capacities and financial availability. A proper assessment will have to be conducted with the MSPP.

Hospitals Management teams Capacity Building

Capacity building for the management teams of hospital and administrative staff will include the support to attend **institutional training** (Mspp, OMRH etc.), the reinforcement of capacity regarding the use of office , communication and accounting softwares , updates on human resources management and communication. The Ministry of Health will be involved via the “Direction de la Formation” DF, who has the authority to manage training and internships related to healthcare services.

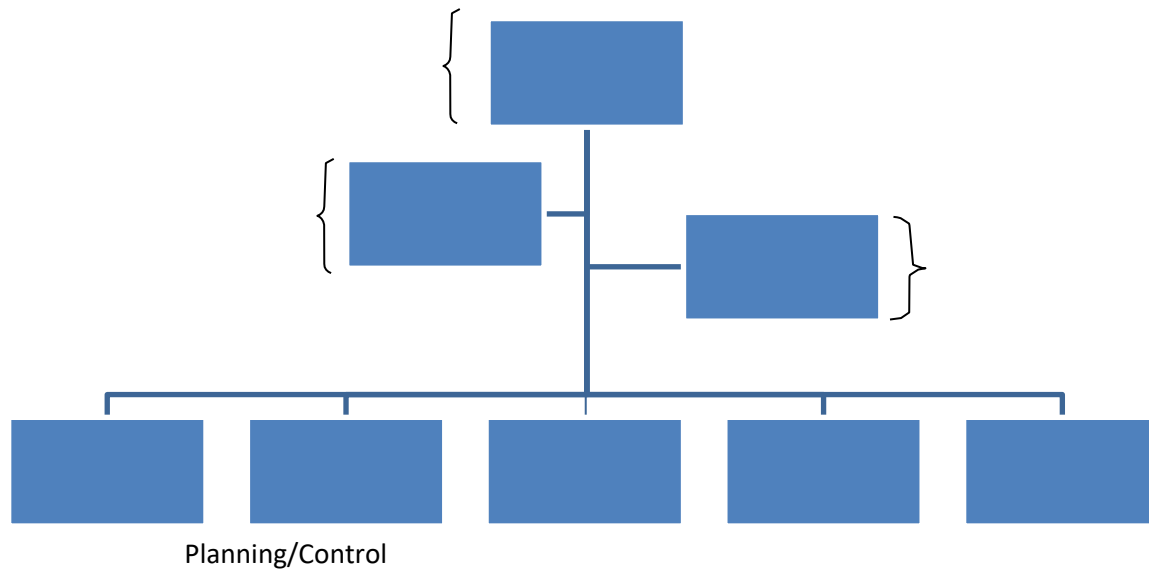
Logistics and procurement at hospitals need to be strengthened , training for planification and stock management , as well as good practices in fleet management will be included in the capacity building global plan.

Constructions and Extension of the Hospitals

In order to adapt the hospitals to their teaching mission, constructions and extensions will be designed with the cooperation of central services of MSPP: DOSS, DF, etc.

The objective is to have a functioning teaching facility in hospital Zilda Arns (Bon-Repos), in accordance to Ministry prerequisites, for the training and clinical teaching of medical specialists’ students.

The organization chart below illustrates, in the case of an HCR, how the maintenance/operation team could be structured and what level would operate UNOPS' technical and support team.



Organise/Train/Support

Maintenance/Advanced
Corrective and Preventive
Maintenance*

Standard User Support/Basic Preventive and Corrective Maintenance



Equipment
Maintenance

} Local Representatives
of Medical and MEP
Extraordinary

* These activities will either be performed by the on-site team or by a Central Support Team, depending on the available technical and financial capacities at the MSPP level.

Coordination Unit

The members of the coordination team should preferably have 3-5 years of experience in MEP installations, biomedical engineering (ICT will be managed directly by the hospital management). It is expected that the training would start with the support of UNOPS experts, through the organizations and analysis of the maintenance manuals given by the suppliers. During the warranty period, the team will also be trained on the job through contacts with the suppliers and the supervision / implementation of the preventive and corrective maintenance activities. Repetition of on-site training by the suppliers/installers shall be organized before the end of the warranty period. Gradually the team will become independent and perform activities autonomously. Activities for the team include contract management, inventory management, planning of maintenance plans, procurement of spares and technical related consumables (like diesel and medical gases), definition and standardization of the procedures.

Mechanical technicians on site: expected experience 1-2 years; expected training time 2 years; installations: air conditioning, water, plumbing and sanitation, medical gases, plant and piping, firefighting, incinerator, laundry and kitchen. The mechanicals technicians trained during the first project of O&M will be evaluated by DOSS and UNOPS engineers in order to retain valuable human resources.

Electrical technicians on site: expected experience 1-2 years; expected training time 2 years; installations: generators and transformer station, switchboard and UPS, low voltage distribution, lighting, LAN network. The electricians and technicians trained during the first project of O&M will be evaluated by DOSS and UNOPS engineers in order to retain valuable human resources.

Biomedical technicians on site: expected experience 2-3 years; expected training time 3 years; equipment: electro medical equipment (anaesthesia and ventilation, monitoring, diagnostics, treatment), laboratory, radiology, physiotherapy, sterilization. The biomedical technicians trained during the first project of O&M will be evaluated by DOSS and UNOPS engineers in order to retain valuable human resources.

The technicians involved with the mechanical and electrical installations will receive an initial training on-site by the coordination engineer and UNOPS experts in the specific systems installed in the Hospitals to be maintained. This will include comprehension of the drawings and components functionality of each installation, implementation of preventive maintenance activities and settings, implementation of fundamental corrective maintenance activities. The on-site training by the suppliers' technicians and engineers during the installation and warranty period for new equipment is also considered an essential part of the training. The mechanical and electrical technicians on site will gradually become autonomous in faults finding, communication and coordination with the central team for supplier contact, spares inventory and request for procurement.

The biomedical technicians involved with the medical equipment will receive continuous training by UNOPS, together with the biomedical engineer of the central team, in equipment definitions and physiology principles. A user and patient safety training is also considered essential. More specifically the biomedical technicians will be then trained on each type of equipment installed, regarding basic functional checking, and preventive maintenance. In coordination with the biomedical engineer of the central team, the biomedical technicians on-site will also be trained on basic corrective maintenance activities, while for advanced support the biomedical engineer of the central team will be involved, by direct implementation or contract with the suppliers, for spares receivable or equipment dispatch when necessary. The inventory management will be performed centrally.

Maintenance Tools, Instruments and Software

Each team on site has a full set of tools (cases arranged per type of activity, plus main workshop tools): mechanical, electrical and biomedical. Other sets of instruments for specific maintenance activities will be kept at the central coordination team level and will be dedicated to specific tasks and installations or equipment.

Regarding the software, at facility level it is fundamental that the team have access to all copies of the installation manuals and drawings, and the equipment users and service manuals. At central level the coordination team will be supplied with the initial inventory for the equipment and installations already developed by the initial project phase (construction and equipment of the HCRs) in an Excel document, and will keep updating the data for coordination.

A maintenance monitoring system for the equipment and the installations is already implemented to facilitate the planning and follow-up of the maintenance activities, functionality will be enhanced to add stock management, preventive maintenance pacification and dashboards.

Brief Description of the Capacity Building Activities

UNOPS will deploy technical and support staff to perform the following capacity-building activities at the HCR level:

- Set up of the monitoring system: to be used for controls related to the defect liability period and later used for regular or extraordinary maintenance.
 - Continuous support of the maintenance team and improvement of the workshops equipment;
 - Set-up of maintenance manuals: defining protocols and procedures for maintenance practices, emergency response, repairs and replacements;
 - Update of the inventory database for the furniture and equipment (mechanical and medical). The database includes: the main specification of the equipment (manufacturer, origin, warranty period, name of trained MSPP technician, vendor contact information, etc.), a history table of all the maintenance and/or repairs conducted on the equipment with all the necessary details.
 - Maintenance and update of the technical library of all the equipment (mechanical and medical) including all the operation, maintenance and repair manuals;
 - Set-up of the procurement manuals: defining protocols and procedures for procurement and stock management practices;
 - Update the inventory database for the consumables needed and in stock;
 - Equip each facility with adapted tools for specialized activities (HVAC, X-Ray);
 - Define and organize all the appropriated training programs; and
 - Any other support activities to be defined with the MSPP according to specific needs.
-

Salary Management of MSPP Personnel

UNOPS will transfer the salaries directly to the personnel's bank accounts on a monthly basis, according to the list in the table below and the time sheets. This personnel will be selected, hired and supervised by the MSPP and will receive all the standard benefits as any other MSPP employee.

UNOPS will put in place, in collaboration with the HCR administration team, a monitoring protocol to guarantee the proper control of the presence of each staff (time sheets).

MSPP will send UNOPS, on a monthly basis, the supportive documents related to the activities of these employees i.e. time sheets, and a formal request for payments.

UNOPS will submit the proof of transfer for each MSPP personnel listed to the MSPP and will request formal approval (quitus).

Any funds paid on month M_t that could not be justified through the presentation of supporting documents on month M_{t+1} will be deducted on the M_{t+1} payment.

The following rules will apply to all the MSPP personnel included in this project activity:

1. MSPP personnel remain under the full responsibility and authority of MSPP.
2. MSPP personnel do not report to UNOPS personnel.
3. No Delegation of Authority and UNOPS Financial Declaration: MSPP personnel do not have any committing and/or approving authority vis-à-vis UNOPS. As such, MSPP personnel are not eligible for any UNOPS Delegation of Authority and thus are not required to comply with UNOPS Financial Declaration procedures.
4. No MSPP Personnel Access to UNOPS systems: MSPP Personnel do not have access to UNOPS systems such as UNOPS email, UNOPS Intranet, UNOPS ERP system or UNOPS ID cards.

The table hereinafter presents the list of personnel categories that will benefit from the support of this project. The list has been submitted by the MSPP at the June 2014 Tripartite meeting and has been approved by the MoH. The salaries have been submitted by MSPP on October 28th, 2014 and will be valid for the entire duration of the project – 36 months. Any modification of the Ministry salary grid will lead to an amendment, and a timeline will be agreed between parties to apply the new salary scale.

The budget that has been calculated for this project activity took into account the double payment of salaries in the month of December to all Haitian governmental personnel.

| | | | | | | UN Rate 62 /US\$ | Annual Salary Covers 13 months | | |
|--------------------------|-----------------------|-----------------|--------------------|----------------|-------------------|---------------------------|---|-------------------------|------------------------|
| MSPP Personnel | Staff Bon Repos | Staff Beudet | Staff Carrefour | total staff | monthly salary | Monthly Salary US\$ | Annual Salary Bon Repos | Annual Salary Beudet | Annual Sa Carrefour |
| Medecin Anesthesiologist | 3 | 2 | 1 | 6 | 31,000 | 500 | 19500 | 13000 | 6500 |
| Medecin Interniste | 2 | 3 | 2 | 7 | 31,000 | 500 | 13000 | 19500 | 13000 |
| Medecin OBGYN | 3 | 5 | 4 | 12 | 31,000 | 500 | 19500 | 32500 | 26000 |
| Medecin Orthopedist | 1 | 1 | 0 | 2 | 31,000 | 500 | 6500 | 6500 | 0 |
| Medecin Chirurgien | 1 | 2 | 3 | 6 | 31,000 | 500 | 6500 | 13000 | 19500 |
| Medecin Pediatre | 4 | 4 | 4 | 12 | 31,000 | 500 | 26000 | 26000 | 26000 |
| Electrical Technician | 1 | 1 | 2 | 4 | 16,000 | 258 | 3354 | 3354 | 6708 |
| Mechanical Technician | 1 | 1 | 1 | 3 | 16,000 | 258 | 3354 | 3354 | 3354 |
| Plumbing Technician | 1 | 1 | 0 | 2 | 16,000 | 258 | 3354 | 3354 | 0 |
| Cleaning Personnel | 8 | 8 | 8 | 24 | 11,000 | 177 | 18408 | 18408 | 18408 |
| | | | | 78 | | | 119,470 US\$ | 138,970 US\$ | 119,470 U |

¹ A 13th month salary is awarded to all Haitian employees by law

² Based on the salary grid presented by MSPP on October 29, 2014

Sustainability of the BRA/17/018 Project Through the

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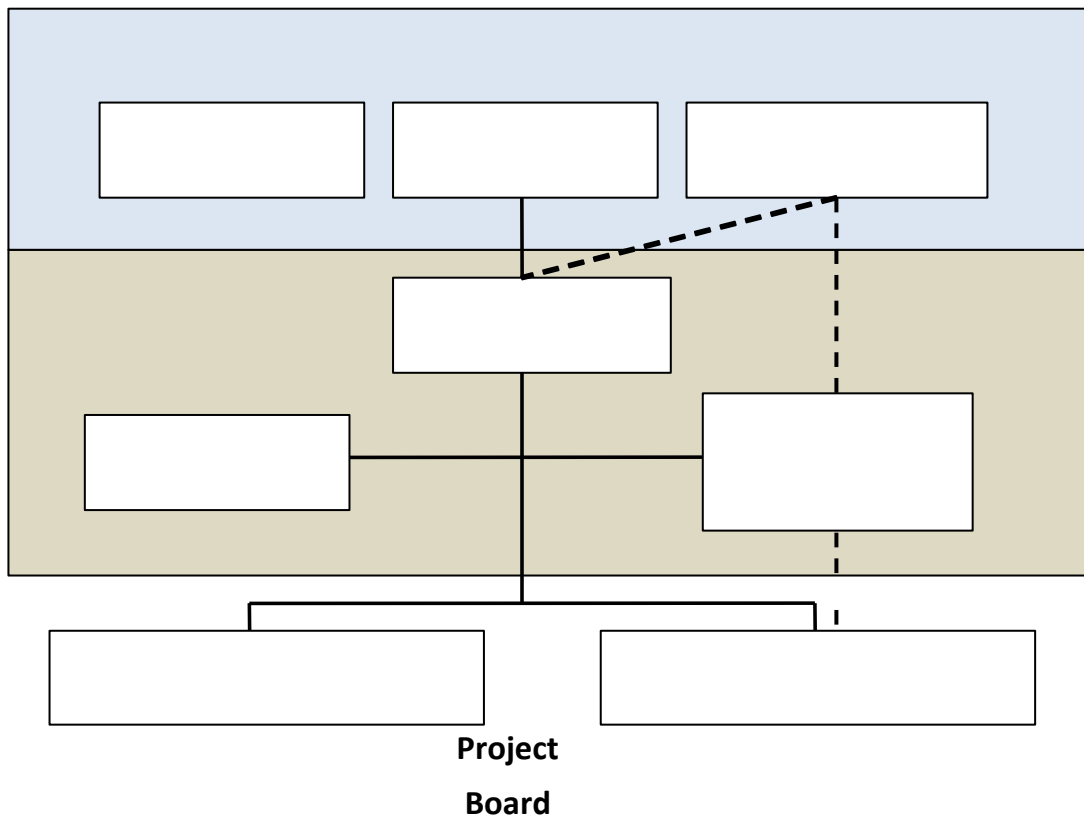
5. PROJECT RISKS

The main risks identified at this stage are:

- Institutional risks: In the past the MSPP has shown some difficulty in hiring medical specialists, mainly due to the shortage of local specialists. The limited technical capacity of the MSPP to properly integrate the maintenance protocols and procedures will have to be monitored very closely in order to adapt the training activities.
- Institutional risks: MSPP will have to submit supporting documents on a monthly basis to prove the payments of the salaries to the MSPP employees that we benefit from this project. This will imply a rigorous administrative follow-up from MSPP in order to avoid any delays in the payment to be made by the project.
- Political risks: Decades of poverty, violence, instability and dictatorship have left Haiti as the poorest nation in the Americas. Political instability (including the difficulties in holding elections in 2015-2016) continue to hinder the Haitian government's efforts to meet the basic needs of its people and address long-standing human rights issues, such as violence against women and girls, inhuman prison conditions and impunity.

6. PROJECT MANAGEMENT TEAM STRUCTURE

The envisaged project structure for this project is as follows:



Senior User
MSPP

Executive
MoH, UNDP Brazil

Senior Suppliers
UNOPS

Project Management
UNOPS
PM

Project Assurance
UNOPS Eng.

Project Support
UNOPS Health Unit
UNOPS Haiti Office

Service and Goods Providers

Implementers
HCR Adm. -Tech Staff

Role descriptions

Building on its experience and in-house capacity, UNOPS will assemble a core team for this project.

UNOPS implements projects and provides support services based on the PRINCE2 management methodology. PRINCE2 (Projects IN Controlled Environments) is a process-based method for effective project management, providing an easily adaptable and scalable method for the management of all types of projects. The key features of PRINCE2 are:

- Focus on business justification and product-based planning approach
- A defined organizational structure for the project management team
- Emphasis on dividing the project into manageable and controllable stages
- Flexibility and delegation to appropriate levels of the project

In order to ensure the smooth and effective running of this project, a **Project Board (PB)** will be established. The Project Board is the ultimate authority for the project and shall take overall responsibility and control of the project. The Project Board consists of three senior management roles, each representing major project interests.

Executive – The MoH and UNDP Brazil representatives will be invited to act as Project Executive throughout the lifecycle of the project. The Project Executive will have overall responsibility for successful delivery of the project, in consultation with the Senior User and Senior Supplier. The Executive will provide overall project guidance and assessment throughout. The Executive will represent the interests of the business in the project and will be assisted by the Country Director of UNOPS Haiti.

Senior Users - Represent users or customers of the outcome or the major products from the project. The Senior Users will confirm during the course of the project that the maintenance and operations of the hospitals, and associated activities, conform to specified standards. MSPP will be the Senior User of this project.

Senior Suppliers - Represent areas which have responsibility for providing the specialist “know-how” and/or committing Supplier resources for the solution. UNOPS HTOC is the principal supplier, and will be responsible for overall delivery of the project, to agreed specifications, including meeting budget and time constraints. To achieve the role of Senior Supplier, UNOPS HTOC will be represented in this capacity by the UNOPS Head of Unit, who has general oversight responsibility of the entire project over project managers. UNOPS HTOC will coordinate with the two other Senior Suppliers to ensure the project is on track.

Project Manager - The Project Manager’s role is critical to the success of this project. The Project Manager will assume overall responsibility for delivery of the project, on a day-to-day basis and will report directly to the Project Board. The Project Manager resource will be provided by UNOPS HTOC.

Project Assurance – The Project Board is responsible, via its Project Assurance role, for monitoring all aspects of the project’s performance and products independently of the Project Manager. The Project Board will appoint UNOPS Haiti and the Sustainable Project Management Practice Group (SPMPG) team in UNOPS HQ to carry out assurance of the project on its behalf.

Project Support – Project Support will be provided by UNOPS Haiti. A team will report to the Project Manager for specific financial accountancy during the lifespan of the project. Project Support will ensure accurate records are kept in terms of funds received and disbursed.

Quality management

strategy

The project’s quality management strategy will focus on ensuring the project is delivered on time, within budget and to the required, and pre-agreed, quality standards. Quality assurance will be the overall responsibility of the Project Manager, who will be held accountable in this respect to the Project Board.

Additionally, Quality Assurance and Quality Control will be supervised and monitored independently to the project management team by the UNOPS Haiti Director in Port-au-Prince, and supported by the Sustainable Project Management Practice Group in Copenhagen.

Risk management

strategy

While risk applies to any project in any environment, it is particularly pertinent in the Haitian context. Risk can be defined as the adverse consequences of future, unseen events, whether natural or man-made.

This project has some risks as mentioned in the business case, but will be mitigated substantially using effective risk management techniques, supported by risk management conducted in Port-au-Prince within UNOPS, and also with all stakeholders.

Risk management will be the responsibility of the Project Manager, who will report all risks, and their likelihood and impact, including mitigation measures as appropriate.

The Risk Management Procedure will be as follows:

1. **Identify Risks:** the risk cause, risk event and risk effect should be considered. There are several risk identification techniques that can be used: review lessons learned, UNOPS risk checklist, public available lists of risks, brainstorming and risk breakdown structure.
2. **Assess Risks:** Estimate and Evaluate. Techniques that can be used include the probability-impact grid or the expected monetary value model.
3. **Plan Response:** prepare specific management responses to the threats and opportunities

identified.

4. Implement Response: Two roles will have to be assigned, a Risk owner (management, monitoring and control of that particular risk) and Risk actioner (to carry out the risk response actions).

5. Communicate Risks: this will be carried out continually through Checkpoint Reports, Highlight Reports, End Stage Reports, End Project Reports and Lessons Reports).

An initial risk register, to be updated on project start-up, and regularly thereafter, can be found in Annex

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Communication

management strategy

Effective communications will help ensure that all stakeholders are kept informed of key issues pertaining to the project, including progress, issues, and any change to the risk environment. The Project Manager will develop a Communications Plan and submit this plan to the Project Board for approval. The Communications Plan will take into account the need to incorporate the needs of the following stakeholders:

MoH/UNDP Brazil: As Executive and donor, the Communications Plan will include specific details about the visibility activities which will support the project.

MSPP: The MSPP will be an integral part of the Communications Plan and will be kept informed and asked for advice and decision-making during the project as Senior User.

UNOPS HTOC: UNOPS, as implementing partner and Senior Supplier, will feature in the Communications

Plan as the lead entity responsible for ensuring effective communications at all times during the project's lifespan.

The Communications Plan will confirm the reporting schedule by the project, which will include the following, as a minimum:

| Stakeholders | Information Type | | | | | | |
|--------------|------------------|------------------|-------------------|------------------|-----------------|-------|------------------------|
| | Executive Report | Highlight Report | Checkpoint Report | Assurance Report | Priority Issues | Risks | Project Board meetings |

| | | | | | | | |
|---------------------------|------------------------|---------------------------|---------------------------|-----------|------------------------|------------------------|---------|
| MoH Brazil / UNDP | A s require d | Every two week s | | Quarterly | A s require d | A s require d | Monthly |
| MSP P | | Every two week s | | | A s require d | A s require d | Monthly |
| UNOPS Haiti Management | | Every two week s | | | A s require d | A s require d | Monthly |
| UNOPS Suppliers | | | Every other Da y | | A s require d | A s require d | |

7. BUDGET

| <i>Activities</i> | <i>Amount</i> |
|--|-------------------|
| CAN Garage | 230,000 |
| CAN 10 Ambulances procurement | 590,850 |
| CAN Vehicules parts | 369,511 |
| CAN Tools and Equipment | 51,549 |
| CAN Training | 23,259 |
| CAN Personnel | 322,255 |
| Covid19 PPE purchase | 435,000 |
| 10.2 Construction of new administrative Building Bon Repos | 1,870,494 |
| 8.1 Jeremie - Building Rehabilitation | 145,000 |
| 8.1 Jeremie - Hospital Equipment & Material | 240,000 |
| 9.2 HCR Maintenance | 1,457,618 |
| HCR Operations | 810,140 |
| 9.2 Haitian Institute of Rehabilitation maintenance | 50,000 |
| 8.1 Jeremie Inauguration Cost | 25,000 |
| 10.2 Oxygen Plant for Bon Repos | 235,000 |
| 9.2 MSPP Technicians salary Support | 375,000 |
| Project Management & Consultation Supervision | 2,578,887 |
| 8.2 Capacity Building HCR and SAJ | 150,000 |
| 8.1 Contingency Operations | 191,328 |
| HCR Retrofit and Energy Cost Saving | 150,000 |
| 10.2 Generators Preventive Replacement Purchase | 200,000 |
| 9.2 Project team vehicles Operations | 100,000 |
| 9.2 Project Running Cost | 300,000 |
| 9.2 Mission Travel | 25,000 |
| 10.2 Dental units for the 3 HCR | 60,000 |
| 10.2 Mobile Ultrasound machines for the 3 HCR | 50,000 |
| 10.1 Sustainability Master Plan for HCRs Transfer | 20,000 |
| 9.1 Elaborate New Maintenance Plan | 20,000 |
| Blood Transfusion Supplies | 184,511 |
| LMDC CMDC RMDC | 660,063 |
| Management Fee 7.88% | 939,535 |
| | 12,860,000 |

8.

CONCLUSION

The activities and the financial budget presented in this document have been developed by UNOPS with the experience of three years of Operation & Maintenance in the three HCRs, and include the identified improvement to the building, medical and electro mechanical equipment.

This document also proposes a new method for the payment of salaries of MSPP personnel in order to transfer its role as central supervisor and approver to MSPP.

The sustainability of the hospitals has been taken into account, leading the project to focus on reducing the complexity of new equipment, reducing the energy consumption, simplifying the overall hydraulic and electric network, and finding locally manageable solutions.

The sustainability of these facilities and equipment will not exceed the duration of the present proposal without the execution of the capacity building component which include the support of maintenance structure and the continuous training of technical and medical resources at the HCR level but also at the MSPP central level, including DOSS. However its positive and sustainable impact will depend on the involvement and the commitment of the MSPP to support a strong infrastructure and equipment maintenance policy.

I. ANNEXES

Annex 1 – Bibliography/Reference

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Proposition de recrutement des médecins spécialistes Haïtiens pour les 3 HCR. MSPP - July 24, 2014

SPU/1970/14/JRF-cs: BRAS/10/005 - MSPP request for adjustment of the UNOPS maintenance plan for the three (3) Community reference Hospitals in Haiti - UNDP Brazil - August 5th, 201

Annex 2– Jeremie hospital sub project

Introduction

Brazilian Minister of Health, Dr Riccardo Barros, along with Minister of social affairs and other Brazilian officials were invited by Haitian Ministry of Health (MSPP) to attend the dedication ceremony of the Bon Repos community reference hospital on the 23RD of June 2017.

Haitian Prime Minister, Dr. Jacques Guy Lafontant headed a delegation of high ranking Haitians officials to welcome and receive their Brazilian counterparts.

During the bilateral conference, Dr. Lafontant expressed an urgent demand to the attention of the Brazilian Minister of Health, considered as a priority for his government: the support to surgery rooms of Hospital Saint Antoine in Jeremie city.

UNOPS was approached by the Brazilian Ministry of Health's coordination team to evaluate the existing operation theater at Hospital Saint Antoine and propose an action plan. As it was an urgent request by the PM, UNOPS mobilized a team of experts to evaluate the facility in order to propose an integrated solution, and a technical visit was done from 4 to 5 July 2017.

Context

Hospital Sainte-Antoine (HAS) of Jeremie, is the departmental reference hospital of the Grande-Anse Department, serving an estimated population of 500,000 people, representing 3 Districts, 13 communes and 47 communal sections.



Figure 1: Red representing the Grande-Anse Department

Situated on the top of a hill on Emilie Roumer avenue, Bordes, the hospital overlooks the bay of Jeremie, which represents the biggest of 3 Districts that constitute the Grande-Anse Departement. The facility is spacious, tidy and kept clean . Some of the hospital departments are not in use due to a combination of factors (Human resources , lack of equipment , damages from Matthew hurricane).

The hospital contains the following Units / Departments :

- Operation Theater (S.O.P) : 2 Operation Rooms ,4-Patient Recovery room, Sterilization zone.
- Blood Transfusion Center (Haitian Red Cross)
- **Maternity (40 Beds)**
- Medical consultation Department (Family Planning, Gynecology , Internal medicine)
- Pediatric / Neonatology Department **(40 Beds)**
- Emergency Department
- Day Surgery Unit
- Surgery hospitalisation Ward **(20 Beds)**
- Medecine hospitalisation ward **(30 Beds)**
- Orthodontic
- Laboratory
- Radiology
- Medical Waste Incinerator
- 1 (350KVA) Genset + 2 (120 KVA) back-up generators
- Water pumped from a water-well.

Scope of works :

Infrastructure Renovation

The main operation will be the replacement of doors and windows in the operating theater area, the replacement of wall tiles in operating rooms, installation of a ceiling surgical light, retrofit of electrical system, minor modifications of plumbing system, replacement of air conditioning systems and pre-installation of utilities for the sterilizer.

The two operating rooms will be renovated on a sequential scheme, to allow the continuation of a minimal surgical activity. To ensure the continuity of surgical activity, the two zones will be separated by a temporary partition. First the unused room will be treated, then existing medical equipment will be transferred to the newly renovated room.

Medical equipments

| Medical Equipment | | |
|---|---|----------|
| Equipment | Description - Remarks | Quantity |
| Table, Surgical, Major | mechanical Operation Table | 2 |
| Light, Surgical, Dual, Ceiling | Main + Satellite Configuration | 2 |
| Anesthesia Machine, General | Simple Anesthesia Machine | 2 |
| Electrosurgical Unit, Bipolar/Monopolar | Sturdy Electro Unit | 2 |
| Aspirators, Surgical | Reliable Surgical Aspirator | 2 |
| Defibrillator, Monitor | O.R semi-automatic Defibrillator | 1 |
| Monitor, Physiologic, Vital Signs | (ECG, Resp, NIBP, SpO2, Temp) | 4 |
| Laryngoscope, Set, Adult | Adult intubation set (Fiber Optic) | 2 |
| stretchers | for recovery room and patient transfer | 4 |
| Sterilisation Unit -80L | floor mounted Water Recycling | 1 |
| X-Ray Unit, Mobile, Analogue | Mobile & Sturdy | 1 |
| Viewbox | 2 Panel Viewbox | 2 |
| Kits de Chirurgie | Trauma /Ortho / Cesarienne | 2 |
| O.R Furniture | Stools / Buckets / Chariots/Receptacles | 2 |
| O.R Stock / Shelving Solution | Stainless Steel Shelves | 2 |
| Scrub Sinks | Foot Handled Stainless Steel | 2 |

Budget and cost

On a practical point of view , the acquisition of equipment will be done by exception, using an already selected supplier , the installation , test and commissioning will be done by UNOPS specialists , as the users and technicians trained. This option is justified by the relatively small amount of equipment and to reduce costs and delays.

1. This project will be conducted as a sub-project, with a part time Project Support Officer , and the support of UNOPS Health Unit staff in Port Au Prince , to reduce time and cost.

The supervision of works will be done by an UNOPS resident civil engineer, full time on site.

Capacity Building

As part of the sub-project, training on the use of medical equipment will be provided during the installation phase, in cooperation with the management team of HAS and the Head Nurse of the operating theater.

Introduction

Haitian Minister of Health, Dr. Marie Greta Roy Clement, expressed an urgent demand to the attention of the Brazilian Minister of Health, considering the support of the National Ambulance Center (CAN) as a top priority. Hence, UNOPS was approached by the Brazilian coordination team to put in place a project that will help the Ministry reach its objectives.

UNOPS team evaluated different possibilities and tailored specific approaches to each scenario of intervention in the support of the CAN project.

After many exchanges with the main stakeholders, the Ministry of health opted for UNOPS's one year support proposition, given the Ministry's engagement to renovate the existing building.

Context

On the 10th of July 2017, the Haitian National Ambulance Center (CAN) was shut down due to internal issues, and also in part due to the inappropriateness of its current location to dispatch ambulances optimally. In retrospect, the Brazilian Government donated in the summer of 2012, 34 new fully-equipped ambulances to the Haitian Government. As of the latest statistics, dating to July 2017, only a few ambulances out of the totality were still on duty. This is mainly due to the lack of maintenance at a central level.

In line with the ongoing support of the Brazilian government vis-à-vis its Haitian counterpart, principally in the field of health, UNOPS proposes the following project to support the capacity of the Haitian Ministry of health to realize the full potential of its new National Ambulance Center; that is ensuring a continual, quality-care ambulatory service to the Haitian population.

Scope of works :

Infrastructure Renovation

The main operation will include the restructuring of the existing building, which was used for other purposes, to adapt it to the needs of the National Ambulance Center. This building will include the offices, main call center, dorms, changing rooms, showers, toilets, and a main Cafeteria.

- MSPP will be in charge of this renovation. This includes the planning, funding and execution of the works.
- UNOPS will be in charge to renovate a part of the building which will be dedicated to the central garage and construct an adjacent car wash (disinfection area).

Ambulances purchasing

UNOPS will be in charge of the procurement of 10 ambulances through UN Web Buy Plus. This will allow savings in terms of cost of ownership, and permit a more flexible timeline.

Ambulances repair and maintenance

UNOPS will be in charge of evaluating all the ambulances that were donated by the Brazilian cooperation in 2012. The majority are currently out of service, hence, a detailed evaluation and inspection of the vehicles is primordial. Following that, UNOPS will be in charge of repairing all the vehicles, whether directly at the garage or through subcontracting a local garage to achieve the works.

The central garage will be in charge to service the current and news vehicles, and to carry out their planned routine maintenance services.

Tools, spare parts and equipment purchasing

UNOPS will also be in charge of procuring all the tools and equipment necessary for the functioning of the garage and car wash. The stock of spare parts and maintenance kits will also be procured by UNOPS in line with the planned vehicle maintenance calendars.

Budget and cost

The renovation and procurement will be carried out using a pool of pre-selected contractors and our own UN Web plus. The renovation works will be supervised by UNOPS specialists to reduce cost and ensure a timely delivery of the activities.

Capacity Building

On-the-job Training and Capacity building are at the heart of this component of the project. UNOPS aims, in collaboration with MSPP's management team, to provide useful, pertinent and lasting training to the CAN personnel, and that, over the life cycle of the project.

The capacity building activities include:

- Operations management
- Supply-chain management
- Ambulatory care services
- Fleet management (planning and scheduling)
- Infection and hygiene control
- Appropriating of new technologies to optimize work flows

HUP Context:

On June 23rd 2018, **Doctors without Borders** (Also known as **MSF**) announced it would shut down permanently two important hospitals in the Haitian capital that had been opened following the earthquake. The first to close was the 176-bed obstetrics hospital in the Delmas area of Port-au-Prince, which treated, without any charge, close to 500 patients a month and where more than 40,000 babies were born. The second, a 122-bed trauma hospital in Tabarre, which receives a large number of cases of head trauma and fractures related to the use of motorcycles, is expected to close definitively **in June 2019**. Moreover, and in line with the Haitian Health Ministry's (**MSPP**) main priority of reinforcing Emergency Care in the country, a decision to reinforce the Emergency Department (ED) of Port-au-Prince's La Paix University Hospital (Hôpital Universitaire de Lapaix – **HUP**) was imminent. **MSPP** requested the support of **WHO (OPS/OMS)** as well as the **Brazilian Health Ministry** to partake in a very strategic project which aims at renovating the current Emergency Department, rendering it an independent unit of the existing hospital, and upgrading its medical equipment and security infrastructure to be able to compensate and face the increasing pressure especially in Trauma and Emergency care.

Scope:

The main operation will include the restructuring of the existing building, rendering it a functional independent emergency department.

- OPS/OMS will be in charge of the infrastructure renovation and physical rehabilitation of the Emergency Department. This includes the planning, funding and execution of the works.
- UNOPS will be in charge of planning and acquiring the medical technology for the Emergency Department.
- UNOPS will also support the MSPP / DOSS with healthcare planning tools to optimize hospital workflows and hence the final design. The support entails analyzing doctor and patient workflows in order to better create the layout of the emergency center, to improve fluidity relying on recommendations from evidence-based designs.

Methodology:

- After a preliminary analysis of MSPP's request, a medico-technical committee was appointed by the Ministry to analyze and follow-up on the medical equipment file of La Paix. An initial list of equipment was provided by the committee as a starting point, which was further elaborated and defined in collaboration with UNOPS biomedical and healthcare experts. Once the initial list was approved by the "Emergency" committee, UNOPS was in charge of elaborating the technical specifications to respond to the needs identified by the medical committee.
- Multiple work sessions were programmed over a period of 2 months, with multiple stakeholders including the Medical Committee, DOSS as well as other healthcare professionals currently working at La Paix Hospital.

- All throughout the process, UNOPS was centered to advise and receive feedback on the advancement of the elaboration of the medical equipment technical specifications to ensure the technology responds to the intended function and utilization purposes.
- After regrouping the different medical equipment into logical Lots, and after having completed the elaboration of the technical specifications, the technical file was transmitted to the DOSS, who was in charge of validating the content and approved the dossier moving forward.

Once the approval was granted by MSPP, UNOPS then transmitted the technical file, including the specifications to the Brazilian GoH, for analysis and revision by the Department of Health Economics and Investment (Departamento de Qualificação de Investimentos em Infraestrutura em Saúde/CGES/DESID/SE Ministério da Saúde).

The final approved Medical Equipment List:

| | | |
|---|----------|------------|
| ADHESIF INDICATEUR STERILISATION | Boite/12 | 3 |
| KIT POUR PERFUSION INTRA-OSSEUSE | KIT | 1 |
| APPAREIL D'ULTRASON PORTABLE | Unité | 1 |
| ASPIRATEUR DE MUCOSITES TYPE ACCUVAC | Unité | 1 |
| ASPIRATEUR MANUEL | Unité | 4 |
| ASSORTIMENT CANULE DE GUEDEL | Boite/10 | 10 |
| BALANCE EN KG | Unité | 2 |
| BASSIN DE LIT EN PLASTIQUE | Unité | 50 |
| BOITE DE STERILISATION A FROID | Unité | 5 |
| BOUTEILLE HUMIDIFICATION POUR CONCENTRATEUR | Unité | 20 |
| BRASSARD DE GONFLAGE POUR PERFUSION | Unité | 5 |
| BRASSARD TENSIOMETRE ADULTE LARGE | Unité | 10 |
| BRASSARD TENSIOMETRE ENFANT | Unité | 10 |
| CABLE POUR ELECTRODES DEFIBRILLATEUR | Unité | VIENT AVEC |
| CAPNOGRAPHY CO2 MONITOR PORTABLE | Unité | 1 |
| CAPTEUR SPO2 POUR DÉFIBRILLATEUR | Unité | VIENT AVEC |
| CHARIOT DE SOINS MULTIFONCTIONS AVEC POUBELLE | Unité | 4 |
| CHARIOT D'URGENCE AVEC SUPPORT | Unité | 2 |
| CISEAUX DE BANDAGE | Unité | 10 |
| CISEAUX DE SUTURE 14, 5 CM | Unité | 15 |
| CISEAUX MAYO 14 CM | Unité | 10 |
| COLLIERS AVEC MENTONNIÈRE ADULTE AJUSTABLES | Unité | 20 |
| CONCENTRATEUR D'OXYGENE 5 LITRES | Unité | 1 |
| CUPULES Ø 128 X H 60 MM 450 ML | Unité | 15 |
| DEFIBRILLATORS BI-PHASIQU | Unité | 1 |
| ELECTROCARDIOGRAPHY INFORMATISE | Unité | 1 |
| FAUTEUILS ROULANTS | Unité | 2 |

| | | |
|---|---------|------------|
| FILTRE EN PAPIER POUR CONCENTRATEUR D'OXYGÈNE | Boit/10 | VIENT AVEC |
| GLUCOMETER + test strip | Unité | 3 |
| HARICOT 200 X 45 MM - 500 ML inox | Unité | 20 |
| PLANCHE DORSALE AVEC IMMOBILISATEUR DE TÊTE | Unité | 4 |
| INSUFFLATEUR AMBU PEDIATRIQUE | Unité | 4 |
| JEU ELECTRODES ADULTES UNIVERSELLES RÉUTILISABLES | Boite/4 | VIENT AVEC |
| JEU ELECTRODES PEDIATRIQUES | Boite/4 | VIENT AVEC |
| KIT ACCESSOIRES POUR NÉBULISATEUR | Unité | 50 |
| KIT BRULES | Unité | 20 |
| KIT DE LARYNGOSCOPIE | Unité | 2 |
| KIT INSUFFLATEUR EN SILICONE | Unité | 4 |
| LAMPE HALOGÈNES SUR ROULETTES | Unité | 4 |
| LAMPE STYLO | Unité | 2 |
| MARTEAU A REFLEXES | Unité | 2 |
| MASQUE FACIAL ENFANT/ GRAND | Unité | 2 |
| MASQUE FACIAL ADULTE GRAND | Unité | 3 |
| MASQUE FACIAL ADULTE PETIT | Unité | 3 |
| MASQUE FACIAL BEBE GRAND | Unité | 2 |
| MASQUE FACIAL BEBE PETIT | Unité | 2 |
| MASQUE FACIAL ENFANT/ PETIT | Unité | 2 |
| MONITEUR MULTIPARAMETRIQUE | Unité | 2 |
| MONITEUR SIGNES VITEAUX | Unité | 2 |
| NEBULISEUR PROFESSIONNEL | Unité | 2 |
| NEGATOSCOPE A DEUX PLAGES | Unité | 1 |
| OTOSCOPE OPHTHALMOSCOPE | Unité | 4 |
| PARAVENT A ROULETTES 4 PANNEAUX | Unité | 3 |
| PINCE À DISSÉQUER QUENU 16 CM | Unité | 15 |
| PINCE ADSON 12CM | Unité | 7 |
| PINCE ANATOMIQUE 14CM | Unité | 7 |
| PINCE AURICULAIRE DE HARTMANN | Unité | 2 |
| PINCE CHIRURGICALE | Unité | 7 |
| PINCE DE KLEMMER COURBE | Unité | 10 |
| PINCE DE KLEMMER DROITE | Unité | 30 |
| PINCE DE MAGILL 25 CM | Unité | 2 |
| PLATEAUX D'INSTRUMENTS 210 X 160 X H 25 MM | Unité | 15 |
| PLATEAUX D'INSTRUMENTS 306 X 196 X H 50 MM | Unité | 10 |
| POMPE A INJECTION/SERINGUE ÉLECTRIQUE | Unité | 2 |
| POMPE A INJECTION/SERINGUE ÉLECTRIQUE MOBILE | Unité | 1 |
| PORTABLE X RAY SYSTEM | Unité | 1 |
| PORTE AIGUILLE CRILE WOOD 15 CM | Unité | 15 |
| PORTE AIGUILLE MAYO HEGAR 16CM | Unité | 10 |
| PORTE-PINCES - Ø 55 X H 140 MM | Unité | 2 |
| POTENCE A ROULETTES | Unité | 2 |
| POTENCE A SERUM POUR STRETCHER | Unité | VIENT AVEC |

| | | |
|--|-------|-------------|
| POUBELLE A PEDALES | Unité | 15 |
| REFRIGERATEUR MEDICAL | Unité | 1 |
| RESPIRATEURS ARTIFICIELS | Unité | 1 |
| RESPIRATEURS ARTIFICIELS MOBILE | Unité | 1 |
| STÉRILISATEUR À AIR CHAUD BOÎTE DE 20 LITRES | Unité | 1 |
| STRETCHER ET MATELAS | Unité | 12 |
| STRETCHER POUR DOUCHE | | 1 |
| STRETCHER RADIO TRANSPARENTS | | 6 VOIR PRIX |
| TABOURET RÉGLABLE | Unité | 5 |
| TAMBOUR INOX STERILISATION | Unité | 6 |
| TENSIOMÈTRE MURAUX | Unité | 10 |
| SPHYGMOMANOMETRE | Unité | 2 |
| BOITE A TRANCHANTS | | |

Annex 5 – Fund increase and fund reprogramming in the context of Covid19

Update:

In a formal exchange of letters between MSPP and MS Brazil, it has been decided and approved on April 15th, 2020 that the budget initially allocated for the procurement of medical equipment of HUP La Paix (400,000 USD) will be redirected for the purchase of personal protective equipment PPEs. Hence the above mentioned activities will no longer be implemented anymore due to MSPP requests.

The purchase of PPEs will help support MSPP in its efforts to combat COVID19 mainly in protecting the medical personnel and workforce on the front line. This includes the acquisition of Mouth, Nose, Hands and Eyes protection equipment, oxygen cylinders and also the certain essential products to ensure the proper hygiene and disinfection of surfaces including specialized products (chlorine) and liquid hydrogel sanitizers. (Listed Below)

- 1 Mask, respirator N95 or FFP2
- 2 Mask, surgical
- 3 Mask, medical patient
- 4 Coverall with hoods
- 5 Goggles
- 6 Face shield
- 7 Gloves, examination
- 8 Gloves, surgical,
- 9 Gloves, cleaning, rubber
- 10 Gown, surgical
- 11 Apron, heavy duty
- 12 Boots or closed shoes
- 13 Surgical cap
- 14 Infrared temperature gun
- 15 Soap, liquid
- 16 Disinfectant Liquid
- 17 Hand sanitizer Liquid
- 18 Oxygen cylinders

Reprogramming of an additional 200,000 USD:

Following the discussion and approval of the steering committee in January 2020, an additional 200,000 USD was approved - 150,000 USD for the repairs of roof / HCR damaged panels and 50,000 USD for the purchase of basic furniture to start up the administrative and dormitory buildings in Zilda Arns and Carrefour Hospital.

Over time, every metallic surface or structure is prone to corrosion and eventually rust. This can severely compromise the integrity of the structure but also expose the hospital to water infiltration that might cause huge damages. All 3 HCRS have presented rust on metal panels mainly on the roof (junctures) with Zilda Arns and Carrefour hospital presenting cases of water infiltration to the inside of the Hospital. The metallic panels (sandwich panels) inside the hospital are also presenting fatigue signs and major damages / rust (Bathroom, Wards). 150,000 USD will be used for the purchase of necessary materials and services to implement the necessary corrective actions recommended. The corrective action plan was proposed and considered to include the reparation of damaged panels (roof), replacing current tin panels, reinforcement of the water tower as well as gradually planning the replacement of the damaged interior panels.

The 50,000 USD will be used to purchase basic beds for the dormitories (10 Rooms per Building) as well as basic complementary furniture for the Administrative building (Conference room, desks).

UN AGENCY TO UN AGENCY CONTRIBUTION AGREEMENT AMENDMENT 4

BETWEEN

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)

AND

UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS)

AMENDMENT 4 TO THE CONTRIBUTION AGREEMENT BETWEEN THE UNITED NATIONS DEVELOPMENT PROGRAMME (“UNDP”) AND THE UNITED NATIONS OFFICE FOR PROJECT SERVICES (“UNOPS”) IN CONNECTION WITH THE PROJECT BRA/17/018 “SUSTAINABILITY OF COMMUNITY REFERENCE HOSPITAL (HCR) THROUGH THE IMPLEMENTATION OF A MAINTENANCE SUPPORT AND OPERATION SUPPLY PROGRAM FOR 36 MONTHS” AND AS PER ARTICLE H OF THE UN AGENCY CONTRIBUTION AGREEMENT SHALL BE MADE IN WRITING BETWEEN BOTH PARTIES AND DULY SIGNED BY THE AUTHORIZED REPRESENTATIVES OF THE TWO AGENCIES

WHEREAS UNOPS entered into a UN Agency to UN Agency Contribution Agreement with UNDP dated September 18th, 2017 for implementation of the project “Sustainability of Community Reference Hospital (HCR) through the implementation of a maintenance support and operation supply program for 36 months”. (Hereinafter referred to as the “Agreement”);

WHEREAS UNOPS and UNDP amended this Agreement on November 23th, 2017 (Amendment 1) to increase the budget to US Dollars 753,441.00 (Seven Hundred Fifty Three Thousand Four Hundred Forty One US Dollars).

WHEREAS UNOPS and UNDP amended this Agreement on December 12th, 2018 (Amendment 2) to increase the budget to US Dollars 400,000.00 (Four Hundred Thousand US Dollars)

WHEREAS UNOPS and UNDP amended this Agreement on December 9th, 2019 (Amendment 3) to increase the budget to US Dollars 400,000.00 (Four Hundred Thousand US Dollars)

WHEREAS UNOPS and UNDP to amend again such Agreement in order to reprogramme activities from La Paix Hospital to COVID-19 emergencies, increase the budget to US Dollars 200,000.00 (Two Hundred Thousand US Dollars) and extend the project for 3 additional months.

NOW THEREFORE, the Parties would like to amend again the Agreement as follows:

1. Extend the Agreement until December 31st 2020;
2. Reprogramme activities from La Paix Hospital to COVID-19 emergencies;
3. The budget increase with this extension will read as below:

M. T. ...

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BUDGET

| <i>Activities</i> | <i>Amount</i> |
|--|-------------------|
| CAN Garage | 230,000 |
| CAN 10 Ambulances procurement | 590,850 |
| CAN Vehicules parts | 369,511 |
| CAN Tools and Equipment | 51,549 |
| CAN Training | 23,259 |
| CAN Personnel | 322,255 |
| Covid19 Emergencies | 435,000 |
| 10.2 Construction of new administrative Building Bon Repos | 1,870,494 |
| 8.1 Jeremie - Building Rehabilitation | 145,000 |
| 8.1 Jeremie - Hospital Equipment & Material | 240,000 |
| 9.2 HCR Maintenance | 1,457,618 |
| HCR Operations | 810,140 |
| 9.2 Haitian Institute of Rehabilitation maintenance | 50,000 |
| 8.1 Jeremie Inauguration Cost | 25,000 |
| 10.2 Oxygen Plant for Bon Repos | 235,000 |
| 9.2 MSPP Technicians salary Support | 375,000 |
| Project Management & Consultation Supervision | 2,578,887 |
| 8.2 Capacity Building HCR and SAJ | 150,000 |
| 8.1 Contingency Operations | 191,328 |
| HCR Retrofit and Energy Cost Saving | 150,000 |
| 10.2 Generators Preventive Replacement Purchase | 200,000 |
| 9.2 Project team vehicles Operations | 100,000 |
| 9.2 Project Running Cost | 300,000 |
| 9.2 Mission Travel | 25,000 |
| 10.2 Dental units for the 3 HCR | 60,000 |
| 10.2 Mobile Ultrasound machines for the 3 HCR | 50,000 |
| 10.1 Sustainability Master Plan for HCRs Transfer | 20,000 |
| 9.1 Elaborate New Maintenance Plan | 20,000 |
| Blood Transfusion Supplies | 184,511 |
| LMDC CMDC RMDC | 660,063 |
| Management Fee 7.88% | 939,535 |
| | 12,860,000 |

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All other terms and conditions of the Agreement, including its amendment 1, 2 and 3 shall remain unchanged and shall continue in full force and effect.

Agreement and acceptance of this Amendment 4 to the Agreement is indicated by the duly authorized signatures of the parties.

On behalf of UNOPS Haiti:

On behalf of the UNDP Brazil:

Name: Felipe Munevar

Name: Katyna Argueta

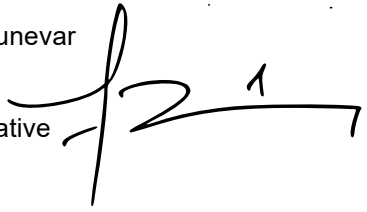
Katyna Argueta

Title: Representative

Title: Representative

Date: 10 June 2020

Date



Munevar

CA



Honorable Minister,

Subject: Project "Strengthening the Management of Services and the Health System in Haiti" (BRA/17/018)

We greet Your Excellency and refer to the Project Strengthening the Management of Services and the Health System in Haiti (Project BRA/17/018). As it is well known, the Project is financed by the Haiti Reconstruction Fund (HRF) and implemented by the United Nations Development Program (UNDP), in partnership with the Ministry of Health (MS) of Brazil and the Ministry of Public Health and Population (MSPP) of Haiti, under the coordination of the Brazilian Cooperation Agency (ABC). The project has a budget of USD 20,000,000.00, (twenty million United States dollars), being this sum part of the donation made by the Brazilian Government to the HRF in 2010, in the amount of USD 40,000,000.00 (forty million United States dollars).

The corresponding project document was signed in June 2017, aiming at strengthening the health system in Haiti and continuing the maintenance actions of the three Community Reference Hospitals (HCRs) and the Haitian Rehabilitation Institute (IRH), all located in the metropolitan region of Port-au-Prince and built under a previous agreement. Among its results, the project foresees actions in the areas of urgency and emergency, training of personnel, acquisition of health equipment, and implementation of a plan for preparation and gradual transfer of the management of the HCRs and the IHR to the Haitian Government.

Initially, the project was in line with the budget and schedule foreseen. However, subsequent obstacles had a negative impact on the progress of these activities, delaying deadlines and slowing the pace of project implementation in 2018 and 2019. In 2020, the global community was taken aback by the COVID-19 pandemic. Immediately after the identification of community transmission of the virus in Haiti, the Project Steering Committee began to reprogram activities previously agreed with partners, eliminating actions that



imply risk to the population, to service providers and partners. Additionally, it directed efforts and resources to the acquisition of individual protection equipment and training focused on combating and controlling the new corona virus.

Despite the reprogramming of the Project's activities, some ongoing commitments had to be maintained, being severely impacted by exceptional circumstances related to the advancement of the COVID-19 pandemic in Haiti. The outbreak of the pandemic caused a considerable delay in the construction of the administrative centers at the Bon Repos and Carrefour hospitals, which were commissioned in November 2019 and initially scheduled to end in December 2020. Therefore, it is necessary to extend the project's deadline until December 2021 in order to complete these works.

In view of the above, we consider it essential to extend the validity of the Project in order to make it possible to complete the construction of the aforementioned administrative centers. Furthermore, the extension is required to ensure the continuation of provisions relating to the closure of the Project and the formal transfer of the HCRs and the IHR to the Haitian Government.

Accordingly, the Project Steering Committee requests the HRF Steering Committee to extend the term of Project BRA/17/018 "Strengthening the Management of Services and the Health System in Haiti" for an additional period of 12 months, starting from the end of the current term (which ends on December 31, 2020). If this extension request is approved, the Project Steering Committee will prepare a substantive review of the project to adjust the activities and the multi-year plan of activities.

Please accept, on this opportunity, the renewed assurances of our highest esteem and uttermost consideration.



Katyna Argueta Membreno

Katyna Argueta
Resident Representative
UNDP Brazil

Paulo Marcos Castro Rodopiano de Oliveira

Paulo Marcos Castro Rodopiano de Oliveira
Head of Cabinet - Executive Secretariat
Ministry of Health of Brazil

Marie Gréta Roy Clément

Marie Gréta Roy Clément
Minister
Ministry of Public Health and Population of Haiti



Ruy Carlos Pereira

Ambassador Ruy Carlos Pereira
Director
Brazilian Cooperation Agency (ABC)

His Excellency the Minister
Michel Patrick Boisvert
Haiti Reconstruction Fund
Ministry of Economy and Finance
5, Avenue Charles Sumner
Port-au-Prince, Haïti

M. Teixeira

Maristela Baioni

Exception report

| | |
|-------------------|--|
| Project ID | BRA 17/018 : 20646-001 - Sustainability of Community Reference Hospitals |
| Title | Construction of (2) two administrative / dormitory Buildings in HCR Bon Repos and Carrefour |
| Objective | Executive business case highlighting the evolution of the construction project, current status of works / contract execution, possible options and scenarios to consider moving forward while <i>adopting a context related risk management approach.</i> |



Executive Summary

The two contracts for the construction of HCR Bon Repos / Zilda Arns & HCR Carrefour administration and dormitory buildings respectively were signed in November 2019. During the early course of its execution, the project started facing an unfolding array of issues which has ultimately resulted in both contractors not being able to resume activities on site since October 2020. At the end of the project - by December 31st 2020, HCR Carrefour construction site is at 35% progress while HCR Bon Repos site records a 40% progress rate from the initial project completion projections.

The issues faced by the project can be summarized into three categories :

1. COVID-19 emergence in Haiti and its impact on the project progress.
2. Error in the referential BOQ submit as part of the design documentation - Accumulated claims that eventually lead to major cash flow issues.
3. Nature of the lump sum contractual modality legally binding UNOPS with contractors - No flexibility to account for errors or any ajustements.

In light of the key challenges and delays, the project team has prepared a full technical and financial risk analysis and recommends :

- A. Awarding an eventual amendment / project extension till December 2021.
- B. Awarding a variation amendment to the contract based on our recommendations - based on the internal analysis and workshop completed by UNOPS team and contractor on the variations. (Although the Settlement Agreement has not been finalized yet)

There exists an inherent risk to managing construction projects in developing countries. The recommendations presented are in line with the risk management approach that we are adopting to ensure the achievement of our initial commitment and objective of delivering two functional buildings in the respective hospitals.

Introduction

- COSTO committee (Commission d'Organisation et de Suivi des Travaux et Ouvrages) was put in place by MSPP, composed of major stakeholder representatives including central directorates of Ministry, HCR directors, Project coordinators, UNOPS , UNDP ...etc to reach broad consensus on the priority sites given budget limitations, technical choices and ensure follow up and oversight on the process.
- The construction activity is linked to the initial objective of optimizing the functionality of the two hospitals by offering new admin and dormitory spaces in each facility to permit a médical rotation and presence overnight.
- The construction contracts were signed on November 8th 2019 for the construction of an Administration and Dormitory building in HCR Bon Repos and Carrefour - in the Port-au-Prince region, Haiti for an amount of 855,397.60 USD and USD 887,797.90 respectively.

Nature of the Issues

1. COVID - 19 & Impact on project progress :

- COVID-19 emergence in Haiti, first cases recorded in March 2020.
- Government declared a national state of emergency between March - July 2020.
- Government imposed lockdowns, national and public transportation restrictions led to mobility reduction and difficult access to suppliers on sites.
- The implementation of the mandatory UNOPS COVID-19 protocols for the safe management of construction sites. Since March 2020, until August 2020, the sites have been operating at reduced capacity due to Covid-19 Guidelines including

limiting the maximum number of workers on site in an effort to ensure social distancing measures and reduce the propagation of the virus.

- Estimated impact of COVID-19 including the new projections / revised work plan in line with the recommendations and ensuring application of recent health guidelines : 5 months delays on initially planned schedule.
- General insecurity in the local context. An increased difficulty in accessing the Carrefour / Martissant area due to major insecurity situations.

2. **Nature of the design issue (Referential BOQ) :**

- UNOPS outsourced the design and conception services to an external firm. The process yielded correct technical design / plans but under-evaluated the indicative/referential BOQ which is used to provide a broad reference to contractors of the quantities needed to execute the works as per the plans.
- As part of the procurement approach selected by UNOPS (Lump Sum contractual modality detailed below) it was clearly indicated in the tender documentation that the this *referential* Bill of Quantity (BOQ) submitted as part of the design documents shall serve only as indicative guidance, and contractors have the ultimately contractual responsibility to review the designs and issue their own BOQ, based on their own technical due diligence.
- UNOPS team has always emphasized, primarily on a contractual level as well as in all formal exchanges with both contractors that PLANS SUPERSEDE any referential BOQ and that the plans should be the only basis and reference for the contract submissions.
- In line with the above, both contractors hold the full technical responsibility to ensure the necessary due diligence in carefully assessing the plans and evaluating the design requirements before submitting their offers.

3. Lump sum contractual modality

- The contract modality for this project is “Lump Sum FIDIC” stipulating that the contractor submits a ‘Fixed’ construction cost for the detailed plans and specifications tendered. The “fixed” disbursement calendar is based on the achievement of predefined milestones and can not be changed unless the supervision team certifies and approves an error in the design / plans.
- The legal binding agreement does not have any contractual mechanism to allow for a variance / modification of quantities given that the omissions did not originate from errors in the plans, but rather from the referenced BOQ.
- Contractors did not ensure due diligence in the evaluation process of the plans.
- If contractors miscalculated amounts or prices in their submission, they are financially responsible for it and are responsible for the associated risk [Clause 4.10.B of Contract]
-

Claims & Reason for cash flow issues

In February 2020, the contractors had raised concerns that the BOQ did not reflect the actual quantities detailed in the plans, and that their first invoice should include the discrepancies/surplus for the quantities that were completed on site to the line items in the BOQ. While the supervision team confirmed and validated that the works completed in the field were in line with the details in the plans, they **could only approve the lump sum amount** for the line items in the BOQ for which the contractor completed as a milestone; and thus could not modify the quantities within those line items.

- At the outset of the execution phase, contractors raised concerns about line item quantities in the referencial BOQ that did not reflect the detailed plans and reality on the site (Discrepancies).
- Contractors submit claims (combined totaling 450,000 USD) and expressed cash flow difficulties
- In October 2020 ,both contractors cited major liquidity issues and did not realize any concrete progress on site (Site works temporarily on hold).
- Contractors requested financial support from UNOPS to consider some variation to the Lump Sum contract in order to allow modifications to the quantities detailed in the BOQ.

Current situation - December 31st 2020

Site progress Bon Repos : 40 %

Site progress Carrefour : 35 %

The contractors have not been able to resume activities on sites since October 2020 due to cash flow issues and debt owed to suppliers for which it is seeking UNOPS's assistance.

| Construction Budget | Delivery | Commitments (Remaining Balance) |
|---------------------|------------|----------------------------------|
| \$ 1,870,494 | \$ 617,483 | \$ 1,251,958 |

UNOPS actions to date

- Project reduced the recuperation percentage from 25% to 12.5% for the advance payments to allow the contractor to have some liquidity to continue with the works
- Project team contacted the Design firm (Denzay) to inquire about the discrepancy between quantities detailed in the plans that were not reflected in the BOQ.
- Denzay confirmed (acknowledged) this error and hence the discrepancy in the amounts and provided a revised BOQ while accepting responsibility for errors committed in the referenced BOQ and quantities cited.
- An internal technical and financial analysis and revision of project documentation was conducted by UNOPS construction experts to fully evaluate the situation and understand the implications to the contractor and possibly to the project.
- Technical workshops were conducted with contractors to establish the technical differences / variance between the BOQ and design, while also establishing the reasonability of the contractors' claims, even if contractually they are not receivable / entitled in light of the Lump Sum contract modality which attributes any variation responsibility directly to the contractors (risk holder).
- The workshops do not represent today in any way an agreement from UNOPS to amend contracts to include these amounts. In fact, UNOPS will take into account that it was the contractors' liability to review the plans and quantities diligently before submitting the bid.
- Densay's contract includes a professional liability clause backed by an insurance policy. The liability is limited to the contract amount. No actions as yet been undertaken towards this avenue.
- Recommendations based on a **risk management framework** seeking to attain the initial objective of delivering functional admin and dormitory buildings.

Options moving forward / Potential Scenarios

On the basis of this analysis, the project team prepared a financial risk analysis of the different viable scenarios :

Option 1: UNOPS will terminate both contracts and liquidate the bank guarantees.

Result : Both buildings remain at their current stage and will not advance any further failing to achieve the project objective and desired impact . Eventually, this situation will require finding new contractors/entrepreneurs to finalize work activities. An analysis of the next compliant offer from the construction tender documents demonstrate that mobilizing a new contractor can translate into a minimum additional USD 350,000 per site.

Options 2: (UNOPS recommendation) Award a variation amendment to construction contracts based on the recommendations resulting from the workshop conducted by UNOPS technical team and contractors on the variations and rationalizing the claims. [Reference : [Bon Repos](#) et [Carrefour](#)]

Result : The construction of both admin and dormitory buildings will be completed during a 10 month period.

Financial resume:

| | |
|--|--------------------|
| Claims received from both contractors | 450,000 USD |
| Amount derived from the technical workshops to complete construction works following committee recommendations. [Reference : Bon Repos et Carrefour] | 283,000 USD |
| UNOPS supervision cost for the 10 months extension period including project personnel, running cost, LMDC , fees.. | 245,000 USD |
| 8% Contingency (Was not accounted initially in the budget of 1,870,494 USD) | 172,000 USD |
| Total | 700,000 USD |

Possible avenues to finance the extension associated costs :

| | |
|--|--------------------|
| Remaining Budget BRA 17/018 (Activités non-achevées au 31 Décembre 2020) | 320,000 USD |
| LEAN Activity | 300,000 |
| BRA 17/018 Accumulated interests | 99,000 |
| Potential source (s) : 1. Project descoping while maintaining the functionality of the dormitory / admin buildings. 2. BRA/05 project remaining balance : 200, 000 USD | |
| Total | 719,000 USD |

Risk analysis

1. Request for variation amendment to contract is rejected

| ID | Risk | Probability & impact | Description of impacts |
|-----|---|--|---|
| 1.1 | Failure by the contractor to deliver the site - Contract termination and mobilisation of a new contractor | Probability: HIGH Impact: (financial impact not evaluated) | <ul style="list-style-type: none"> • Risk of Contractor financial net loss/hardship from contract terminated and loss assumed to contract modality (financial and social impact not evaluated). • Delay terminating the contract with Contractor (1 months) award to a new contractor (3 months) and mobilize the new contractor on site (1 months) – Increase in project cost due to UNOPS operation costs for 5 additional months (5 months _ 120,000 USD) • Additional cost to mobilize a new contractor – next compliant offer from the last ITB (USD 350,000¹/per site) • BOQ variations will still need to be accounted and paid for. • Increase in project costs results in damages to client and donor satisfaction and UNOPS reputation (financial impact not evaluated) • UNOPS has a Low financial exposure given that Bank Guarantees are still active, and works on site represent higher value than invoiced amounts due to Plan Details. • Deterioration of delivered, but not installed material, resulting in the necessity to replace when required. |

Residual risk:

- Failure of the new contractor to deliver the building by December 2021.
- Donor not having approved project extension timeline and budget past December 2021

¹ [Esourcing Bon Repos and Carrefour Tender](#)

2. Variation amendment is allowed and negotiation for works completed approved with bank guarantee

| ID | Risk | Probability & impact | Impacts |
|-----|---|---|--|
| 2.1 | Amount derived from the workshop to complete works does not fall into a price range that is acceptable by the contractor following committee recommendations/suggestions. | Probability: Medium Impact: \$ 282,500.26 | UNOPS has a Low financial exposure given that Bank Guarantees are still active. <ul style="list-style-type: none"> • See risk ID 1.1 |
| 2.2 | Amount negotiated with the contractor does not allow performance to increase enough to respect construction schedule and resulting to a similar cash-flow crisis before the end of the site | Probability: MEDIUM² Impact: \$-- | <ul style="list-style-type: none"> • Delay in construction - Increase in project cost due to UNOPS operation costs for additional months. • See risk ID 1.1 |
| 2.3 | Failure by the contractor to deliver the site | Probability: Medium Impact: \$-- | <ul style="list-style-type: none"> • Delay in construction timeline- Increase in project cost due to UNOPS operation costs for additional months. • See risk ID 1.1 |
| 2.4 | Cost of construction materials increase due to local currency inflation | Probability: Medium Impact: \$-- | <ul style="list-style-type: none"> • Delay in construction • Increase contractor's locally sourced materials for grey works (Sand/Gravel/CMU Blocs) • Lump Sum contract clause Sections 4.10B, 4.11, 12.a, and 14.1 |

Option 1 presents a HIGH probability with Low financial exposure to UNOPS but has a social/relationship aspect whose effects have no financial evaluated value but long implications to its reputation if enforced.

With option 2, the financial exposure of UNOPS in case of failure of the contractor to deliver the site is a MEDIUM to LOW , but with a LOW to MEDIUM probability; in the event that additional funds and time could be granted to the project.

² The investments necessary for the advancement of the site are not linear. Expenses during the infrastructure phase are more substantial than those of elevations and finishing of works for an equivalent degree of advancement. The contractor will need less funds to advance the work. However, the contractor may have additional delays to deliver the site according to its performance history. Therefore the probability and impact are medium.

Annexes:

- Annex A - [BR Note to File BOQ vs PLANS Issue](#)
- Annex B - [BR Note to File Claim](#)
- Annex C - [BR Claim Submission Technical Response](#)
- Annex D - [BR UNOPS Reponse Reclamation](#)
- Annex E - [CF UNOPS Response Reclamation](#)
- Annex F - [Designer Quantity omission in BOQ vs Plans](#)
- Annex G - [Workshop Bon Repos Final December 2020](#)
- Annex H - [Workshop Carrefour Final December 2020](#)

12/3/2020



UN Development Programme Brazil - Brasilia

Project: 00098088
Project Title: BRA/17/018 - Saúde no Haiti
Start Year: 2017
End Year: 2020
Implementing Partner: UNDP
Responsible Parties: UNDP
PAN AMERICAN HEALTH ORGANISATI
Revision Type: General Revision 6

| Budget (US\$) as of Last Revision on 02-March-2020 | | |
|--|------------------------------|---------------|
| Donor | Fund | Amount |
| UNDG | 30000 Programme Cost Sharing | 8,498,080.29 |
| Total Budget (2020 and Beyond) | | 8,498,080.29 |
| Total Utilization (2019 and Prior) | | 11,301,919.71 |
| Project Total | | 19,800,000.00 |
| Unprogrammed/Unfunded | | 0.00 |

Project Description:

Esta revisão tem por objetivo:
- refletir os gastos finais conforme CDR 2019 e remanejar o saldo orçamentário para 2020;
- prorrogar o projeto até 31/12/2020, para a finalização das atividades.

Agreed by: Katyna Argueta
Agreed by: Representante Residente
Agreed by: PNUD Brasil
Agreed by: Data: 13/03/2020

1st SUBSTANTIVE REVISION
PROJECT BRA/17/018

CONTEXT

Haiti is the poorest country in the Americas and its perverse indicators of health, specially life expectancy and infant mortality rate, reflect that serious problems still plague the health sector, such as:

- Low reception capacity of the existing health services;
- Low sanitary coverage characterized by a lack of sanitary facilities in comparison with the size of the population;
- Lack of equipment in many health institutions;
- Lack of infrastructure to accommodate the few existing equipment.

Although the right to health is a fundamental right that the Government of Haiti (GoH), through its Ministry of Public Health and Population of Haiti (MSPP), must ensure, the well-being of the population is dependent on improvements in the health service. Aware of this reality and faithful to its mission, the MSPP sought the financial support of the Haiti Reconstruction Fund (HRF) to promote the capacity of health management in the country.

This project gives continuity to NIM Project BRA/10/005, known as Tripartite Cooperation, a cooperation in health in Haiti under the Brazil-Cuba-Haiti Tripartite Memorandum of Understanding, signed in 2010 and implemented directly by UNDP Brazil with resources from the Government of Brazil (GoB). Project BRA/10/005 resulted a very successful experience of South-South Cooperation, promoting the strengthening of the health authority in Haiti and providing the country with three full equipped community reference hospitals, a rehabilitation center and one prosthesis and orthoses lab.

Project BRA/17/018 was designed around two strategic outcomes, in accordance with the guidelines of the Action Plan for the Recovery of Haiti (PARDH), especially with reference to its Pillar 3: social reconstruction; and program 3.3: increase access to health services. The outcomes are: 1: Strengthening management, services, and governance in public health in Haiti; 2: Development and implementation of a plan for the management of the Tripartite Cooperation health services, with the aim of enabling sustainability and preservation of structures by the Haitian government.

Activities foreseen in the project are acquisition of strategic health products, professional training and strengthening primary health care and emergency services in Haiti. It also envisions the transfer of full management of the maintenance of health services built by Brazil in its previous cooperation to the responsibility of the MSPP. The actions to be performed are based on cross-sectional values that govern the South-South Cooperation and provide the key elements to improve the access to and quality of care in the health services network and, in the end, have an impact on the entire health system of Haiti.

Projects' Initial Revision was signed on August 3rd, 2017. Implementation started right after the signature of the Prodoc and is on time with schedule. Nevertheless, an extension of the project duration from October 2020 to December 2020 is required in order to complete actions foreseen in the Agreements signed with UNOPS Haiti and OPAS/PAHO Haiti. Recent political turmoil in the country have led to a delay in the implementation of field activities.

Dialogue and transfer of knowledge between MSPP, GoB and UNDP teams were essential to the positive results achieved until the moment. The risk matrix remains the same as stated in Project Document and, so far, there is no Programmatic revision foreseen.

This project revision has the following objectives:

- i) Extend project duration until December 31st, 2020;
- ii) Update the PRRF;
- iii) Update the Annual Workplan;
- iv) Reflect the expenses incurred in 2017; 2018 and estimated expenses for 2019 and 2020.

BUDGET

The total amount of the budget remains the same.

Please find the following information in the Annexes:

- Annex 1 – Updated Multi-Year Work Plan
- Annex 3 – HRF 2018 Narrative Report

Annex 1 – Updated Multi-Year Work Plan

| OUTPUTS | PLANNED ACTIVITIES | Planned Budget by Year (USD) | | | RESPONSIBLE PARTY | PLANNED BUDGET | | |
|--|--|------------------------------|---------------------|---------------------|-------------------|----------------|-------------------|---------------------|
| | | Y1 | Y2 | Y3 | | Funding Source | Budget Descriptor | Amount (USD) |
| STRATEGIC LINE 1 - Support the strengthening of management and governance in health in Haiti and to strengthen the organization of emergency services of Haiti | | 2,540,000.00 | 3,650,000.00 | 2,060,000.00 | | IDA/WB | 72100 | 8,250,000.00 |
| 1. Perform diagnostic assessment of the management model of urgency and emergency services in Haiti. | | 240,000.00 | 0.00 | 0.00 | UNDP/BRAZIL | IDA/WB | | 240,000.00 |
| | 1.1. Map the public health services that make up the urgency and emergency health services network in Haiti, at the community, reference community, and department levels. | 40,000.00 | | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| | 1.2. Map work processes in the services involved that make up the in urgency and emergency health care network in Haiti. | 40,000.00 | | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| | 1.3. Map the flow among the services that make up the urgency and emergency health care network in Haiti. | 40,000.00 | | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| | 1.4. Identify the epidemiological profile of urgencies and emergencies in Haiti and the profile of references of the major treatment centers. | 40,000.00 | | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| | 1.5. Map the occurrences of natural disasters. | 40,000.00 | | | UNDP/BRAZIL | | | 40,000.00 |
| | 1.6. Carry out workshops with MSPP professionals with a view to determining the scope of the project. | 40,000.00 | | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| 2. Provide technical support to the Ministry of Public Health and Population (MSPP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the Management of Urgencies and Emergencies in the country. | | 0.00 | 80,000.00 | 0.00 | UNDP/BRAZIL | IDA/WB | | 80,000.00 |
| | 2.1. Prepare the organizational structure, responsibilities, and flows, together with the MSPP. | | 40,000.00 | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| | 2.2. Identify those MSPP managers who will be the focal points of the new organizational structure. | | | | UNDP/BRAZIL | IDA/WB | | 0.00 |
| | 2.3. Organize technical mission of the MSPP focal points to the Department of Hospital Care and urgency (DAHU, in Portuguese), of the Brazilian Ministry of Health (MS). | | 40,000.00 | | UNDP/BRAZIL | IDA/WB | | 40,000.00 |
| 3. Provide technical support to the development of optimal flow of emergency care procedures, referencing and counterreferencing, and the preparation of an Improvements Action Plan. | | 0.00 | 80,000.00 | 80,000.00 | OPS/PAHO HAITI | IDA/WB | | 160,000.00 |
| | 3.1. Carry out workshops with MSPP professionals with a view to developing an optimal flow from processes to the urgency care network. Definition of reference and counterreference. | | 40,000.00 | | OPS/PAHO HAITI | IDA/WB | | 40,000.00 |
| | 3.2. Develop an Improvements Action Plan for the emergency and emergency health care network. | | 40,000.00 | | OPS/PAHO HAITI | IDA/WB | | 40,000.00 |
| | 3.3. Prepare the Model Plan for Natural Disaster Contingencies. | | | 80,000.00 | OPS/PAHO HAITI | IDA/WB | | 80,000.00 |

| | | | | | | | | |
|--|--|-------------------|---------------------|-------------------|-----------------------|---------------|--|---------------------|
| 4. Provide technical support in the preparation of routine manuals, standardized care and administrative operating procedures, and clinical care protocols in matters of urgency and emergency, together with MSPP professionals. | | 0.00 | 80,000.00 | 80,000.00 | OPS/PAHO HAITI | IDA/WB | | 160,000.00 |
| | 4.1. Guide the agreement and the preparation of routine and good practice manuals. | | 40,000.00 | | OPS/PAHO HAITI | IDA/WB | | 40,000.00 |
| | 4.2. Guide the agreement and the development of standardized care and administrative operational procedures. | | 40,000.00 | | OPS/PAHO HAITI | IDA/WB | | 40,000.00 |
| | 4.3. Conduzir a pactuação e elaboração de Protocolos clínico assistenciais. | | | 80,000.00 | OPS/PAHO HAITI | IDA/WB | | 80,000.00 |
| 5. Promote the training of managers, health professionals and MSPP technicians. | | 950,000.00 | 1,500,000.00 | 700,000.00 | OPS/PAHO HAITI | IDA/WB | | 3,150,000.00 |
| | 5.1. Train health care and MSPP professionals on hospital management matters. | 150,000.00 | 250,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| | 5.2. Train health care and MSPP professionals in improving care processes related to emergencies and emergencies. | 150,000.00 | 250,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| | 5.3. Train health care and MSPP professionals on topics related to hospital pharmacy management. | 100,000.00 | 150,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 350,000.00 |
| | 5.4. Train health care and MSPP professionals on health surveillance-related topics in the context of urgencies and emergencies. | 150,000.00 | 250,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| | 5.5. Train health care and MSPP professionals in public management, monitoring and evaluation. | 150,000.00 | 150,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 400,000.00 |
| | 5.6. Train MSPP managers in the use of available information systems and technologies. | 150,000.00 | 250,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| | 5.7. Train technical personnel in the maintenance of equipment. | 100,000.00 | 200,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 400,000.00 |
| 6. Promote the technical upgrade and reintegration of community agents of health centers (ACSP in Portuguese) trained by the Tripartite Cooperation. | | 250,000.00 | 150,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| | 6.1. Offer reintegration and technical update workshop for ACSP professionals and arrange for the payment of grants to community agents during the technical update process. | 250,000.00 | 150,000.00 | 100,000.00 | OPS/PAHO HAITI | IDA/WB | | 500,000.00 |
| 7. Provide technical support to health care services through technical missions and in loco visits for the continuing education of the teams trained in the project. | | 200,000.00 | 400,000.00 | 500,000.00 | UNDP/BRAZIL | IDA/WB | | 1,100,000.00 |
| | 7.1. Develop innovative methodologies for monitoring capabilities. | 100,000.00 | 150,000.00 | 200,000.00 | UNDP/BRAZIL | IDA/WB | | 450,000.00 |
| | 7.2. Promote technical visits and debate on themes discussed in trainings, in the care centers where the professionals who were trained work, as a way to support the implementation of improvements and to consolidate knowledge and understanding of the issues. | 100,000.00 | 250,000.00 | 300,000.00 | UNDP/BRAZIL | IDA/WB | | 650,000.00 |

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|---|--|---------------------|---------------------|---------------------|--------------------|---------------|--|---------------------|
| 8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered. | | 900,000.00 | 1,360,000.00 | 600,000.00 | UNOPS/HAITI | IDA/WB | | 2,860,000.00 |
| | 8.1. Perform physical adaptation (reform) of the technology park, including the purchase of equipment. | 800,000.00 | 1,260,000.00 | 500,000.00 | UNOPS/HAITI | IDA/WB | | 2,560,000.00 |
| | 8.2. Train professionals in the good use and maintenance of the structures and equipment purchased. | 100,000.00 | 100,000.00 | 100,000.00 | UNOPS/HAITI | IDA/WB | | 300,000.00 |
| STRATEGIC LINE 2 - Develop and implement a plan of gradual transfer of the management of health services of the tripartite cooperation with a view to guaranteeing the sustainability and the maintenance of structures by the Haitian Government. | | 3,500,000.00 | 3,000,000.00 | 2,500,000.00 | | IDA/WB | | 9,000,000.00 |
| 9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Beudet and Carrefour) and the Haitian Rehabilitation Institute; | | 2,500,000.00 | 2,000,000.00 | 1,500,000.00 | UNOPS/HAITI | IDA/WB | | 6,000,000.00 |
| | 9.1. Develop the New Plan for Maintenance of Community Hospitals Bon Repos, Carrefour and Beudet) and of the Haitian Rehabilitation Institute (IHR in French). | 30,000.00 | | | UNOPS/HAITI | IDA/WB | | 30,000.00 |
| | 9.2. Implement the New Plan for the maintenance of the HCRs and of the IHR. | 2,470,000.00 | 2,000,000.00 | 1,500,000.00 | UNOPS/HAITI | IDA/WB | | 5,970,000.00 |
| 10. Transfer the total management of the HCRs and of the IHR to the MSPP. | | 1,000,000.00 | 1,000,000.00 | 1,000,000.00 | UNOPS/HAITI | IDA/WB | | 3,000,000.00 |
| | 10.1. Develop a Sustainability and Progressive Transfer Plan of the HCRs and the IHR to the MSPP management. | 30,000.00 | | | UNOPS/HAITI | IDA/WB | | 30,000.00 |
| | 10.2. Implement the Sustainability and Progressive Transfer Plan of the HCRs and the IHR to MSPP management. | 970,000.00 | 1,000,000.00 | 1,000,000.00 | UNOPS/HAITI | IDA/WB | | 2,970,000.00 |

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| HAITIAN RECONSTRUCTION FUND NARRATIVE PROGRESS REPORT REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2017 | |
| <p>Programme Title & Project Number</p> <ul style="list-style-type: none"> Programme Title: Strengthening the Management of Services and the Health System in Haiti Programme Number (if applicable): 00098088 MPTF Office Project Reference Number: | <p>Country, Locality(s), Priority Area(s) / Strategic Results</p> <p>Country/Region Haiti / Port-au-Prince</p> <p>The purpose of this project is to improve the health conditions of the Haitian population having access to the network of health services implemented through two strategic priorities directly related to the priorities of the government.</p> |
| <p>Participating Organization(s)</p> <ul style="list-style-type: none"> Organizations that have received direct funding from the MPTF Office under this programme <p>UNDP</p> | <p>Implementing Partners</p> <ul style="list-style-type: none"> National counterparts (government, private, NGOs & others) and other International Organizations <p>UNDP Brazil</p> |
| <p>Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document: USD 19,800,000.00</p> <p>MPTF /IP Contribution:</p> <ul style="list-style-type: none"> by Agency (if applicable) <p>Agency Contribution</p> <ul style="list-style-type: none"> by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contributions (donors) (if applicable)</p> <p>TOTAL: USD 19,800,000.00</p> | <p>Programme Duration</p> <p>Overall Duration (months): 36 months</p> <p>Start Date 23/06/2017</p> <p>Original End Date 22/06/2020</p> <p>Current End date 22/06/2020</p> |
| <p>Programme Assessment Review/Mid-Term Eval.</p> <p>Assessment Review – if applicable please attach</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: 01/09/2017</p> <p>Mid-Term Evaluation Report – if applicable please attach</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: 01/09/2017</p> | <p>Report Submitted By</p> <ul style="list-style-type: none"> Name: Maria Teresa Amarel Fontes Title: Programme Analyst Participating Organization (Lead): UNDP Email address: maria.teresa.fontes@undp.org |

NARRATIVE REPORT FORMAT

EXECUTIVE SUMMARY

This report describes the main results achieved under Project BRA/17/018 from January to December 2018.

I. Purpose

Haiti is the poorest country in the Americas and its perverse indicators of health, specially life expectancy and infant mortality rate, reflect that serious problems still plague the health sector, such as:

- Low reception capacity of the existing health services;
- Low sanitary coverage characterized by a lack of sanitary facilities in comparison with the size of the population;
- Lack of equipment in many health institutions;
- Lack of infrastructure to accommodate the few existing equipment.

Although the right to health is a fundamental right that the Government of Haiti (GoH), through its Ministry of Public Health and Population of Haiti (MSPP), must ensure, the well-being of the population is dependent on improvements in the health service. Aware of this reality and faithful to its mission, the MSPP sought the financial support of the Haitian Reconstruction Fund (HRF) to promote the capacity of health management in the country.

This project gives continuity to NIM Project BRA/10/005, known as Tripartite Cooperation, a cooperation in health in Haiti under the Brazil-Cuba-Haiti Tripartite Memorandum of Understanding, signed in 2010 and implemented directly by UNDP Brazil with resources from the Government of Brazil (GoB). Project BRA/10/005 resulted a very successful experience of South-South Cooperation, promoting the strengthening of the health authority in Haiti and providing the country with three full equipped community reference hospitals, a rehabilitation center and one prosthesis and orthoses lab.

Project BRA/17/018 was designed around two strategic outcomes, in accordance with the guidelines of the Action Plan for the Recovery of Haiti (PARDH), especially with reference to its Pillar 3: social reconstruction; and program 3.J: increase access to health services. The outcomes are: 1: Strengthening management, services, and governance in public health in Haiti; 2: Development and implementation of a plan for the management of the Tripartite Cooperation health services, with the aim of enabling sustainability and preservation of structures by the Haitian government.

Activities foreseen in the project are acquisition of strategic health products, professional training and strengthening primary health care and emergency services in Haiti. It also envisions the transfer of full management of the maintenance of health services built by Brazil in its previous cooperation to the responsibility of the MSPP. The actions to be performed are based on cross-sectional values that govern the South-South Cooperation and provide the key elements to improve the access to and quality of care in the health services network and, in the end, have an impact on the entire health system of Haiti.

II. Results

Projects' Initial Revision was signed on August 3rd, 2017. Aiming to attend the MSPP demands, UNDP Brazil was expected to conduct several activities in a quick manner, such as: organizing field missions, hiring project team, designing a detailed workplan with experts from MSPP and UNOPS Haiti, among others.

b) Narrative reporting on results:

- **Outcomes:**

The purpose of Project BRA/17/018 is to improve the health conditions of the Haitian population having access to the network of health services. As described above, the main outcomes of the project are:

- Strategic Axis 1: Strengthening of management, services, and governance in public health in Haiti;
- Strategic Axis 2: Development and implementation of a plan for the gradual transfer of the Tripartite Cooperation health services management in order to enable sustainability and preservation of structures by the Haitian government.

As stated in the Project Document, UNOPS Haiti (UNOPS) was selected as an implementing partner. Justification for that is that through the original NIM Project BRA/10/005 (Improvement and reinforcement of the Haitian Health Sector), financed by the Ministry of Health of Brazil (MoH), UNOPS was appointed by UNDP Brazil (UNDP) in 2011 to build and equip 3 Community Reference Hospitals (HCRs) and 1 Haitian Institute of Rehabilitation (IHR).

Results of the previous cooperation were held as very satisfactory and for that, UNOPS was invited by GOH and UNDP to give continuity to the services also under Projeto BRA/17/018. For the achievement of the listed outcomes for Project BRA/17/018, an UN to UN Agreement was signed in 2017 with UNOPS in order to (1) optimize the operations of the health facilities (3 HCRs and 1 IHR) and assets, (2) to establish sustainable capacities within the MSPP maintenance units, (3) to guarantee the offer of medical services to the local population and (4) to implement a progressive handover plan so that the hospitals and a rehabilitation center become under the MSPP full control and financial support.

• **Outputs:**

Under the output 1. Perform diagnostic assessment of the management model of urgency and emergency services in Haiti, the following activities were completed in 2017 and 2018:

- 1.1. Map the public health services that make up the urgency and emergency health services network in Haiti, at the community, reference community, and department levels.
- 1.2. Map work processes in the services involved that make up the in urgency and emergency health care network in Haiti.
- 1.3. Map the flow among the services that make up the urgency and emergency health care network in Haiti.
- 1.4. Identify the epidemiological profile of urgencies and emergencies in Haiti and the profile of references of the major treatment centers.

Activities foreseen in Output 2 - Provide technical support to the Ministry of Public Health and Population (MSPP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the Management of Urgencies and Emergencies in the country" were conducted by GOH itself and will not be necessary under the scope of this Project anymore.

Outputs 3 and 4 were not initiated yet.

Outputs 5, 6 and 7 will be implemented through an Agreement with PAHO/WHO, signed in 2019.

Outputs 8, 9 and 10 are referred to the Agreement signed with UNOPS:

8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered.
9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Boudet and Carrefour) and the Haitian Rehabilitation Institute;
10. Transfer the total management of the HCRs and of the IHR to the MSPP.

In December 2018, the second Amendment to the Agreement with UNOPS was signed (Annex 1). Justification for that is that on June 2018, Doctors without Borders (Also known as MSF) announced it

would shut down permanently two important hospitals in the Haitian capital that had been opened following the earthquake. The first to close was the 176-bed obstetrics hospital in the Delmas area of Port-au-Prince, which treated, without any charge, close to 500 patients a month and where more than 40,000 babies were born. The second, a 122-bed trauma hospital in Tabarre, which receives many cases of head trauma and fractures related to the use of motorcycles, is expected to close definitively in June 2019. Moreover, and in line with the MSPP main priority of reinforcing Emergency Care in the country, a decision to reinforce the Emergency Department (ED) of Port-au-Prince's La Paix University Hospital (Hôpital Universitaire de La Paix - HUP) was imminent. MSPP requested the support of WHO/PAHO as well as the MOH to partake in a very strategic project which aims at renovating the current Emergency Department, rendering it an independent unit of the existing hospital, and upgrading its medical equipment and security infrastructure to be able to compensate and face the increasing pressure especially in Trauma and Emergency care.

Under the Outputs 8, 9 and 10, the following activities were initiated and/or completed by UNOPS in 2018:

- Inauguration of the surgical centers of the hospital Saint Arnoise de Jérémie, which took place on January 15, 2018, in the presence of the Minister of Health of Haiti and the Minister of Health of Brazil.
- Inauguration of the National Ambulances Center (CAN), which was held on March 23, 2018, in Port-Au-Prince, with the presence of the First Lady of Haiti, the Minister of Health of Haiti and the Minister of the Interior of Haiti.
- Launch of a new protocol of wage payments for HCRs's health personnel
- Creation of a committee that will oversee the new constructions (COSTO) in the three (3) HCRs and the IHR (Haitian Rehabilitation Institute) that was created to support the Directorate for Health Services Organization and to facilitate the transition period at the end of Project.
- Several missions were conducted by UNOPS to the HCRs for the installation of equipment, evaluation of the site and renovation of the emergency rooms, capacitation in the use of new equipment, maintenance, etc.
- Referring to the CAN, the following services were held: adaptation services in the meeting room, cafeteria and the warehouse; installation of the electrical and plumbing systems; training sessions on the safe use of biomedical equipment for the teams of nurses and first responders; training sessions dedicated to ambulance drivers; cleaning and disinfection training for ambulances; maintenance services and repairs in ambulances damaged; assessments of ambulances from different parts of the country for the purpose of repairing these ambulances in the CAN garage.
- UNOPS held several meetings during the year with the directors of the 3 HCRs, with the objective of presenting the proposal of the Transition Committee of Hospital Management to the MSPP.

Please find in Annex 2 the progress reports issued by UNOPS in 2018.

• **Describe any delays in implementation, challenges, lessons learned & best practices:**

Implementation started right after the signature of the Protocol, on August 2017. Dialogue and transfer of knowledge between MSPP and MoH teams are essential to the positive results achieved until the moment. The risk matrix remains the same as stated in Project Document and, so far, there is no Programmatic revision foreseen.

Implementation of outputs 8, 9 and 10 by UNOPS are on time.

During 2018, a series of meetings were held with PAHO/WHO Haiti in order to elaborate a workplan focused on the implementation of outputs 5, 6 and 7. Through this collaborative agreement, PAHO/WHO will provide capacity-building and technical support to health managers, professionals and technicians of the MSPP to improve the management of medical and health emergencies in three HCRs, while ensuring the

continuity of health care services through the strengthening and expansion of the community health model. The Agreement was signed on March 2019 and it is expected that the implementation will not exceed Project's duration.

There is still no definition regarding the activities to be implemented in the scope of Outputs 3 and 4. Discussions will be held with the new OOB team in 2019.

The main challenges faced during 2018 were:

- i) the political instability in Haiti;
- ii) the presidential election process in Haiti, which may have provoked a delay in approval of the PAISO/WHO workplan for the capacity-building.

The main challenges for 2019 are:

- i. start the implementation of the Agreement with PAISO/WHO;
- ii. define activities to be implemented in the scope of Outputs 3 and 4;
- iii. the transfer of the ICRCs and IIR management to the GuLUMIPP.

• **Qualitative assessment:**

Taking into consideration the challenges faced in 2018, the results achieved are very satisfactory. Former cooperation between the parts (GuLUMIPP, GuLUMIP, Mohit, MSPP, UNPS and UNOPS) permitted a construction of a partnership that evolves trust and permanent dialogue between the parts.

4) Indicator Based Performance Assessment:

Using the Programme Results Framework from the Project Document / AWP - provide an update on the achievement of indicators of both the output and outcome level in the table below. Where it has not been possible to collect data on indicators, clear explanation should be given explaining why, as well as plans on how and when this data will be collected.

| INDICATOR | PLANNED ACTIVITIES | ACTUAL PERFORMANCE | REASON FOR FAILURE WITH PLANNED RESULTS | SCORES OF ACHIEVEMENT |
|--|---|--------------------|--|-----------------------|
| 1. Outcome Objective: assessment of the management model of urgent and emergency services in Haiti. | | | | |
| 1.1. How the public health services are taking up the urgent and emergency health service response in Haiti in the community, especially emergency and first-aid services. | 1.1.1. Carry out assessment in the six target regions for emergency and first-aid services in Haiti. | | ICRF team prepared an assessment of the management model of urgent and emergency services in Haiti during the planning phase in order to allow it to start emergency intervention with a joint team and involves management and practice site representatives in the areas of the ICFR AWP team. | NO |
| 1.2. How the first-aid services are taking up the urgent and emergency health service response in Haiti. | 1.2.1. Carry out assessment of the organizational profile of urgent and emergency services in Haiti and the quality of indicators of the rapid response services. | | | |
| 1.3. How the emergency services are taking up the urgent and emergency health service response in Haiti. | 1.3.1. Carry out assessment of the organizational profile of urgent and emergency services in Haiti and the quality of indicators of the rapid response services. | | | |
| 2. Outcome Objective: support the Ministry of Public Health and Population (MSP) in defining the organizational structure, organizational chart, professional profile, and positions regarding the management of urgent and emergency in the country. | | | | |
| 2.1. Prepare the organizational structure, responsibilities, and lines, together with the scope. | 2.1.1. Support the MSP managers who define the final profile of the organizational structure. | | Activities 2.1 and 2.1.1 were concluded by ICFR team and will not be necessary under the scope of this report (project activity 2.1 was not implemented yet). | NO |
| 2.2. Organize technical creation of the ICFR team profile in the Department of Hospital Care and Urgency (DCHU) in "Prevention" of the Institute of Health of Haiti (IHH). | 2.2.1. Organize technical creation of the ICFR team profile in the Department of Hospital Care and Urgency (DCHU) in "Prevention" of the Institute of Health of Haiti (IHH). | | | |
| 3. Outcome Objective: support in the development of operational plans of emergency care in prevention, intervention and rehabilitation, and the preparation of emergency response in Haiti. | | | | |
| 3.1. Develop activities with ICFR professionals of a plan to develop an operational response in the urgent and emergency services. Definition of activities and responsibilities. | 3.1.1. Develop activities with ICFR professionals of a plan to develop an operational response in the urgent and emergency services. Definition of activities and responsibilities. | NO | NO | NO |
| 3.2. Develop an operational plan for the management of emergency health care services. | 3.2.1. Develop an operational plan for the management of emergency health care services. | | | |
| 4. Outcome Objective: support in the preparation of studies, manuals, implementation plan and administrative operating procedures, and conduct risk practices in facilities of urgent and emergency, together with ICFR professionals. | | | | |
| 4.1. Carry out the assessment and the preparation of studies and good practice manuals. | 4.1.1. Carry out the assessment and the preparation of studies and good practice manuals. | NO | NO | NO |
| 4.2. Build the agreement and the development of implementation plan and administrative operating procedures. | 4.2.1. Build the agreement and the development of implementation plan and administrative operating procedures. | | | |
| 4.3. Develop a manual for a strategy in prevention of acute epidemics. | 4.3.1. Develop a manual for a strategy in prevention of acute epidemics. | | | |

| | | | | | | | |
|--|---|--|--|-------------|--|--|--|
| 5. Promote the training of managers, health professionals and MSPP technicians. | | <p>During 2018, a series of meetings were held with PAHO/WHO Haiti and MSPP in order to elaborate a workplan focused on the implementation of outputs 5, 6 and 7. Through this collaborative agreement, PAHO/WHO will provide capacity-building and technical support to health managers, professionals and technicians of the MSPP to improve the management of medical and health emergencies in three HCRs, while ensuring the continuity of health care services through the strengthening and expansion of the community health model. The Agreement was signed on March 2019</p> | <p>Political instability in Haiti and the presidential election process in Brazil. MSPP wanted to include the acquisition of equipment in the scope of the Agreement to be signed with PAHO/WHO, which was not foreseen in these Outputs. Negotiations took almost the whole year. Activities will start in 2019</p> | UNDP Brazil | | | |
| 5.1. Train health care and MSPP professionals on hospital management matters. | | | | | | | |
| 5.2. Train health care and MSPP professionals in improving care processes related to emergencies and emergencies. | | | | | | | |
| 5.3. Train health care and MSPP professionals on topics related to hospital pharmacy management. | | | | | | | |
| 5.4. Train health care and MSPP professionals on health surveillance-related topics in the context of urgencies and emergencies. | | | | | | | |
| 5.5. Train health care and MSPP professionals in public management, monitoring and evaluation. | | | | | | | |
| 5.6. Train MSPP managers in the use of available information systems and technologies. | | | | | | | |
| 5.7. Train technical personnel in the maintenance of equipment. | | | | | | | |
| 6. Promote the technical upgrade and reintegration of community agents of health centers (ACSP in Portuguese) trained by the Tripartite Cooperation. | | | | | | | |
| 6.1. Offer reintegration and technical update workshop for ACSP professionals and arrange for the payment of grants to community agents during the technical update process. | | | | | | | |
| 7. Provide technical support to health care services through technical missions and in loco visits for the continuing education of the teams trained in the project. | | | | | | | |
| 7.1. Develop innovative methodologies for monitoring capabilities. | | | | | | | |
| 7.2. Promote technical visits and debate on themes discussed in trainings, in the care centers where the professionals who were trained work, as a way to support the implementation of improvements and to consolidate knowledge and understanding of the issues. | | | | | | | |
| 8. Support access to the provision of health care in urgencies and emergencies through the physical structuring of services and the technology park of the hospitals covered. | | <ul style="list-style-type: none"> • Inauguration of the surgical centers of the hospital Sant Antoine de Jeremie • Inauguration of the National Ambulances Center (CAN). • Launch of a new protocol of wage payments for HCRs's health personnel • Creation of a committee that will oversee the new constructions (COSTO) in the three (3) HCRs and the IHR and to facilitate the transition period at the end of Project. • Several missions were conducted to the HCRs for the installation of equipment, evaluation of the site and renovation of the emergency rooms, capacitation in the use of new equipment, maintenance, etc. • Improvements in the CAN services; • UNOPS held several meetings during the year with the directors of the 3 HCRs, with the objective of presenting the proposal of the Transition Committee of Hospital Management to the MSPP. | NA | UNOPS Haiti | | | |
| 8.1. Perform physical adaptation (reform) of the technology park, including the purchase of equipment. | | | | | | | |
| 8.2. Train professionals in the good use and maintenance of the structures and equipment purchased. | | | | | | | |
| 9. Support the operationalization on, and the follow-up of, the three HCRs (Bon Repos, Beudet and Carrefour) and the Haitian Rehabilitation Institute; | | | | | | | |
| 9.1. Develop the New Plan for Maintenance of Community Hospitals Bon Repos, Carrefour and Beudet) and of the Haitian Rehabilitation Institute (IHR in French). | | | | | | | |
| 9.2. Implement the New Plan for the maintenance of the HCRs and of the IHR. | | | | | | | |
| 10. Transfer the total management of the HCRs and of the IHR to the MSPP. | | | | | | | |
| 10.1. Develop a Sustainability and Progressive Transfer Plan of the HCRs and the IHR to the MSPP management. | | | | | | | |
| 10.2. Implement the Sustainability and Progressive Transfer Plan of the HCRs and the IHR to MSPP management. | | | | | | | |
| 11. Support the management, monitoring and evaluation of the project. | | | | | | | |
| 11.1. Select and provide team for technical, general and operational coordination of the project and administrative support. | | | | | | | |
| 11.2. Purchase equipment and provide internet services for the coordination of the project. | | | | | | | |
| 11.3. Develop and consolidate monitoring and evaluation monthly reports and final report. | | | | | | | |
| 11.4. Conduct quarterly missions and workshops for the follow-up, monitoring and evaluation of activities. | One Service Contract hired to follow up on Project activities; mission reports produced | NA | UNDP Brazil | | | | |
| 11.5. Hold an international seminar for the final evaluation and presentation of project results. | | | | | | | |
| 11.6. Perform final external assessment end of the project. | | | | | | | |
| 11.7. Promote publications and communication of the project. | | | | | | | |
| 11.8. Audit the Project | | | | | | | |
| 11.8. Direct costs of the implementation agencies (see details in Annex) | | | | | | | |



Combined Delivery Report by Activity

Karen Barros
UNDP BRAZIL

| | | | | |
|---|-----------------|----------------|-----------------|-----------|
| Project Id : 00098088 BRA/17/018 - Saúde no Haiti | Period : | Jan-Dec (2017) | | |
| Output # : 00101554 BRA/17/018 - Saúde no Haiti | Impl. Partner : | 9999 UNDP | | |
| | Location : | Brazil | | |
| | Govt Exp | UNDP Exp | UN Agencies Exp | Total Exp |

| | | | | |
|-----------------------------|------|---------------|------|---------------|
| Total for Output : 00101554 | 0.00 | 10,334,377.71 | 0.00 | 10,334,377.71 |
|-----------------------------|------|---------------|------|---------------|

| | | | | |
|-----------------|------|---------------|------|---------------|
| Project Total : | 0.00 | 10,334,377.71 | 0.00 | 10,334,377.71 |
|-----------------|------|---------------|------|---------------|

igned By : _____ Date : _____

igned By : _____ Date : _____



Combined Delivery Report by Activity

*Karen Barros
UNDP BRAZIL*

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2017)
Selected Project Id : 00098088
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554,00108919

| Project Id : ALL | Period : Jan-Dec (2017) | Govt Exp | UNDP Exp | UN Agencies Exp | Total Exp |
|--------------------------|-------------------------------|----------|---------------|-----------------|---------------|
| Output # : ALL | Impl. Partner : Location : | | | | |
| 48801 - Brazil - Central | | 0.00 | 10,334,377.71 | 0.00 | 10,334,377.71 |



Funds Utilization

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2017)
Selected Project Id : 00098088
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554,00108919

No Data found for the Selection Criteria

Combined Delivery Report By Project

UN
DIP UN Development Programme
Report ID: unglodrp

Page 1 of 4
Run Time: 17-04-2019 16:04:05

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2018)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

Karen Barros
UNDP BRAZIL

| | |
|---|---|
| Project Id : 00098038 BRA/17/018 - Saude no Haiti | Period : Jan-Dec (2018) |
| Output # : 00101554 BRA/17/018 - Saude no Haiti | Impl. Partner : \$9999 UNDP |
| | Location : Brazil |
| | Govt Exp UNDP Exp UN Agencies Exp Total Exp |

Dept: 48801 (Brazil - Central)

Fund : 30000 (PROGRAMME COST SHARING)

| | | | | |
|--|-------------|-------------------|-------------|-------------------|
| 61105 - Salaries - NP Staff | 0.00 | 35,339.76 | 0.00 | 35,339.76 |
| 61205 - Salaries - GS Staff | 0.00 | 7,401.18 | 0.00 | 7,401.18 |
| 62110 - Contrib Joint Staff Pension-NP | 0.00 | 7,500.57 | 0.00 | 7,500.57 |
| 62115 - Contrib to Med.SocIns-NP Staff | 0.00 | 1,095.55 | 0.00 | 1,095.55 |
| 62140 - Annual Leave Expense - NO | 0.00 | 1,263.11 | 0.00 | 1,263.11 |
| 62205 - Dependency Allow - GS Staff | 0.00 | 319.67 | 0.00 | 319.67 |
| 62210 - Contrib to Jt Staff Pens Fd-GS | 0.00 | 1,510.86 | 0.00 | 1,510.86 |
| 62215 - Contrib. to Medical, social In | 0.00 | 536.59 | 0.00 | 536.59 |
| 62240 - Annual Leave Expense - GS | 0.00 | -6.85 | 0.00 | -6.85 |
| 63530 - Contribution to EOS Benefits | 0.00 | 1,602.80 | 0.00 | 1,602.80 |
| 63535 - Contribution to Security | 0.00 | 1,816.49 | 0.00 | 1,816.49 |
| 63540 - Contribution to Training | 0.00 | 170.99 | 0.00 | 170.99 |
| 63545 - Contribution to ICT | 0.00 | 641.11 | 0.00 | 641.11 |
| 63550 - Contributions to MAIP | 0.00 | 42.74 | 0.00 | 42.74 |
| 63555 - Contribution to UN JFA | 0.00 | 1,389.09 | 0.00 | 1,389.09 |
| 63560 - Contributions to Appendix D | 0.00 | 106.88 | 0.00 | 106.88 |
| 64110 - Separations - NP Staff | 0.00 | 706.78 | 0.00 | 706.78 |
| 64210 - Separations - GS Staff | 0.00 | 148.04 | 0.00 | 148.04 |
| 64397 - Services to projects -CO staff | 0.00 | 4,669.24 | 0.00 | 4,669.24 |
| 65115 - Contributions to ASHI Reserve | 0.00 | 4,145.87 | 0.00 | 4,145.87 |
| 65135 - Payroll Mgt Cost Recovery ATLA | 0.00 | 168.01 | 0.00 | 168.01 |
| 71305 - Local Consult.-Sht Term-Tech | 0.00 | 188.32 | 0.00 | 188.32 |
| 71405 - Service Contracts-Individuals | 0.00 | 31,338.48 | 0.00 | 31,338.48 |
| 71410 - MAIP Premium SC | 0.00 | 25.48 | 0.00 | 25.48 |
| 71415 - Contribution to Security SC | 0.00 | 1,082.58 | 0.00 | 1,082.58 |
| 71605 - Travel Tickets-International | 0.00 | 29,659.11 | 0.00 | 29,659.11 |
| 71615 - Daily Subsistence Allow-Intl | 0.00 | 11,172.06 | 0.00 | 11,172.06 |
| 71620 - Daily Subsistence Allow-Local | 0.00 | 79.06 | 0.00 | 79.06 |
| 71635 - Travel - Other | 0.00 | 1,633.47 | 0.00 | 1,633.47 |
| 72130 - Svc Co-Transportation Services | 0.00 | 30.06 | 0.00 | 30.06 |
| 72405 - Acquisition of Communic Equip | 0.00 | 168.90 | 0.00 | 168.90 |
| 72815 - Inform Technology Supplies | 0.00 | 298.77 | 0.00 | 298.77 |
| 73505 - Reimb to UNDP for Supp Svcs | 0.00 | 40.00 | 0.00 | 40.00 |
| 74205 - Audio Visual Productions | 0.00 | 12,872.22 | 0.00 | 12,872.22 |
| 74596 - Services to projects -GOE | 0.00 | 2,001.11 | 0.00 | 2,001.11 |
| 74725 - Other L.T.S.H. | 0.00 | 17.08 | 0.00 | 17.08 |
| 75105 - Facilities & Admin - Implement | 0.00 | 11,294.17 | 0.00 | 11,294.17 |
| 76125 - Realized Loss | 0.00 | 0.03 | 0.00 | 0.03 |
| 76135 - Realized Gain | 0.00 | -88.23 | 0.00 | -88.23 |
| 77630 - Dep Exp Owned - ITC | 0.00 | 170.36 | 0.00 | 170.36 |
| total for Fund 30000 | 0.00 | 172,551.51 | 0.00 | 172,551.51 |

Combined Delivery Report By Project

Karen Barros
UNDP BRAZIL

 UN Development Programme
Report ID: unglcdrp

Page 2 of 4
Run Time: 17-04-2019 16:04:05

| Project Id : 00098083 BRA/17/018 - Saude no Haiti | Period : | Jan-Dec (2018) | | |
|---|-----------------|-------------------|-----------------|-------------------|
| Output # : 00101554 BRA/17/018 - Saude no Haiti | Impl. Partner : | 99999 UNDP | | |
| | Location : | Brazil | | |
| | Govt Exp | UNDP Exp | UN Agencies Exp | Total Exp |
| Total for Dept : 48801 | 0.00 | 172,551.51 | 0.00 | 172,551.51 |
| Total for Output : 00101554 | 0.00 | 172,551.51 | 0.00 | 172,551.51 |
| Project Total : | 0.00 | 172,551.51 | 0.00 | 172,551.51 |

Signed By : _____ Date : _____
Signed By : _____ Date : _____



Combined Delivery Report By Project

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2018)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

*Karen Barros
UNDP BRAZIL*

| | Period : Jan-Dec (2018) | | | Total Exp |
|--------------------------|-------------------------|------------|-----------------|------------|
| | Govt Exp | UNDP Exp | UN Agencies Exp | |
| 48801 - Brazil - Central | 0.00 | 172,551.51 | 0.00 | 172,551.51 |

Karen Bartl
UNDP BRAZIL

Combined Delivery Report By Project

 UN Development Programme
Report ID: unglcdrp

Page 4 of 4
Run Time: 17-04-2019 16:04:07

Funds Utilization

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2018)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

Project/Award: 00098088 BRA/17/018 - Saúde no Haiti
Period : As at Dec 31, 2018

Output # 00101554 Impl. Partner :99999 UNDP

| | UNDP AMOUNT |
|-------------------------------|-------------|
| Outstanding NEX advances | 0.00 |
| Undepreciated Fixed Assets | 2,165.99 |
| Unamortized Intangible Assets | 0.00 |
| Inventory | 0.00 |
| Prepayments | 0.00 |
| Commitments | 0.00 |

Combined Delivery Report By Project

UN
UN Development Programme
Report ID: unglcdrp

Karen Barros
UNDP BRAZIL

Page 1 of 4
Run Time: 12-03-2020 15:03:07

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2019)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

| | |
|---|----------------------------|
| Project Id : 00098088 BRA/17/018 - Saude no Haiti | Period : Jan-Dec (2019) |
| Output # : 00101554 BRA/17/018 - Saude no Haiti | Impl. Partner : 99999 UNDP |
| | Location : Brazil |
| | Govt Exp |
| | UNDP Exp |
| | UN Agencies Exp |
| | Total Exp |

Dept: 48801 (Brazil - Central)

Fund : 30000 (PROGRAMME COST SHARING)

| | Govt Exp | UNDP Exp | UN Agencies Exp | Total Exp |
|--|----------|------------|-----------------|------------|
| 61105 - Salaries - NP Staff | 0.00 | 33,999.90 | 0.00 | 33,999.90 |
| 61205 - Salaries - GS Staff | 0.00 | 8,266.64 | 0.00 | 8,266.64 |
| 62110 - Contrib Joint Staff Pension-NP | 0.00 | 7,233.33 | 0.00 | 7,233.33 |
| 62115 - Contrib to Med.SocIns-NP Staff | 0.00 | 1,053.97 | 0.00 | 1,053.97 |
| 62140 - Annual Leave Expense - NO | 0.00 | 416.35 | 0.00 | 416.35 |
| 62205 - Dependency Allow - GS Staff | 0.00 | 329.83 | 0.00 | 329.83 |
| 62210 - Contrib to Jt Staff Pens Fd-GS | 0.00 | 1,687.50 | 0.00 | 1,687.50 |
| 62215 - Contrib. to Medical, social In | 0.00 | 599.36 | 0.00 | 599.36 |
| 62240 - Annual Leave Expense - GS | 0.00 | -251.16 | 0.00 | -251.16 |
| 63530 - Contribution to EOS Benefits | 0.00 | 1,584.96 | 0.00 | 1,584.96 |
| 63535 - Contribution to Security | 0.00 | 1,754.50 | 0.00 | 1,754.50 |
| 63540 - Contribution to Training | 0.00 | 147.91 | 0.00 | 147.91 |
| 63545 - Contribution to ICT | 0.00 | 634.00 | 0.00 | 634.00 |
| 63550 - Contributions to MAIP | 0.00 | 21.17 | 0.00 | 21.17 |
| 63555 - Contribution to UN JFA | 0.00 | 1,267.95 | 0.00 | 1,267.95 |
| 63560 - Contributions to Appendix D | 0.00 | 105.71 | 0.00 | 105.71 |
| 64110 - Separations - NP Staff | 0.00 | 679.96 | 0.00 | 679.96 |
| 64210 - Separations - GS Staff | 0.00 | 165.33 | 0.00 | 165.33 |
| 64397 - Services to projects -CO staff | 0.00 | 8,858.92 | 0.00 | 8,858.92 |
| 65115 - Contributions to ASHi Reserve | 0.00 | 4,205.46 | 0.00 | 4,205.46 |
| 65135 - Payroll Mgt Cost Recovery ATLA | 0.00 | 168.00 | 0.00 | 168.00 |
| 71205 - Intl Consultants-Sht Term-Tech | 0.00 | 136,401.46 | 0.00 | 136,401.46 |
| 71210 - Intl Consultants-Sht Term-Supp | 0.00 | 60,436.81 | 0.00 | 60,436.81 |
| 71305 - Local Consult.-Sht Term-Tech | 0.00 | 38,936.29 | 0.00 | 38,936.29 |
| 71310 - Local Consult.-Short Term-Supp | 0.00 | 78,030.82 | 0.00 | 78,030.82 |
| 71405 - Service Contracts-Individuals | 0.00 | 92,263.11 | 0.00 | 92,263.11 |
| 71410 - MAIP Premium SC | 0.00 | 38.30 | 0.00 | 38.30 |
| 71415 - Contribution to Security SC | 0.00 | 3,174.19 | 0.00 | 3,174.19 |
| 71605 - Travel Tickets-International | 0.00 | 56,417.82 | 0.00 | 56,417.82 |
| 71610 - Travel Tickets-Local | 0.00 | 1,011.15 | 0.00 | 1,011.15 |
| 71615 - Daily Subsistence Allow-Intl | 0.00 | 15,189.03 | 0.00 | 15,189.03 |
| 71620 - Daily Subsistence Allow-Local | 0.00 | 7,936.12 | 0.00 | 7,936.12 |
| 71625 - Daily Subsist Allow-Mtg Partic | 0.00 | 22,778.16 | 0.00 | 22,778.16 |
| 71635 - Travel - Other | 0.00 | 3,455.61 | 0.00 | 3,455.61 |
| 72120 - Svc Co-Trade and Business Serv | 0.00 | 8,015.00 | 0.00 | 8,015.00 |
| 72130 - Svc Co-Transportation Services | 0.00 | 31.46 | 0.00 | 31.46 |
| 72170 - Svc Co-Humanitarian Aid & Relf | 0.00 | 2,193.50 | 0.00 | 2,193.50 |
| 72335 - Pharmaceutical Products | 0.00 | 110,322.35 | 0.00 | 110,322.35 |
| 72350 - Medical Kits | 0.00 | 284.62 | 0.00 | 284.62 |
| 72715 - Hospitality Catering | 0.00 | 561.05 | 0.00 | 561.05 |
| 72805 - Acquis of Computer Hardware | 0.00 | 10,291.26 | 0.00 | 10,291.26 |
| 73107 - Rent - Meeting Rooms | 0.00 | 963.00 | 0.00 | 963.00 |
| 74205 - Audio Visual Productions | 0.00 | 6,420.00 | 0.00 | 6,420.00 |
| 74220 - Translation Costs | 0.00 | 30.06 | 0.00 | 30.06 |

Combined Delivery Report By Project

Karen Barros
UNDP BRAZIL

| Project Id : 00098088 BRA/17/018 - Saude no Haiti | Period : | Jan-Dec (2019) | | |
|---|-----------------|-------------------|-----------------|-------------------|
| Output # : 00101554 BRA/17/018 - Saude no Haiti | Impl. Partner : | 99999 UNDP | | |
| | Location : | Brazil | | |
| | Govt Exp | UNDP Exp | UN Agencies Exp | Total Exp |
| 74225 - Other Media Costs | 0.00 | 835.67 | 0.00 | 835.67 |
| 74596 - Services to projects -GOE | 0.00 | 12,124.49 | 0.00 | 12,124.49 |
| 75105 - Facilities & Admin - Implement | 0.00 | 51,895.36 | 0.00 | 51,895.36 |
| 76125 - Realized Loss | 0.00 | 70.76 | 0.00 | 70.76 |
| 76135 - Realized Gain | 0.00 | -4.86 | 0.00 | -4.86 |
| 77630 - Dep Exp Owned - ITC | 0.00 | 292.04 | 0.00 | 292.04 |
| Total for Fund 30000 | 0.00 | 793,324.22 | 0.00 | 793,324.22 |
| Total for Dept : 48801 | 0.00 | 793,324.22 | 0.00 | 793,324.22 |
| Total for Output : 00101554 | 0.00 | 793,324.22 | 0.00 | 793,324.22 |
| Project Total : | 0.00 | 793,324.22 | 0.00 | 793,324.22 |

Signed By : _____ Date : _____

Signed By : _____ Date : _____



Combined Delivery Report By Project

Karen Barros
UNDP BRAZIL

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2019)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

| | Period : Jan-Dec (2019) | | | Total Exp |
|--------------------------|-------------------------|------------|-----------------|------------|
| | Govt Exp | UNDP Exp | UN Agencies Exp | |
| 48801 - Brazil - Central | 0.00 | 793,324.22 | 0.00 | 793,324.22 |

Project Id : ALL
Output # : ALL

Impl. Partner :
Location :

Combined Delivery Report By Project

 UN Development Programme
Report ID: unglcdrp

Funds Utilization

Selection Criteria :

Business Unit : BRA10
Period : Jan-Dec (2019)
Selected Project Id : ALL
Selected Fund Code : 30000
Selected Dept. IDs : ALL
Selected Outputs : 00101554

Project/Award: 00098088 BRA/17/018 - Saúde no Haiti

Period : As at Dec 31, 2019

Output # 00101554 Impl. Partner :99999 UNDP

| | UNDP AMOUNT |
|-------------------------------|-------------|
| Outstanding NEX advances | 0.00 |
| Undepreciated Fixed Assets | 0.00 |
| Unamortized Intangible Assets | 1,873.95 |
| Inventory | 0.00 |
| Prepayments | 0.00 |
| Commitments | 0.00 |



Annual Work Plan

Karen Barros
UNDP BRAZIL

Brazil - Brasilia

Project: 00098088

Project Title: BRA/17/018 - Saude no Haiti

Report Date: 12/3/2020

Year: 2020

| Output | Key Activities | Timeframe | | Responsible Party | Planned Budget | | | | |
|--------------------------------------|---------------------------------|------------|----------------------------------|----------------------------------|----------------|-------|------------------------------|------------------------------|------------|
| | | Start | End | | Fund | Donor | Budget Descr | Amount US\$ | |
| 00101654 BRA/17/018 - Saude no Haiti | Development of optimal flow | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 2,450.00 |
| | | | | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 10,000.00 |
| | Perform diagnostic assessment | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 71600 | Travel | 5,000.00 |
| | | | | UNDP | 30000 | UNDP | 71300 | Local Consultants | 20,000.00 |
| | Preparation of routine manual | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 1,775.62 |
| | | | | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 10,000.00 |
| | Promote the training of manual | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 71600 | Travel | 5,000.00 |
| | | | | UNDP | 30000 | UNDP | 71300 | Local Consultants | 10,351.45 |
| | Provide technical support MS | 28/7/2017 | 31/10/2020 | PAN AMERICAN HEALTH ORGANIZATION | 30000 | UNDP | 75100 | Facilities & Administration | 39,800.00 |
| | | | | UNDP | 30000 | UNDP | 71300 | Local Consultants | 0.00 |
| | Support access to the provision | 28/7/2017 | 31/10/2020 | PAN AMERICAN HEALTH ORGANIZATION | 30000 | UNDP | 72100 | Contractual Services-Company | 0.00 |
| | | | | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 570,000.00 |
| | Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 0.00 |
| | | | | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 91,752.33 |
| Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 71600 | Travel | 0.00 | |
| | | | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 0.00 | |
| Support access to the provision | 28/7/2017 | 31/10/2020 | PAN AMERICAN HEALTH ORGANIZATION | 30000 | UNDP | 72100 | Contractual Services-Company | 1,310,747.67 | |
| | | | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 0.00 | |
| Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 71300 | Local Consultants | 10,000.00 | |
| | | | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 2,450.00 | |
| Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 20,000.00 | |
| | | | UNDP | 30000 | UNDP | 71600 | Travel | 5,000.00 | |
| Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 75100 | Facilities & Administration | 125,460.05 | |
| | | | UNDP | 30000 | UNDP | 72100 | Contractual Services-Company | 1,729,037.43 | |
| Support access to the provision | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDP | 71600 | Travel | 63,249.03 | |
| | | | UNDP | 30000 | UNDP | 71600 | Travel | | |



Annual Work Plan

Karen Barros
UNDP BRAZIL

Brazil - Brasilia

Project: 00098088

Project Title: BRA/17/018 - Saude no Haiti

Year: 2020

Report Date: 12/3/2020

| Output | Key Activities | Timeframe | | Responsible Party | Planned Budget | | | | |
|--------------------|------------------------------|-----------|------------|---------------------------|---------------------|-------|--------------|--------------------------------|--------------|
| | | Start | End | | Fund | Donor | Budget Descr | Amount US\$ | |
| | Support management | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDG | 71400 | Contractual Services - Individ | 180,000.00 |
| | | | | UNDP | 30000 | UNDG | 71600 | Travel | 188,500.00 |
| | | | | UNDP | 30000 | UNDG | 72800 | Information Technology Equipm | 1,000.00 |
| | | | | UNDP | 30000 | UNDG | 74200 | Audio Visual&Print Prod Costs | 500.00 |
| | | | | UNDP | 30000 | UNDG | 75100 | Facilities & Administration | 40,600.00 |
| | Support operationalizationH | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDG | 72100 | Contractual Services-Company | 230,000.00 |
| | | | | UNDP | 30000 | UNDG | 75100 | Facilities & Administration | 95,346.69 |
| | | | | UNDP | 30000 | UNDG | 71600 | Travel | 119,892.57 |
| | Technical upgrade and reim | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDG | 72100 | Contractual Services-Company | 1,243,967.45 |
| | | | | UNDP | 30000 | UNDG | 71600 | Travel | 0.00 |
| | | | | PAN AMERICAN HEALTH ORGAN | 30000 | UNDG | 75100 | Facilities & Administration | 0.00 |
| | | | | UNDP | 30000 | UNDG | 72100 | Contractual Services-Company | 970,000.00 |
| | | | | UNDP | 30000 | UNDG | 71300 | Local Consultants | 0.00 |
| | | | | PAN AMERICAN HEALTH ORGAN | 30000 | UNDG | 72100 | Contractual Services-Company | 0.00 |
| | Technically support the heal | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDG | 75100 | Facilities & Administration | 67,900.00 |
| | | | | UNDP | 30000 | UNDG | 75100 | Facilities & Administration | 20,300.00 |
| | | | | UNDP | 30000 | UNDG | 71600 | Travel | 20,000.00 |
| | | | | UNDP | 30000 | UNDG | 71300 | Local Consultants | 150,000.00 |
| | Transfer management of the | 28/7/2017 | 31/10/2020 | UNDP | 30000 | UNDG | 72100 | Contractual Services-Company | 120,000.00 |
| | | | | UNDP | 30000 | UNDG | 72100 | Contractual Services-Company | 450,000.00 |
| | | | | UNDP | 30000 | UNDG | 71600 | Travel | 50,000.00 |
| | | | | UNDP | 30000 | UNDG | 75100 | Facilities & Administration | 67,900.00 |
| | | | | UNDP | 30000 | UNDG | 71300 | Local Consultants | 470,000.00 |
| TOTAL | | | | | | | | | |
| GRAND TOTAL | | | | | 8,498,080.29 | | | | |
| | | | | | 8,498,080.29 | | | | |



United Nations Development Programme

General Revision - G04 (abr19) - BRA/17/018 - Saúde no Haiti
 Main Source of Funds:
 Executing Agency: DIM

Karen Barros
 UNDP BRAZIL

| Acct | Donor | Fund | Total | 2017 | 2018 | 2019 | 2020 |
|-------|-----------|-------|--------------|---------------|------------|------------|--------------|
| 51005 | 11502 | 30000 | | 9.658.297,06 | 163.423,33 | 741.136,82 | 7.942.245,60 |
| | | | Net Contrib. | 18.505.102,81 | | | |
| | | | GMS. % | 7,00 | 6,80 | 7,00 | 7,00 |
| | | | GMS. | 1.294.897,19 | 11.106,89 | 51.874,96 | 555.834,69 |
| | | | Total | 19.800.000,00 | 174.530,22 | 793.011,78 | 8.498.080,29 |
| 51005 | C/S Total | ----- | | 9.658.297,06 | 163.423,33 | 741.136,82 | 7.942.245,60 |
| | | | Net Contrib. | 18.505.102,81 | | | |
| | | | GMS. % | 7,00 | 6,80 | 7,00 | 7,00 |
| | | | GMS. | 1.294.897,19 | 11.106,89 | 51.874,96 | 555.834,69 |
| | | | Total | 19.800.000,00 | 174.530,22 | 793.011,78 | 8.498.080,29 |
| | 11502 | 30000 | Net Contrib. | 0 | | | |
| | | | Total | 0 | | | |



United Nations Development Programme

C/S Schedule of Payments

Project:: BRA/17/018 - Saúde no Haiti

Atlas Project Number: 00098088

Atlas Output Number: 00101554

Karen Barros
UNDP BRAZIL

Main Source of Funds:

Executing Agency: DIM

Budget Currency: USD

| Account | Fund/Donor | Year | Date | Budgeted Amount | Scheduled Amou | Balance |
|---------|-------------|--------------------|-----------|----------------------|----------------------|---------------|
| 51005 | 30000/11502 | 2017 | | | | |
| | | | 18/ago/17 | | 19.800.000,00 | |
| | | | | 10.334.377,71 | 19.800.000,00 | -9.465.622,29 |
| | | 2018 | | | | |
| | | | | 174.530,22 | 0,00 | -9.291.092,07 |
| | | 2019 | | | | |
| | | | | 793.011,78 | 0,00 | -8.498.080,29 |
| 2020 | | | | | | |
| | | | | 8.498.080,29 | 0,00 | 0,00 |
| | | Grand Total | | 19.800.000,00 | 19.800.000,00 | 0,00 |