

DOCUMENT OF THE INTER-AMERICAN DEVELOPMENT BANK

HAITI

INTEGRATED CONTROL FOR NEGLECTED TROPICAL DISEASES IN PORT-AU-PRINCE

(HA-X1024)

PLAN OF OPERATIONS FOR PROJECT SPECIFIC GRANT

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APPENDICES

**Draft Resolution (at Loan Committee Stage – in the language of the document
Resolution (if Board approval applies – in English and Spanish)**

INFORMATION AVAILABLE IN THE FILES OF SCL/SPH

PREPARATION:

- A. Letter from MSPP
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35934513>
- B. Letter from UND to IDB Office of Outreach and Partnerships
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35934561>
- C. Protocole Unifié sur les Maladies Tropicales Négligées
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35934732>
- D. Three Party Agreement between DINEPA MSPP and ND (fully executed)
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35934766>
- E. UNDs Procurement Services Policy Manual
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35934818>
- F. Final Report of consultancy by Marie Denise Milord
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35937130>
- G. Chronogram for MDA in Port Au Prince
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=36142018>
- H. UND Subgrant agreement with Congregation Saint Croix (Gates Foundation project)
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=36141886>
- I. COFAB NTD Project
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=36141930>
- J. PAHO Resolution CD49-09
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=35140686>
- K. PepsiCo and IDB signed letter of administrative agreement for HA-X1024
<http://idbdocs.iadb.org/wsdocs/getDocument.aspx?DOCNUM=36140672>
- L. Project document for HA-L1044/HA-X1021
<http://sec.iadb.org/Site/Documents/GetDocument.aspx?pSecRegN=PR-3560&pLang=ES>

EXECUTION:

ABBREVIATIONS

ALB	Albendazole
DEC	Diethylcarbamazine
FUND	Fund to Combat Neglected Tropical Diseases and other infectious diseases
GNNTD	Global Network for the Neglected Tropical Diseases
IDB	Inter-American Development Bank
KAP	Knowledge, attitudes and practices
LAC	Latin America and the Caribbean
LF	Lymphatic Filariasis
MDA	Mass Drug Administration, a category of preventive chemotherapy
MSPP	Haitian Ministry of Health and Population
NTD	Neglected Tropical Diseases and Other Infectious Diseases
ORD	Outreach and Partnerships
PAHO	Pan American Health Organization
PNEFL	Program for the elimination of Lymphatic Filariasis in Haiti
PSG	Project-Specific Grant
SABIN	The Sabin Vaccine Institute
STH	Soil-Transmitted Helminthiasis
TC	Technical Cooperation
UN	The United Nations
UND	University of Notre Dame
USAID	United States Agency for International Development
WHO	World Health Organization

PLAN OF OPERATIONS
For Nonreimbursable Technical Cooperation Programs
(HA-X1024)

I. EXECUTIVE SUMMARY

Beneficiary:	Republic of Haiti
Project team:	Igné Tristao (SCL/SPH), team leader; Elsa Sarti (SCL/SPH); Meri Helleranta (SCL/CHA); Josh Colston (SCL/SPH); Elena Vuolo (SCL/SPH); Maria Fernanda Garcia (ORP/ORP); Coral Fernandez (INE/WSA); Dominique Bouzerma (WSA/CHA); Marie Denise Milord (SCL/SPH); Javier Jimenez (LEG/SGO) and Martha Guerra (SCL/SPH); Marise Etienne Salnave(PDP/CHA); Rodriguez Perez, Ariel Enrique (PDP/CHA).
Executing agency:	The University of Notre Dame (UND)
Benericiaries:	704,204 ¹ people living in the city of Port au Prince, Haiti
Financing:	IDB: (PSG from the PepsiCo Foundation) US\$500,000 Total: US\$500,000
Special contractual conditions:	The objective of this project is contribute to the elimination of Lymphatic Filariasis (LF) as a public health problem and to the control of Soil-Transmitted Helminthiasis (STH) in the metropolitan area of Port-au-Prince, Haiti through an integrated, multi-sectoral approach that links: (i) water and sanitation improvements (to prevent infections and reduce vector populations provided through HA-L1044/HA-X1021) to; (ii) mass drug administration (to treat existing infections) and other supportive public health measures; (iii) community mobilization for behavior change; and (iv) rigorous impact and process evaluation. This project will contribute to the elimination of LF through financing the purchase of cost-effective drugs to a population of 700,000.
Execution period:	24 months
Disbursement period:	27 months
Special contractual conditions:	A collaboration agreement between the Haitian Ministry of Health and Population (MSPP) and UND is an eligibility condition for disbursement of the resources of the contribution. This agreement has been already presented to the Bank.
Exceptions to Bank Policies and Procedures:	None
Environmental and social review:	ESR 42-10, October 18, 2010, classification C.
Coordination with other Official Development Finance Institutions:	None

¹ The total number of indirect beneficiaries of HA-L1044/HA-X1021 that will benefit from water and sanitation improvements in Port au Prince is up to 3 million. The population directly benefiting from this NTD intervention is 704, 204.

II. BACKGROUND AND JUSTIFICATION

- 1.1 The Neglected Tropical Diseases (NTDs) are a group of infectious diseases which disproportionately affect poor and marginalized groups and contribute to people's inability to escape the downward spiral of poverty. NTDs exacerbate existing disparities in health both between and within countries; yet preventive chemotherapy to combat the five most prevalent NTDs is among the most cost-effective global health interventions. At least two NTDs are known to be public health problems in Haiti: Soil-transmitted Helminthiasis (STH) and Lymphatic Filariasis (LF). Both diseases are parasitic NTD type and are amenable to integrated control through a strategy of mass administration of preventive chemotherapy with multiple antihelminthic drugs which, when administered to the entire population at risk in combination, have a simultaneous effect on both diseases. In addition, for both diseases, water and sanitation conditions are an important determinant of transmission risk.
- 2.1 The PepsiCo Foundation, through this project specific grant, will contribute \$500,000 to the elimination of LF and to the control of STH in Port-au-Prince, the capital of Haiti (see link K). This contribution will complement the activities and investments of an approved IDB water and sanitation operation (HA-L1044/HA-X1021) that allocates US\$500,000 for the combat of these two diseases in Port-au-Prince (see link L). In addition, the PepsiCo Foundation contribution will leverage further contributions through a matched contribution from the University of Notre Dame (UND). Such efforts will ensure an integrated approach to NTDs control, incorporating mass-drug administration (MDA) of antihelminthic medicines, community mobilization for behavior change and water and sanitation investments. It will also contribute to the sustainability of actions taken to control NTDs in Haiti.

A. Lymphatic Filariasis

- 2.2 In 1993, the World Health Organization (WHO) declared LF to be one of six eliminable infectious diseases (see link J). In 2000, the Ministry of Public Health of Haiti expressed their commitment to the elimination of LF as a public health problem in the country. In 2001, a mapping study of the epidemiological situation of LF found that the Port-au-Prince region had a prevalence of infection between 10 and 45%. The University of Notre Dame (UND) and IMA World health (IMA), supported by the Bill & Melinda Gates foundation and the Centers for Disease Control and Prevention, are collaborating with the Ministry of Public Health of Haiti to implement a national program for the elimination of LF in Haiti (PNEFL). The MDA coverage achieved by PNEFL has been increasing every year and complete national level geographical coverage was expected to be achieved in 2011. However, the earthquake of January 2010 has dramatically changed this prediction and currently, it will not be possible to sustain the necessary levels of coverage in Port-au-Prince without significant increases in financial and human resources. UND is able to provide the logistical support and

human resources necessary to implement the distribution of antifilarial and anthelmintic drugs in Port-au-Prince as initially planned, if the necessary financing can be provided.

B. Soil-transmitted Helminthiasis

- 2.3 STH is the most prevalent of the NTDs. Conditions of poor sanitation where there is a lack of safe water and inadequate disposal of human excreta sustain transmission. It causes malnutrition, anemia, impeded growth, increased susceptibility to other infections and cognitive problems.² The groups at highest risk of the morbidities caused by STH include pre-school children, children of school-age and women of reproductive age.³ Considerable evidence exists demonstrating that regular mass treatment of STH infection produces immediate benefits in health, and in the long term contributes significantly to the development of affected individuals.
- 2.4 There is no system of active case detection for STH in Haiti, although cases presenting to the health services are reported within the Ministry of Health. Therefore, the prevalence of STH in the country is not known. A national school-based survey of intestinal parasitosis, carried out in 2002-2003, estimated the prevalence of these infections for each department of Haiti and showed that STH is a major public health problem in Haiti with prevalence in the Ouest department, where Port-au-Prince is situated, standing at 25%.
- 2.5 **Related activities and the project's added value.** The proposed operation will contribute additional resources to achieve the objectives of component III of IDB loan HA-L1044/ HA-X1021(see link L) for the control of LF and STH. This component intends to build upon the reduction of risks granted by the provision of water and sanitation services and by the hygiene education measures to support the control of LF and STH in the areas of Port-au-Prince benefitting from the project. It also complements the activities of several other approved operations that include an NTD component to combat NTDs in Haiti: (i) operation HA-L1039/HA-X1013, a water and sanitation loan approved in 2009 for the intermediate cities of Saint-Marc, Port-De Paix, Les Cayes, Jacmel, Ouanaminthe and Cap-Haitien; (ii) operation (HA-X1014), a rural water and sanitation program for the department of Artibonite approved in April 2010; and (iii) HA-L1042, a health operation that supports the Child Health Weeks. Furthermore, this grant will contribute to the objective established in the September 2009, Board approved document "Towards the Creation of a Facility to Combat Neglected Tropical Diseases and Other Infectious Diseases (RG-X1051)" to develop and launch a multi-donor Trust Fund that would support department and national level entities, both governmental and non-governmental, to scale-up efforts towards controlling and eliminating NTDs (see link I).

² World Health Organization. "Guidelines for the Evaluation of Soil-Transmitted Helminthiasis and Schistosomiasis at community level." World Health Organization, Geneva, 1998.

³ World Health Organization. "Monitoring Helminth Control Programmes" Geneva, 1999.

III. PROGRAM DESCRIPTION

A. Program goal and purpose

- 3.1 The overall objective is to contribute to the elimination of LF as a public health problem and to control STH in the metropolitan area of Port-au-Prince, Haiti through an integrated, multi-sectoral approach that links: (i) water and sanitation improvements (to prevent infections and reduce vector populations – provided through HA-L1044/HA-X1021) to; (ii) mass drug administration (to treat existing infections) and other supportive public health measures; (iii) community mobilization for behavior change; and (iv) rigorous impact and process evaluation. This project will contribute to the elimination of LF through financing the purchase of cost-effective drugs to a population of 700,000 (see link C).

B. Components

1. Component 1: Mass administration preventive treatment (MDA) (\$240,462)

- 3.2 The objective of this component is to treat the target population on a presumptive basis using preventive chemotherapy⁴ in order to cure cases of infection and reduce transmission of the diseases. MDA of DEC and ALB will be carried out by community health volunteers who will be recruited and trained by the Executing Agency using the same strategy as in previous MDA campaigns in Haiti. This process involves reaching out to existing community groups and identifying individuals within these groups who are willing to take on the role of health volunteer. Groups that might be considered for recruiting health volunteers include religious entities or youth organization. Training activities for drug distributors will involve hygiene practices, risks behavior, and individual protection measures against mosquito bites for commune notables and health educators (who will transmit this information to the population). Training will also include how to set up a distribution post, how to distribute the drugs hygienically, record the administration by direct observation, how to calculate the numbers of pills to deliver based on the age. In addition, cultural competency and awareness of socioeconomic conditions shaping health patterns is included as a key component of the training. Existing health staff will act as MDA supervisors for the communities that they serve given their health background, respect in the community and local knowledge. Distribution will take place once per year and the entire population of the implementation unit will be eligible to receive the therapy with the exception of pregnant women, children under the age of 2 years and the severely ill (children 1 to 2 will be receiving ALB). The aim will be to attain MDA coverage of 80%. Coverage of MDA will be recorded by direct observation at each round of administration. An MDA follow-up survey and quality control will be carried out immediately after each campaign. During the

⁴ Following the WHO guidelines.

planning of the MDA campaign, certain health centers will be identified for referral of adverse reactions to treatment. Drugs for treating these reactions will be provided by the program to these centers. The drugs themselves will be stored in PROMESS – a local drugs storage managed by the Pan American Health Organization (PAHO) - and made available to executives upon the submission of requests signed by the national program manager.

2. Component 2: Social mobilization and communication for behavior change (\$163,287)

- 3.3 **Activity 1.** The objective of this component is to attain high levels of treatment adherence and MDA coverage by mobilizing the support and participation of all sectors of the targeted community in the pre and post MDA phase. The population will be educated and sensitized about LF, its transmission, the clinical effects, and the benefits of treatment with antihelminthic drugs. The wider community will also need to be informed of when the campaigns are to take place and the health personnel that will administer the treatment in order to build community confidence and achieve high levels of participation. The Executing Agency will draw on its considerable experience and qualitative research from the Port-au-Prince context to ensure that this strategy is socio-culturally sensitive and takes into account the values and beliefs of the different segments of the population in Port-au-Prince (see link A). This will include reaching out to leaders and notable figures at the commune level (traditional, religious – including minority religions) and including them within the planning of the campaigns, as well as media interviews with campaign organizers, banners, posters, pamphlets, outreach to religious organizations, sketches, songs, raffles, among others.
- 3.4 **Activity 2.** MSPP and UND staff will be trained to monitor behavioral impacts of the social mobilization strategy using the results from knowledge, attitudes and practices (KAP) collected every three years by UND, in coordination with MSSP (see Component 3). This training will be carried out over the course of one week and, in addition, a consultant will be contracted to visit the program after the data has been collected in order to assist with analysis and planning the next steps.

3. Component 3: Monitoring and health impact evaluation (\$47,500)

- 3.5 The objective of this component is to determine the impact of the STH and LF intervention. A baseline parasitological survey (prevalence and intensity) will be carried out prior to the first round of MDA. A follow-up assessment surveys will be carried out at the end of the second year in order to measure the impact of the interventions on both prevalence and intensity of infections at the population level. The monitoring of the LF program will be carried out in accordance with the WHO guidelines for monitoring LF elimination programs using sentinel and spot-check sites and screening for microfilariae in positive cases using night-blood surveys (the ICT antigen detection technique). Parasitological baseline survey for STH prevalence will be assessed using the Kato Katz diagnostic test

following the WHO guidelines.⁵ The impacts on STH prevalence will be assessed by screening a sample of school-age children. The same methodology will be used for the baseline prevalence assessment as for the follow-up impact assessments (including the MDA follow-up surveys and quality control 1 to 3 days following MDA distribution). In addition to having an impact on infection prevalence, this operation also seeks to impact the knowledge, attitudes and practices of the population towards the disease. Normally, in such an operation, it would be necessary to measure the KAP at baseline, however, UND and the MSPP of Haiti carry out KAP surveys every three years, the last one having been conducted in 2009. Therefore a KAP assessment will not be included as a part of this operation.

IV. COST AND FINANCING

A. Description and composition of financing

- 4.1 The total cost of this operation is \$500,000 as outlined in the preliminary budget table IV-1. These amounts are broken down into quantities, units and costs in the detailed budget that is attached as annex II.

TABLE IV-1 BUDGET

Description	Cost
Component 1: Mass administration of curative and preventative treatment for LF and STH	\$240,462
Component 2: Social mobilization and communication for behavior change	\$163,287
Component 3: Monitoring and health impact Evaluation	\$47,500
IDB Administrative Fee (5%)	\$25,000
Auditing activities	\$23,750
TOTAL	<u>\$500,000</u>

B. Financing arrangement

- 4.2 In order to implement this project, PepsiCo Foundation (which holds a long term partnership with IDB) will provide its contribution in the amount of five hundred thousand dollars of the United States of America (US\$500,000) to the Bank through a Project Specific Grant (PSG). A PSG is administered by the Bank according to the "Report on COFABS, Ad-Hocs and CLFGS and a Proposal to Unify Them as Project Specific Grants (PSGS)" (Document SC-114). As contemplated in these procedures, PepsiCo Foundation's commitment will be established through an "Administrative Agreement", under the existing Cooperation Framework Arrangement between the Bank and PepsiCo dated March 17, 2011(see link K). Under such Administrative Arrangement, the resources for this Project will be administered by the Bank and the Bank will charge an administrative fee of five percent (5%) of the contribution, which is duly identified in the budget of this project.

⁵ World Health Organization. "Monitoring and Epidemiological assessment of the programme to eliminate lymphatic filariasis at implementation unit level." Geneva, 2005.

C. Sustainability

- 4.3 The activities financed by this project will be carried within the platform of the National Program for the Elimination of LF in Haiti (PNEFL), which is a coalition of several stakeholders, including the MSPP, which has been consistently coordinating actions and have a strong commitment to exist until LF Elimination is attained (see link F).

V. EXECUTING AGENCY AND MECHANISM

A. Executing Agency

- 5.1 The executing agency for this project will be the University of Notre Dame (UND)⁶ who will carry out the activities under an agreement of no objection and collaboration with the MSPP. MSPP and UND have a long term partnership (see link H) in the elimination of LF in Haiti (over 10 years) in which MSPP plays a normative role (setting vision, priorities, protocols and supervision), but relies on UND for the execution of the activities (as well as other partners in other parts of Haiti) (see link A). A letter acknowledging this relationship has been provided by MSPP, and can be found among the supporting documents of this proposal.

B. Executing mechanism

- 5.2 UND has provided documentation of their Research & Sponsored Programs Accounting Policies for the access of funds, subrecipient monitoring and collaborative research awards policy (see link E). On the basis of this information the financial and fiduciary specialist assigned to this project has determined that the organization has in place a reliable financial management systems for the monitoring of resources but that a field visit to their offices in Haiti by IDB fiduciary staff in Haiti will be necessary before the first disbursement in order to review the systems they have in place for the monitoring of expenses (accounting system), and see how they keep financial records and supporting documentation. A MIF risk analysis questionnaire has been carried out by UND's Haiti office to provide additional information necessary to evaluate their financial system and procedures for internal and external control.

C. Program implementation readiness

- 5.3 IDB has worked closely with DINEPA, UND and the Ministry of Health of Haiti in the preparation of this proposal, hiring an expert consultant to define the execution mechanism and obtain consent from the relevant stakeholders (see link F)⁷. According to this mechanism, a plan of activities will be developed jointly by the MSPP's LF Program Coordination office and local UND partners. The Funds of this PSG will be disbursed to UND for activities that will be executed

⁶ UND has an office in Haiti.

⁷ A three-party letter of agreement has been signed by DINEPA, UND and Ministry of Health of Haiti. See also link D.

by mixed teams of MSPP and UND personnel.⁸ The long term partnership between UND and MSPP for LF funding and execution can be strengthened by transferring funds to UND, that will then be matched by the university to provide more funds for LF program activities in Haiti. Two agreements are available as evidence of the satisfactory partnership among the mentioned parties: the first one deals with the acknowledged relationship between MSPP and UND for the last 14 years as for UND support for the LF (see link A); and the second is a signed letter from UND to confirm that they will be matching the PepsiCo fund for the equivalent amount of 500.000 USD (see link B). A training workshop will be conducted to familiarize those responsible within the executing agency with the documentation and procedures used by the IDB for procurement.

D. Execution period and disbursement schedule

- 5.4 Execution will be completed in twenty four months (see link G). The disbursement period will be twenty-seven months. Both periods for execution and disbursement will be counted from the date of signature of the non reimbursable technical cooperation agreement between the UND and the Bank.

E. Procurement

- 5.5 Procurement of works, goods and services as well as the contracting of consultants will be governed by Bank Policies for the Procurement of Goods and Works Financed by the Inter-American Development Bank (GN-2349-7) and the Policies for the Selection and Contracting of Consultants Financed by the Inter-American Development Bank (GN-2350-7) and will be complemented by the “Special procurement provisions to address the emergency caused by the 12 January 2010 earthquake in the Republic of Haiti” (OP-387-1). The procurement will follow ex-ante reviews.

VI. MONITORING AND EVALUATION

A. Monitoring

- 6.1 Monitoring and health impact evaluation for this project has been described in component 3 and will deal with technical aspects. UND will prepare and submit to the IDB annual financial reports for the monitoring of financial expenditures. At the end of this operation, UND as executing agency will select and hire an auditing firm to carry out the financial auditing review, in accordance with IDB procedures and regulations.

⁸ Hopital Sainte Croix is acknowledged by MSPP as the center of reference for LF. UND continues contributing financially to Hopital Sainte Croix to support the implementation of these program activities.

B. Technical and basic responsibility

- 6.2 Ignez Tristao (SCL/SPH) will be responsible for technical supervision, while Meri Helleranta (SCL/CHA) will be responsible for both technical supervision and disbursements. Supervision will include visits by SPH staff, which will oversee the monitoring and evaluation activities, as well as, oversee drug distribution and social mobilization activities in order to ensure that all are carried out according to established guidelines and best practices. This supervision will be vital to ensure the coordination and replicability of integrated NTD operations. The added value of having SPH specialists responsible for these aspects of the project is that they can carry out technical supervision in order to ensure the success of the project. This supervision will be based on a combination of the thematic expertise of the headquarters staff in the areas of NTDs and experience of the local context of Haiti provided by the SCL/CHA office.

C. Progress and final reports

- 6.3 Standard Bank procedures for auditing, financial management of the resources and reporting will be followed. A midterm report on the proceedings of all components will be submitted to the IDB. In addition, a final report will be submitted following the completion of the program.

D. Description of proposed evaluations

- 6.4 The indicators used to measure success are presented in the results framework in Annex 1. The monitoring of LF and STH will be carried out in accordance with the WHO guidelines.

E. Project Financial Management and Supervision

- 6.5 Project financial management will be carried out according to OP-273-1 Bank's Financial Management Policy. UND will open two bank accounts (USD and HTG) for the program. UND will prepare detailed financial plans covering a certain period of months (to be agreed upon by Bank and UND) indicating funding needs which will reflect the needs stemming from the Procurement Plan and its updates. Based on these financial plans, UND will prepare and submit disbursement requests to the Bank. Each advance must be justified prior to receiving any subsequent advances. Semi-annual inspection visit will be conducted by Fiduciary staff. UND will be responsible for contracting an external auditor eligible to the Bank to perform the audit of the program. The selection and contracting process of the audit firm will be based on Bank procedures and on terms of reference previously agreed with the Bank. Audit cost will be financed by grant.

VII. PROGRAM BENEFITS AND RISKS

A. Program benefits and developmental impact

- 7.1 The proposed PSG is expected to generate a positive social impact over the long run. Decreasing the incidence and prevalence of NTDs in Port-au-Prince will positively impact individuals and communities by improving work and school attendance, making water safer to drink, strengthening the health of children and pregnant women and preventing the disabilities, disfigurements and reduced economic productivity due to LF. Specifically, the information generated by this proposed PSG will serve as an evidence base to advocate for resource mobilization and the generation of the political will be required scaling up efforts to address NTDs in LAC, as well as in other regions.

B. Target Beneficiaries

- 7.2 The beneficiaries of this program will be the target population of 704,204 residents of Port-au-Prince that will receive preventive chemotherapy for STH and LF whose lives and livelihoods will be expected to improve, as a result of this work. Also, it is anticipated that the results would be used by countries for program planning, development and fundraising.

C. Risks

- 7.3 A preliminary risk assessment includes (i) lack of coordination within the health sector; (ii) government institutional capacity to carry-out all activities within project timeline; (iii) sustainability of treatment once project has ended; (iv) further natural disasters in the region; and (v) government long-run cooperation and commitment. A mitigation plan is being devised to address these risks.

VIII. ENVIRONMENTAL AND SOCIAL REVIEW

- 8.1 This PSG is not expected to have any negative environmental or social impacts. This operation was reviewed by ESG on October 18 2010 (ESR 42-10). In accordance with the environmental safeguards policy (OP-703), the members of the ESR committee determined that the operation triggered the following policies: B.04 other risk factors, B.06 consultations, B.10 Hazardous materials, B.15 Co-financing operations - OP-704. A mitigation plan has been prepared for the operation and is included as an annex to this document. The plan will be sent to ESG before the implementation of activities on the ground. In addition, several of the responses to the ESG comments have been incorporated into this document.

IX. APPROVAL

(Original firmado)

Ferdinando Regalia, Chief SCL/SPH

7/29/2011

Date