

(REVISED)

STRENGTHENING HEALTH SERVICES (PROP)

November, 1975

I. STATEMENT OF THE GOAL

A. Goal

1. To assist the Government of Haiti (GOH) in strengthening its institutional capabilities for monitoring and controlling the endemic disease of malaria and to concurrently integrate this capability into the health services system by the most effective and economical plans. This revised goal is based on the Haiti Health Sector Analysis recommendations of April, 1975.
2. A second goal is to enable the Ministry of Public Health and Population to deliver health services as effectively as possible through improved health planning and administration.

B. Measurements of Goal Achievement

1. A reduction in the incidence of malaria and other communicable diseases to more manageable levels through a broader integrated work program in the MOPH/P.
2. Establishment of a permanent adequate system of vital statistics collection measuring the status of health in Haiti.
3. The creation of a functioning bureau of national health planning.
4. The development and implementation of a national health plan, an improved system of logistics, an improved system of financial management, and an improved overall system of health administration.

C. Assumptions about Goal Achievement

It is assumed that:

1. The Government of Haiti will complete, support, and adhere to a Health Development Plan detailing priority areas of emphasis which are consistent with the above goal.
2. The Government of Haiti and the international cooperating agencies will provide SNEM with the funds, logistical support, trained personnel, equipment and supplies required to assist in the implementation of the National Health Development Plan.
3. The Government of Haiti's budgetary allocations to the Health Sector will continue to constitute at least 13.4% of the total national operating budget and GOH will make every possible effort to increase the absolute amount of the health budget as the needs require.
4. Adverse biological and environmental factors will not unduly hinder achievement of the project goal.

II. STATEMENT OF PROJECT PURPOSE

A. Purpose

1. To reduce the incidence of malaria to a point where it is no longer a public health problem.
2. To improve the effectiveness of the MOPH/P in health planning and administration.

B. Condition Expected at the End of the Project

1. The Government of Haiti will have initiated implementation of a plan for a comprehensive reorganization of the rural health administrative structure which will encompass a viable endemic disease control and prevention program as part of the basic health service delivery to the rural population.
2. Vital health statistics will be collected, at least on a "sampling basis", for the use by appropriate agencies in devising realistic approaches to the improvement of rural health and in evaluating the effectiveness of programs.
3. SNEM will have kept malaria under reasonable control and no major outbreaks of this disease will have occurred. Improved operational and epidemiological methodology will be initiated in accord with joint GOH/PAHO planning of August, 1975.
4. The MOPH/P will have begun a national Health Plan for Haiti which will provide in the period covered by this revision:
 - a) the nature and extent of the health problem
 - b) alternative approaches to solving these problems
 - c) probable costs for each alternative
 - d) various approaches to the provision of manpower for health care delivery
 - e) recommendations for better coordination between public and private volunteer health organizations
 - f) a facilities, drugs and supply inventory

*Deleted
MOPH/P project?*

C. Basic Assumptions about the Achievement of Purpose

1. The Government of Haiti will continue to support the SNEM and will provide an increasing amount of funds for its operation. (\$500,000 from GOH sources in FY 75/76).
2. The Government of Haiti, in collaboration with donor agencies, will support a system of coordination/integration of SNEM into the overall health effort of Haiti.

III. STATEMENT OF PROJECT OUTPUTS

A. Outputs and Output Indicators

Kinds of Outputs

Magnitude and Target Completion

- | | |
|---|--|
| 1. Strengthening of SNEM's epidemiological and entomological capacity | 1. The GOH/PAHO standards of program operation developed in August, 1975 are to be a part of the 1976 Plan of Action. By June, 1977 the new standards should be standard operating procedures in the field. |
| 2. Achievement of adequate coverage of malarious areas | 2. Based on new epidemiological approaches, the SNEM will concentrate new efforts on the major focal points of malaria in Haiti i.e. Petit-Goave, Aquin, Cité Simone Duvalier, Jacmel and other areas as determined by their epidemiological importance. |
| 3. Evaluation of SNEM activities and re-orientation of activities based on the evaluation. | 3. Evaluation will be made on a continuing basis. Major External Review Team Evaluations are to be scheduled for 1976 and 1977. |
| 4. Studies related to: a. a plan for the reorganization of the Bureau of Health Planning (BHP) b. training requirements for personnel of the BHP c. a report summarizing the results from the baseline survey d. a national health plan for Haiti | 4. Schedule of reports will be determined between AID and contractor, with final version available between July 1977 and December 31, 1977. |

- e. a specific plan for the improvement of the administrative system of the Ministry
- f. a gradual integration plan of SNEM (the National Service of Malaria Eradication into MOPH/p
- g. component reports for the development of the administrative system improvement plan as follows:
 - i. financing
 - ii. manpower and task analysis
 - iii. drug inventory and supply systems
 - iv. analysis of physical facilities
 - v. transportation systems

of: a

B. Basic Assumptions about Production of Outputs

1. There will be a measurable slowdown in the outflow of trained medical and paramedical manpower from Haiti to other countries.
2. SNEM will exhibit a high degree of professionalism, managerial efficiency and initiative.
3. A suitable contractor will be identified to carry out health planning and health administration responsibilities.

IV. INPUTS

A. Statement of Project Inputs

| <u>Kind of Inputs</u> | <u>Magnitude of Inputs</u> | <u>Date Scheduled for Delivery</u> |
|------------------------------|----------------------------|------------------------------------|
| 1. <u>U.S.</u> | | |
| I. <u>Malaria Control</u> | | |
| a. Financial Support to SNEM | \$ 955,000 | FY 76 |
| | \$ 255,000 | Interim Qtr. |
| | \$ 845,000 | FY 77 |
| b. Material for SNEM | \$ 100,000 | FY 76 |
| | \$ 110,000 | FY 77 |

| <u>Kind of Inputs</u> | <u>Magnitude of Inputs</u> | <u>Date Scheduled for Delivery</u> |
|---|------------------------------------|------------------------------------|
| c. Contingency for extension of Malaria Admin Advisor (contract) | \$60,000* | FY 75 & beyond |
| d. Participants in vector control, source reduction, water management, etc. | \$12,000 (5 MM) \$23,000 (9 MM) | FY 76 FY 77 |
| e. Short-term consultant services for evaluation, transport & supply, vector control & other technical assistance | \$15,000 (4 MM) | FY 77 |
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| II. <u>Health Planning and Administration</u> | | |
| a. <u>Contract Services</u> | | |
| Health Planner/Team Leader (\$42,000 P.A. incl. allowances) | \$74,000 (21 MM) | 2nd half FY 76 Thru FY 77 |
| - Contingency for extended contract services | \$34,000 (9 MM) | FY 77 |
| - Contract overhead | \$58,000 | 2nd half FY 76 Thru FY 77 |
| b. TDY contract technicians | \$26,000 (12 MM) | Thru FY 77 |
| TDY contingency | \$12,000 (6MM) | FY 77 |
| c. <u>Consultant/TDY services</u> | | |
| Logistics Planning | \$35,000 (6 MM) | FY 77 |
| Transport Planning | \$35,000 (6 MM) | FY 77 |
| Training Planning | \$50,000 (10 MM) | FY 76-77 |
| Management Planning | \$77,000 (14 MM) | FY 76-77 |
| - Contingency for extended consultation | \$20,000 (4 MM) | FY 77 |
| d. Local support costs | \$34,000 | FY-76-77 |
| e. Office renovations | \$15,000 | FY 76 |
| f. Furnishings, equipment | \$25,000 | FY 76 |
| g. Vehicles | \$30,000 (5 vehicles) | FY 76 |
| h. Maintenance, POL | \$5,000 \$2,000 \$5,000 | FY 76 IQ FY 77 |
| i. Office rental | \$10,000 \$3,000 \$10,000 | FY 76 IQ FY 77 |

* Contract thru FY 77 funded by \$90,000 FY 75 obligations

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| <u>Kind of Inputs</u> | <u>Magnitude of Inputs</u> | <u>Date Scheduled for Delivery</u> |
|-----------------------|----------------------------|------------------------------------|
| J. Participants | \$25,000 (11 MW) | FY 76 |
| Participants | \$35,000 (15 MW) | FY 77 |
| K. Local Training | \$27,000 | FY 76 |
| L. Other Costs | \$35,000 | FY 76 - 77 |
| US TOT'L | <u>\$3,057,000</u> | |

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| | | |
|---------------------------------------|-----------|----------|
| a. Direct Cash financial contribution | \$506,000 | In FY 76 |
| | \$600,000 | In FY 77 |
| b. In-kind contribution | \$150,000 | In FY 76 |
| | \$150,000 | In FY 77 |

3. Other

| | | |
|-------------------------------|-----------|--------------------|
| a. UNO - technical assistance | \$50,000 | In FY 76 (1975/76) |
| | \$161,000 | In FY 77 (1976/77) |
| b. INEo aid in-kind | \$140,000 | FY 1976 |

B. Estimated Budget

Cash Budget for INEo*

(Est.)

| | <u>1976</u> | <u>1977</u> |
|----------------------------|----------------------------------|------------------|
| A. Salaries | 863,912 | |
| B. Allowances | 116,672 | |
| C. Per Diem | 48,451 | |
| D. Transport of Materials | 700 | |
| E. Concessions | 18,300 | |
| F. Contract Services | 55,218 | |
| G. Renting, maintenance | 1,390 | |
| H. Expendable Supplies | 225,354 | |
| I. Non-Expendable Supplies | | |
| J. Other | <u>150,000</u> | |
| TOTAL..... | 1,480,000 | 1,107,000 |
| | Replacement of INEo contribution | 140,000 |
| | Inflation Factor | <u>153,000</u> |
| | | <u>1,700,000</u> |

* For footnote, please see page 6A

* Does not include capital expenditures for purpose of vehicles, spare parts. Section 110(a) of the FAA is not considered applicable. SNEM was established and operates under the terms of a multilateral Memorandum of Understanding which involves the U. S., GOH, and PAHO. It is governed by an Executive Committee composed of one representative of each of these entities with the chairmanship rotating among the three parties. In accordance with the Memorandum of Understanding and the annual work plan and budget approved by the SNEM Executive Committee, each participating entity finances a discrete part of the program. The GOH is responsible for providing buildings and grounds, domestic air transport, tax exemptions, etc., and a cash contribution toward local operational costs.

CONSOLIDATED BUDGET OF U. S. INPUTS

| | <u>Obligations (\$000)</u> | | | <u>Total</u> |
|--|-----------------------------|---------------------------|-----------------------------|---------------|
| | <u>FY 76</u> | <u>I.Q.</u> | <u>FY 77</u> | |
| I. <u>Malaria Control</u> | | | | |
| Financial Support to SNEM | 955 | 255 | 845 | 2,055 |
| Material for SNEM | 100 | - | 110 | 210 |
| Program Manager (admin) | | - | 60 | 60 (*) |
| Participants | 12 | - | 23 | 35 |
| Consultants | | - | 15 | 15 |
| | <u>1,067</u> | <u>255</u> | <u>1,053</u> | <u>2,375</u> |
| | | | | |
| II. <u>Health Planning and Administration</u> | | | | (Non-Add) |
| A. Existing Obligations of FY 1975 Funds | | | | |
| Planning Advisor (Contract) | - | - | - | (74) |
| Extension Contingency | - | - | - | (34) |
| Contract Overhead | - | - | - | (58) |
| TDY Contract Technicians | - | - | - | (26) |
| TDY Contingency | - | - | - | (12) |
| Local Support Costs | - | - | - | (34) |
| Vehicles | - | - | - | (30) |
| Participants | - | - | - | (35) |
| | | | | <u>(303)</u> |
| | | | | |
| B. New Funding Authority Request | | | | |
| Consultants/IDY technicians | 40 | 50 | 107 | 197 |
| Contingency for extensions | | | 20 | 20 |
| Participants | 25 | | | 25 |
| Furnishings, Equip, Supplies | 25 | | | 25 |
| Generators HOU/P | 15 | | | 15 |
| In country training, per diem | 27 | | | 27 |
| Rental of office space | 10 | 3 | 10 | 23 |
| TL, maintenance | 5 | 0 | 5 | 12 |
| Other costs | 30 | | 5 | 35 |
| | <u>177</u> | <u>55</u> | <u>117</u> | <u>349</u> |
| | | | | |
| Total Malaria Control Plus Health Planning | <u>FY76</u> <u>1,244</u> | <u>I.Q.</u> <u>310</u> | <u>FY77</u> <u>1,200</u> | <u>2,754</u> |
| | | | | |
| Total including FY75 funds | | | | <u>3,103</u> |

PAHO provides technical personnel, limited training grants and some supplies and equipment. Until it discontinued assistance for SNEM, UNICEF provided vehicles, DDT and other pesticides, and field and laboratory equipment. AID provides technical and administrative personnel and bears substantial responsibility for local operating costs.

Although Section 110(a) is not applicable, AID has already undertaken to negotiate a schedule of progressively higher contributions with the GOH which would permit its assumption of budget responsibility for SNEM within a reasonable period. Although the U.S. has historically financed approximately 76% of the costs of the program, increased GOH support since 1972 and substantially increased GOH contributions already negotiated will reduce the U.S. share of the cost of the program to well below historical averages by the end of CY 1975.

C. Basic Assumption about Management of Inputs

1. The Government of Haiti and the international donors will make adequate and timely financial, personnel, and commodity support available to SNEM.
2. AID will select a contractor who will satisfactorily carry out the contractual responsibilities.
3. Qualified consultants will be available.

D. Technical-Administrative Review

Periodic evaluations of the malaria program have been carried out since 1964. The latest review was in August, 1975 which was requested by the Government for the purpose of assisting in the planning of the new SNEM operational and epidemiological methodology.

V. RATIONALE

The basic information in the approved PROP regarding the health conditions in Haiti has not changed and reference is made to this material. In addition a Health Sector Analysis was completed in April of 1975 by Dr. Frank Beckles, USAID Public Health Advisor, which recommended that the SNEM personnel would be integrated within its programs of communicable disease control. Dr. Beckles made a number of recommendations (pg.134 of Report) for SNEM and these are repeated as follows:

1. That there be intensive management studies conducted in the areas of program administration, implementation and evaluation.
2. That there be conducted epidemiological and entomological studies in an effort to obtain a current assessment of the status of the vector.
3. That the operational plan for malaria control be not expanded in the calendar year 1975 but be kept at the 1974 level.

4. That the agreed expansion of SNEM activities into the broader field of communicable disease control not be implemented.
5. That the PAHO and the USAID divide responsibility between administrative and technical support areas, the USAID to become fully responsible for providing technical assistance for the former and the PAHO for the latter.
6. That the next annual evaluation meeting and a proposed cost-effectiveness exercise be postponed pending the reports of the administrative and technical studies."

Based on this report and a series of meetings held between GOH and USAID a decision was made to accept the main directions of Dr. Beckles recommendations and to support SNEM as a vertical program until such time as its responsibilities and program demands can be integrated into the MOPH/P.

The future direction of USAID support for SNEM was carefully analyzed and a decision was made to phase out direct grant assistance to the SNEM over the next several years. This phase-out of grant assistance would mean increasing the GOH fiscal inputs over the next several years. This revised PROP is the first step in a series of steps which would place the support of the SNEM program entirely within the GOH. This PROP Revision is essentially a bridge of grant funds to the SNEM from January 1, 1976 to December 31, 1977 to partially support the operation. In an effort to assist the GOH to schedule its budget support for the SNEM on an orderly basis, a development loan is being considered for the period FY 1977-1981 under which disbursements would begin on January 1, 1978. The PRP for this Development Loan has been prepared. Thus, with the bridge grant support and the Development Loan support, the GOH will have an opportunity to (a) reschedule its budget support for SNEM in an orderly manner and (b) increase the effectiveness of the MOPH/P to take on many of the studies of the SNEM and to begin to integrate the SNEM into the MOPH/P operation.

The project will coordinate with other Mission efforts in health assistance in the fields of MCH/FP, nutrition, and health planning.

With regard to the need for a program of assistance in the field of health planning and administration, Dr. Beckles made note of the following areas of weakness in the MOPH/P:

"Administrative

- (i) The administrative structure is weak, probably due to the extreme shortage of trained personnel in every category and the prior lack of a national mandate.
- (ii) The proposed reorganization from 11 health districts to 5 decentralized regions languishes due to lack of legislative action, but decisions are being made and implemented within the context of decentralization.

"Budget and Finance

- (i) Approximately 60% of the Ministry's budget is disbursed for staff salaries.
- (ii) The policy towards the charging and collecting of fees is unclear and the practice is unevenly applied.
- (iii) There is no reporting on the collection or disbursement of fees.

"Manpower

- (i) The practice of manpower development is patterned after that of highly industrialized nations.
- (ii) Manpower training and development seem geared to needs other than those of Haiti (e.g. it is asserted that more than 80% of physicians graduating annually will seek employment outside of Haiti).
- (iii) Manpower lists at any unit do not fully correspond to persons actually working.
- (iv) Staff morale is generally low, staff salaries are piteously inadequate and these two when joined together result in low productivity of staff.

"Data for Information, Planning and Evaluation

- (i) The reporting of health services statistics is only partially accomplished.
- (ii) A national data base depicting health status indices is lacking.
- (iii) Thus, there is only a partial data base from which to obtain current statistics or upon which to plan future activity.
- (iv) Information feedback occurs irregularly and at most annually.

"Supplies

- (i) Deliveries of drug and equipment supplies are grossly inadequate and at best spasmodic. In principle, these supplies originate at national headquarters.
- (ii) Equipment and supplies inventories are poorly organized.

"Health Planning

Health planning is approached at best in an ad hoc manner, if not honored only in the breach, since the unit for Planning and Evaluation exists largely on paper. Manpower and facilities plans that would automatically flow from such a national health plan are, therefore, non-existent. In addition, manpower development is the joint responsibility of the Ministries of Education and of Health."

Dr. Beckles went on to provide the following recommendations, which have been adopted to form the basis of this revised PROP:

"Discussion and Recommendations

An extremely important need is that of a functioning unit for the collection and analysis of health data, which data could then be used in the planning process for the establishment of priorities.

A salient feature prerequisite for planning and implementation of plans -- a sense of direction within the Ministry itself -- is emerging, but the necessary supporting legislative and policy decisions to assure this direction appear to be lacking.

"Administration

- (i) encourage the establishment of clear operational policy with necessary legislative support
- (ii) strengthen the Ministry centrally by supporting the development within the Bureau of Planning of:
 - a. the development of a mechanism for information gathering, analysis and publication;
 - b. the development of a system for information for statistics and evaluation; a national base-line data survey to determine the prevalence and categories of illness;
 - c. the development of a standardized system for recording and reporting of health statistics
 - d. the strengthening of a unit of evaluation to process the information gathered and to monitor the progress of programs.
- (iii) support a reorganization study of the Ministry, through which it would be determined what responsibilities exist for the Ministry, what responsibilities will be undertaken and what kind of organizational structure is best suited for doing these at the present.
- (iv) support the conduct of a national health planning exercise from which the following should emerge:
 - a. the nature and extent of health problems
 - b. alternative approaches to the solution of these problems
 - c. probable costs for each alternative
 - d. various approaches to the provision of manpower for health care delivery

- e. redistribution of budget costs over the categories of staff, drugs and equipment, manpower development, logistics, etc., to provide a greater percentage for drugs and equipment and supplies
- f. the coordination of activities between the government and private volunteer agencies to obviate wasteful competition and duplication
- g. a facilities, drugs, and supplies inventory (this inventory would build on the work already done by the IDB/PAHO Mission).

Such a national plan should be a pragmatic rather than a highly sophisticated theoretical plan. Rather than await detailed epidemiological studies and recommendations, the plan would intensify and increase the protection of vulnerable groups, e.g. vaccination of infants and children, nutrition work, provision of potable water to greater numbers of persons, screening and treatment of food handlers, etc.

- h. a careful study of health budget should point out probable needs for resources and should address the problem of the raising of finances at the local level through various means, e.g. group insurance schemes, fee for service, etc."

VI. COURSE OF ACTION

A. Implementation Plan

I. Malaria Control Component

| <u>Description</u> | <u>Responsible Contributing Agencies</u> | <u>Timing</u> |
|---|--|---|
| 1. Strengthening of the administration and technical organization of SNEM to carry out malaria tasks. | SNEM/PAHO/AID | Strengthening of the SNEM is in progress and the 1976 Plan of Action will reflect change. |
| 2. Preparation of a long-term plan of operation for malaria control. | SNEM/PAHO Review by AID | To be initiated by December, 1975 and completed by April, 1976. |
| 3. Malaria control activities. | SNEM/PAHO | Continuing |

| <u>Description</u> | <u>Responsible Contributing Agencies</u> | <u>Timing</u> |
|---|--|---|
| 4. Evaluation of SNEM activities by External Review Team | SNEM/PAHO/AID | Scheduled for May-June, 1976 and May, 1977 |
| 5. Arrival of Program Management Advisor for tour of duty | AID | November, 1975 |
| 6. Scheduling of short-term consultants (STC) | AID/SNEM | STC required for Admin. Management, Evaluation, Vector Control 6 Dec. 1975 thru Dec. 1977 |

II. Health Planning/Administration Component

| <u>Description</u> | <u>Responsible Contributing Agencies</u> | <u>Timing</u> |
|--|--|---|
| 1. Award of Contract (RFP 50002) | AID | Late CY 1975 |
| 2. Arrival in Haiti of contract group | AID Contractor | Early CY 1976 |
| 3. Execution of contract scope of work | Contractor/GOH | Sequence of various elements of scope of work to be determined upon consultation among GOH/AID/contractor |
| 4. Selection of participant trainees | GOH/AID/Contractor | To be determined |
| 5. Technical assistance consultations | AID | As required |

B. Narrative Statement

At present, there are a number of health activities which are in need of Government support: SNEM; the program of regionalization of health activities to permit the extension of relatively low-cost medical care to rural areas; a family hygiene program which will extend maternal and child health care as well as family planning services; urban hospitals; improvements in administrative structure and performance; strengthening of fiscal and budgetary effectiveness; and improvements in health planning capability and performance.

In the light of the recommendations of the Health Sector Analysis completed by Dr. Beckles, it has been decided not to carry out the expansion of SNEM into a general communicable disease control agency, but focus its activities on the malaria problem. If this decision to limit the scope of the SNEM is to be meaningful, the GOH Ministry of Public Health and Population organization must be strengthened and expanded to accept the health workload envisioned for the SNEM in the previous PROP. Of prime importance to this MOPH/P expansion is the provision of effective health planning and administration and the creation of a self-sustaining health planning mechanism within the MOPH/P. Otherwise, the shift from the plan of expanding SNEM to cover portions of the rural health needs of the country to the plan to enable the MOPH/P to integrate the SNEM into its operation will fall short of its goal. Unfortunately, if this happens the major losers will be the rural poor in most need of health services.

Improvements in health planning performance will be the primary responsibility of the contract group, but short-term technical consultants will also be called on as required during the two-year period CY 76 - 77 to provide further expertise in developing planning capability in the areas of logistics, transportation, and warehousing. Similarly, consultants will be sought, as needed, to strengthen MOPH/P planning capability in the field of training, with particular emphasis on the training of health auxiliaries as a critical component of manpower planning.

Participant trainees will be sought for short-term courses or seminars in health planning, administration, budgeting, management, logistics, manpower and other fields which may be appropriate to the development of effective institutional capability in the Ministry of Public Health and Population.

The equipment and supplies called for in the health planning activity will provide support for not only the contract and consultant groups, but more importantly will enhance the Ministry's ability to function adequately and to respond to the new demands that the technical assistance will place upon it.

It is essential to recognize that this Revised PROP is one of a series of steps in the USAID/Haiti's program activity to strengthen the health services and must be considered as a bridge between the grant-funded SNEM operation and the Development Loan which is being considered for support to SNEM and the MOH. The interim period will allow for the Development Loan machinery to be put in place, the SNEM to plan its on-going program through a long-term Plan of Operation, the MOPH/P to phase its annual contributions to SNEM on an orderly basis and to develop its own capacity to

provide meaningful health services. Similarly, the health planning contract is seen as a first step in a long-term process of upgrading the planning and administrative performance of the Ministry, with no expectation that the initial infusion of 20 months' technical assistance will be able to create a truly self-sustaining structure, but will nevertheless lay a firm foundation for continued strengthening of the Ministry's performance through a pattern of continued technical assistance beyond this interim PROP.

ANNEX A

FUNDING FOR FY 1974 - FY 1977 (\$000)

| | <u>FY 74</u> | <u>FY 75</u> | <u>FY 76</u> | <u>I.Q.</u> | <u>FY 77</u> | <u>TOTAL</u> |
|--------|--------------|--------------|--------------|-------------|--------------|--------------|
| (1) | | | | | | |
| AID | 876 | 1,588 | 1,214 | 310 | 1,200 | 5,218 |
| (2) | | | | | | |
| GOH | 131 | 300 | 506 | - | 600 | 1,537 |
| PAHO | 90 | 90 | 90 | - | 164 | 434 |
| UNICEF | <u>31</u> | <u>105</u> | <u>-</u> | <u>-</u> | <u>-</u> | <u>136</u> |
| | 1,128 | 2,083 | 1,810 | 310 | 1,964 | 7,325 |

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(1) Obligations

(2) For actual SNEM budget FY 76 - 77, see page 6 of text