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The assessment team consisted of three members: Drs. Arne Barkhuus and Frank Beckles, who spent about 10 weeks in Haiti, and Mr. Gauldbaum of HEW who spent two weeks. Mr. Gauldbaum was largely concerned with an analysis of the financial position of the Ministry of Health and an examination of the organization and functioning of the medical stores. Drs. Barkhuus and Beckles were charged with an examination of the health problems of Haiti in order to provide a basis for an evaluation of the present role of USAID in the health field and the relation of its activities to those of other bilateral organizations, international organizations, and voluntary agencies.

Most importantly the consultants were to recommend to USAID practical solutions for some of the most urgent health problems of the Republic. Certain special problems were to be given priority once a general picture of the situation in Haiti had been established; such as:

- (1) Recommendations for the future of the Malaria service (SNEM) specifically with regard to its possible expansion into the rural health field.
- (2) The problem of malnutrition and its relation to a possible development of a low cost rural delivery service.
- (3) The possibility of strengthening the health administration through health planning activities.
- (4) The improvement of MCH services and family planning activities.

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HAITI

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CONSULTANTS REPORT ON THE
HEALTH SECTOR ASSESSMENT - HAITI

Introduction

The assessment team consisted of three members: Drs. Arne Barkhuus and Frank Beckles, who spent about 10 weeks in Haiti, and Mr. Gauldbaum of HEW who spent two weeks. Mr. Gauldbaum was largely concerned with an analysis of the financial position of the Ministry of Health and an examination of the organization and functioning of the medical stores. Drs. Barkhuus and Beckles were charged with an examination of the health problems of Haiti in order to provide a basis for an evaluation of the present role of USAID in the health field and the relation of its activities to those of other bilateral organizations, international organizations, and voluntary agencies.

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- (3) The possibility of strengthening the health administration through health planning activities.
- (4) The improvement of MCH services and family planning activities.

Finally the consultants were asked to cooperate with the PAHO/ Inter-american Bank Team in their pre-investment survey for a possible capital investment loan for health services in two regions.

A series of detailed reports on interviews with political, administrative and technical health personalities and visits in the capital and in the provinces were provided to USAID in appendices to the main report. A short summary will be given here as a background for a fuller understanding of the recommendations contained in the report.

At the Central level of health administration (i.e., the Ministry of Health) the consultants found an absence of leadership, indicated by an almost total lack of policy formulations or issuances of directions. There seemed to be little or no effort towards a coordinated approach to problems and a want of administrative guidelines; particularly with regard to the coordination of the public sector work with the large and important group of vocation of the public sector work with the large and important group of voluntary agencies.

While over the last few years much had been said about the need for a national health plan, and although a 'planning committee' officially had been set up and charged with the so-called 'regionalization', there was found to be no machinery for the formulation of a plan and indeed, no planning secretariat at all.

It was evident that the data base available, although sufficient to allow a 'take off' in the field of health planning, was inadequate and its strengthening should constitute a high priority in any future health plan. Even more important, the financial support for the public health sector was obviously inadequate. Although the regular budget for the health sector in 1974 took approximately 14 per cent of the total budget, actually only US\$0.89 (1973-74 using a population of five million) was available per capita. The amount spent per capita outside the capital was estimated as hardly reaching US\$0.20.

At the intermediate level it was obvious that the proposed regionalization (i.e., the change from eleven sanitary districts to five regions with officially decentralized services) would need much administrative and technical study to become a functioning reality. The present regional administrators, although on the whole able and conscientious, were found to be competing with a number of vertical programs (HACH; SNEM; Nutrition; TB; Family Planning, etc.) and with the activities of private voluntary agencies which they have no power and no means to coordinate.

Because of the lack of funds for recurrent expenditures (particularly for drugs and medical supplies) the consultants found the paradoxical situation of relative overstaffing in relation to possible effective activities. While some transportation was available, this was once more poorly coordinated between programs of different services.

At the peripheral level it was found that, in general, such physical structures as were available were fairly adequate for the limited services that could be carried out at this level. It was obvious that quality and also quantity of public sector services were totally inadequate. There was found to be poor, and in many cases no, logistic support and inadequate, or even total lack of, supervision. Diagnostic aides were found to be practically non-existent at this level. Referral, in the rare instances when practiced, was unsystematic and irregular. One of the main difficulties in providing services in rural areas was, not surprisingly, found to be the inadequate salaries offered, the poor living conditions and the lack of hope for promotion, all leading to low staff moral and patient dissatisfaction.

I. SNEM - MALARIA PROGRAM

A. BUDGET

The SNEM budget sources from 1960-73 was as shown in the following table.

SOURCE OF SNEM BUDGET
1960 - 1973

<u>Contributor</u>	<u>Amount</u>
USAID	\$17,550,396.00
PAHO	1,455,491.00
UNICEF	3,210,123.00
GOH	516,000.00
TOTAL	<u>\$22,732,010.00</u>

It is generally agreed that the effects of this program have contributed to the significant decline in deaths attributable directly to malaria; on the other hand records show an almost incredible pattern of inconsistency in the program policy and program implementation, and in the last five years a steadily increasing resurgence in the number and the percentage of positive cases. These distributing events rise to questions the answers to which will be pertinent to the future conduct of this important program. Two

categories are in the realm of policy and administration and will be studied by the Mission. Other questions pertaining to the technical nature (i.e. scientific and methodological aspects of the program) are addressed by the consultant in the recommendations.

B. QUESTIONS CONCERNING THE SNEM PROGRAM

1. Policy

What is the status of the quadripartite agreement?
What is the current UNICEF role?
Is there still a need for co-directors?
Will the WHO co-director be replaced?
Is there still a need for co-epidemiologists
GOH/PAHO?
How frequently is the Executive Committee convened
and how is its agenda structured?

2. Administrative Structure and Function

Is the present administrative structure relevant?
Is it the best possible in '74?
How is it suited to the proposed expansion?
How does the leadership function?
How do co-directors inter-relate?
How are meetings structured?
How are decisions made?
How are they implemented?
How are decisions recorded; minutes, reports, etc.?
Are administrative processes relevant and/or
effective (bearing in mind some need for labor
intensivity)?

How are field reports validated:
Number of houses sprayed?
Number of grams actually used?
Number of sprayers on job?
Number of houses per sprayer?

Per Diem:

What per cent of staff is eligible?
What per cent of staff gets per diem each month?
What value are field trips which earn per diem?
What are the quality of reports submitted?
What are program modifications that result from
reports?

3. Training

Who is responsible for training?
Do training manuals exist?
Who trains the trainers?
Who develops training aids?
How is training evaluated?

4. Technical (Scientific methodological aspects)
Is the dramatic resurgence in the prevalence and per cent positives due to:

Vector resistance?
Vector exophili or exophagi?
Administrative weaknesses in program implementation?
A & B above?
None of the above but other known external forces?

C. NEW SNEM

When viewed in the light of the overall investment in the old SNEM - \$22,732,000.00 - and the results of the program to-date, any idea that the old SNEM be given new, far-ranging responsibilities in the health sector seems unsound and creates the real possibility of further undermining the malaria control/eradication effort.

The question asked by the consultants as to why such a decision was taken by USAID/Haiti yielded rather unsatisfactory responses. What seems to be clear is that the GOH felt itself at the mercy of two powerful international financing agencies and so submitted to their recommendations; recommendations which appear to fall outside the realm of accepted approaches to health care administration. That the PAHO also, if even by default, supported these recommendations raises disturbing questions as to its objectivity and the technical soundness of its role.

Equally disturbing is the role of UNICEF in light of its significant contributions to the SNEM program since its inception. Notwithstanding the UNICEF policy decision to descontinur support of categorical programmes, one might have hoped that this organization would have endeavoured to find a more logical avenue through which to continue its support to the GOH.

The USAID/Haiti pressure on the GOH to expand the program activities of the SNEM, appear to have been founded on extremely poor or in the absence of technical advice. Though there is an apparent desire to contribute to the strengthening of the overall health sector, the decision taken, in light of information now available and becoming available, would probably result in the attainment of the exact opposite result. This seems to have eluded both USAID/Haiti and AID/W.

Given the history of the old SNEM and the funds invested by the U.S.S., it is difficult to agree that de-emphasis on the malaria work can be rationally supported at this juncture.

Recommendations

1. That a combined malariological and entomological investigation be undertaken. As a preliminary step, it is proposed that a malariologist and an entomologist visit Haiti for six weeks in order, with the GOH Chief Epidemiologist, to write a plan of operation for such an investigation. It is anticipated that the investigation might have to extend over a full year in order to study seasonal variations.
2. That the proposed cost-effectiveness study be postponed.
3. That there be conducted a management/organizational study of the SNEM.
4. That the proposed program expansion for SNEM not be undertaken: or that if it must, then the activities undertaken be limited and closely and carefully coordinated at the level of the Regional Health Directors.
5. That for the next fiscal year (GOH) the SNEM concentrate exclusively on the malaria program.

II. NATIONAL HEALTH PLANNING

Haiti is today faced with a wide range of economic and social problems requiring urgent action, while the total resources which can be applied to them are insufficient.

This situation obviously requires political consideration of factors which must be studied in planning for health services: the competition of 3 sectors in their bid for resources and maybe even more important the ensurance that in the allocation of the resources allotted to it the health sector conforms with political decisions made towards achieving the 'soceital image' envisaged for the future economic and social structure.

Haiti would seem to be in particular need of a well thoughtout and constructed national health plan. At present, the governmental health services are poorly coordinated with large numbers of vertical programs some of which are within some outside the regular government structure and functioning almost independently due to financial resources over which the Ministry of Health has little or no control. The large and important voluntary agency sector is poorly coordinated, both within its own group of agencies and with similar government activities. A large international loan (IDB) for capital investment in the health field in two 'priority' areas is contemplated, without it being clear how these priorities were established or what steps were taken to insure the administrative, financial and technical feasibility of such investment. Manpower to be made available in the two priority areas is being decided upon without any overall manpower planning having been carried out in order to estimate the quantity and type of knowledge, skills and abilities needed to introduce predetermined alterations in the functioning of the health system so as to make it more probable that the desirable changes in the health of the population will be achieved.

Haiti spends, at the moment, over 14 per cent of its 'Budget de Fonctionnement' on the health sector. It is obviously unlikely that this unusually high percentage can be further increased. Additional funds will have to come from a more efficient utilization of the funds available; i.e., through better planning and management.

While a so called "planning committee" has been set up, there is at the moment no organization machinery for national health planning in the Ministry of Health.

The Minister has stated a policy of decentralization through regionalization, more in his words as "a bit of thinking aloud than a real firm policy". He is aware that while 80 percent of the Haitian population lives in rural areas two thirds of the resources are concentrated in urban areas particularly the capital.

Recommendations

The consultant strongly recommends that a bureau of planning be organized as a functional part of the Ministry of Health, possibly after an organizational study of the Ministry's functions. Such an organization/management study would make it possible to decide on the staffing of the bureau.

The first task of the bureau should be to undertake a health sector analysis with the purpose of establishing a baseline from which a health plan can be worked out and from which achievements can be measured. This would constitute the first step in rational national health planning, establishing where the country is at the moment with regard to the epidemiological situation, manpower, medical facilities and financial resources.

With this point of departure established, the government can then formulate a policy with regard to where they want to go within a specific period of time. On the basis of an analysis of all constraints (technical, administrative, financial and political) they will no doubt find that their normative model cannot be reached and that a new model must be established based on feasibility. It is further recommended that USAID assist the government with material and technical advice to realize the above, and that fellowships be granted in order to enable Haitian staff to be prepared for planning functions.

III NUTRITION

The problems of nutrition in Haiti are undoubtedly those best understood, given the many years of research, successful program implementation and continued effort.

As Fougere states, "the Haitian peasant suffers from multiple nutritional deficiencies". The most important are insufficient calories and protein resulting in underweight, poor muscular development, short stature and a high total serum protein with low serum albumin.

Kwashiokor is present in all degrees of severity and 7 per cent of all children between ages 1 and 5 are estimated to have 3rd degree (Gomex) malnutrition with oedema; i.e. Kwashiokor.

The Bureau of Nutrition of the Ministry of Health is in overall charge of nutrition programs in Haiti. The Bureau works in close collaboration with the Ministry of Agriculture, which furnishes a kind of agricultural extension service in connection with a number of nutritional rehabilitation centers. These centers are of three types: (1) the large proportion are independent centers set up at low cost and run by staff at minimum educational level, (2) a much smaller group is attached to the few existing health centers, and (3) a few are connected with hospital services.

The funds are overwhelmingly from private philanthropical organizations important among these HACHO (Haitian American Community Help Organization). The present 61 centers cover only a small part of the rural areas and the number of centers is likely to diminish as the voluntary agencies supporting them are experiencing financial troubles.

The Director of the Bureau of Nutrition, who is also Director of Hacho, estimates that 150 nutritional centers supported for five years at a rate of between US \$3000 and 3500 per center, per year, would be needed to make any real impact on the Haitian problem of malnutrition.

Recommendations

The consultant found himself in a difficult position with regard to recommendations in the field of nutrition. There is not the slightest doubt that this is one of the highest priorities in Haiti, where for a comparably small investment very considerable results can be obtained. He is, however, disturbed about the setting up of another vertical program, financed outside the regular government sources--specially since the nutrition centers are already in difficulties because of this type of financing.

The solution the consultant would like to see is the establishment of a low cost rural delivery system, i.e. a health delivery system which besides nutrition would cover a number of other important activities. This approach, which may eventually be accepted, cannot be discussed seriously with the government until the results of the PAHO/IDB mission are known. Meanwhile, it is

suggested that some kind of machinery, preferably under the chairmanship of Government of Haiti, be set up to coordinate the efforts in the field undertaken with financial resources contributed by a large number of voluntary agencies, among these HACHO, CARE, MCC (Mennonite Central Council), Secours Catholique, etc. The consultant hopes that with the establishment of a Bureau of Planning in the Ministry of Health and a health sector analysis carried out as the first priority of this bureau, it will be possible to establish the high priority due to malnutrition.

IV. MATERNAL AND CHILD HEALTH/FAMILY PLANNING

Haiti is a country covering an area of 27,750 square kilometers with a population of approximately 5.0 million persons, whose rate of natural increase is estimated to be 2.1% per year; there are estimated to be 15% of the population in the age bracket 0-4 years and 1.0 million women aged 15-44, of which 700,000 - 900,000 are estimated to be at risk of pregnancy. Other estimates of vital data taken from published tables of the 1971 census by the statistical Institute, Port-Au-Prince are:

Crude Birth Rate	37/1,000
Infant Mortality Rate	148/1,000
Maternal Mortality Rate	13.7/1,000
Life Expectancy at Birth	48.0 years

Approximately 45.0 per cent of the population are said to be under 15.0 years of age.

It is estimated that at least 20.0 per cent of the population under 15 are tuberculin positive; that 14-20 per cent of live-born babies die from tetanus neonatorum; that nutritional deficiencies are associated with 40-70 per cent of deaths due to infectious diseases. (The rate of tuberculosis in Haiti ((active cases)) is estimated at about 2% of the population). In 1958 Jeliffe found that the highest levels of malnutrition existed in children between one and four years.

<u>Age</u>	<u>Gomez Scale (2-3)</u>	<u>Kwashiokor</u>
0-1	11%	-
1-3	24.0%	6.5%
3-6	24.0%	2.2%
6-12	10.0%	1.2%

Programs that have been designed experimentally have proven highly successful. Regrettably there seems to have been little effort or ability to continue the work of the basis of local funding.

Not that there appears to be a clear signal for government to revitalize the GOH's role in the health sector, the MOH has turned its attention, to that segment comprising of 60 per cent of the population - mothers and children.

Recommendation

The proposal of the DFH (Division of Family Hygiene) for MCH/FP, even though, if in the opinion of the consultant, is somewhat ambitious, is recommended to be supported and funded.

V. RURAL HEALTH SERVICES DELIVERY SYSTEM

Significant portions of the 80 per cent of Haiti's population residing in rural areas have no access to health services. Several programs now existing (e.g. HACHO Health Programme; The Mennonite Health Programme, Grande Riviere du Nord; The Canadian Mission Project at Laborde near Les Cayes; The Community Health Component of the Albert Schweitzer Hospital) give examples of the feasibility of a rural system.

The high cost of individual programs, the duplication of staff, of facilities, of transportation and logistics and the general fragmentation of the work in the health sector should be overriding factors in the support of the necessity for a coordinated rural health services delivery system.

Recommendation

That the GOH subsequent to the development of a maternal health plan undertake the structuring of a Rural Health Care delivery system.

VI. CONCLUSIONS

From the report and recommendations, an overview of the series of problems with which the Government of Haiti is faced is gained.

The situation and conditions in Haiti, as bad as they might seem, are yet somewhat better than those of many other developing nations. In its favour, Haiti possesses many competent and able, well-trained medical personnel in the public health area. What this country needs is time,

technical and financial support for many years, and the political climate that will permit the development and implementation of the recommendations and provide Haitian decision-makers in the health sector the opportunity to do the job they clearly understand needs to be done and seem ready to begin.

It would, however, be a gross oversight if outsiders ignore the unique history and the political nature of Haiti. Only a knowledge of the past will permit the development and implementation of the recommendations and provide Haitian decision-makers in the health sector the opportunity to do the job they clearly understand needs to be done and seem ready to begin.

It would, however, be a gross oversight if outsiders ignore the unique history and the political nature of Haiti. Only a knowledge of the past will equip participants in joint efforts with the insight, the sensitivity and the patience that will be prerequisite for a productive relationship within the Haitian health sector.

In summary the consultants would emphasize the following needs:

Preparatory studies

1. A Baseline Health Sector Analysis
2. The preparation of a National Health Plan
 - (a) Priority Setting
 - (b) Manpower Requirements
 - i. System for Haiti
 - ii. Training needs
 - iii Development of curriculum for training
 - iv. Mobility etc.
 - (c) 5 - 10 years budget projections
 - (d) Supplies and equipment

Reorganization of the Ministry of Health

1. Coordination of vertical programs
2. Coordination of public/private activities
3. Absorption of vertical programmes

Examination of Role of Central Pharmacy

1. Plans for possible local manufacture
2. Plans for local packaging
3. Investigation of existing of existing supply/demand system
4. Rules governing regional purchasing

Development of Uniform Data System

Strengthening of MOH - CONADEP Relationship

VII PERSONS CONTACTED AND CONSULTED

A. US Embassy and USAID

Embassy Ambassador Heyward Isham
Minister and Deputy Thomas J. Corcoran
Ms. Martha G. Carbone, Chief Econ/Comm Section

USAID Mr. Scott L. Behoteguy, USAID Representative
Mr. John Craig, Program Officer
Mr. Kevin Burke, Assistant Program Officer
Mr. Leroy Rasmussen, Rural Development Officer
Mr. R. Douglas, General Engineer
Mr. Jailil S. Karam, Malaria Adviser and
Act. Business Manager

USAID/W Mr. William M. Feldman, Development Adm.
Officer
Mr. John A. Daly, International Health,
HEW

B. Government of Haiti

Ministry of Health:

Dr. Daniel Beaulieu, Minister of Health
Dr. Deluches, Chief National Health Planning
Dr. Joseph, Director International Assistance
Dr. A. Bordes, Director Division of Family Hygiene
Dr. Midy, Deputy Director Division of Family Hygiene
Dr. Defay, Chief Division of Public Health and
Prev. Med.
Dr. Nicolas, Consultant
Dr. William Fougere, Director Bureau of Nutrition
Dr. Marino Mesidor, Physician Bureau of Nutrition
Mrs. Mireille Papillon, Social Worker, Bureau
of Nutrition

SNEM (Malaria Service)

Dr. Charles Dambreville, Co-director SNEM
Dr. Fransique Milord, Chief Epidemiologist SNEM
Dr. Dumas Jean-Michel, Chief Division Operation
and Campaign

Mr. Jacque Debrosse, Administrator SNEM
Dr. Pierre Paul, Epidemiologist Zone II
Dr. Oscar, Epidemiologist Zone I

Haitian Ministry of Health Officials outside
Port au Prince

Dr. Montas, Dispensary Hospital, Grand Goave
Dr. Andre Poupanneau, Dep. Chief Regional
Hosp. Petit Goave
Sister Noel, Catholic Sister in charge
Nutr. Center Petit Goave
Mr. Rousseau, Registered Nurser in charge
Violet Dispensary
Dr. Pamphile, Dispensary Hospital Terre Neuve
Dr. Sajous, Director Regional Hospital, Gonaive
Mr. Almonor, Chef du Bureau de Sante, Cap Haitien
Dr. Doucelte, Chief Regional Hospital, Cap Haitien

State University of Haiti

Dr. Victor Laroche, Professor and Chief
Department Prev. Med.

Department of Agriculture

Mr. Myrthil, Agronom, Terre Neuve
Mr. M.E. Toussant, Community Dev. Officer,
Terre Neuve

Haitian Medical Research Council

Dr. Noel, President

CONADEP (Conseille National de Developpment et de
Planification)

Mr. Donasson Alphonse, Director General
Secretariat Technique

C. PAHO/WHO

Dr. Isidro Pons, WHO Representative
Dr. Carlos Hernandez Aguirre, PAHO Co-Director SNEM
Mr. Joseph Rajbans, Public Health Administrator

PAHO/International Bank Team

Dr. Edwardo Aquino del Puerto, Team leader--PAHO/WHO
Mexico
Dr. Antonio Garcia Erazo, Adv. Med. Care. Hosp.
Planning, Mexico
Dr. Flaviano Ojeda Villalba, Nutrition Adv.

D. Interamerican Development Bank (IDB)

Mr. Henry Tennenbaum, IDB Representative

Mr. Badey, Loan Officer IDB
Dr. Drobnik, Chief Med. Officer, IDB

E. Voluntary Agencies

Haitian American Community Help Organization (HACHO)
Dr. William Fougere, Director (see also Bureau
of Nutrition)
Mr. George Radcliffe, Assistant Director
Mr. Dunwell, Administrator
Mr. Leslie, Sociologist
Mr. Frank Brechin, Administrator, Gonaive

CARE

Mr. Matheus, Director
American Baptist Churches
Dr. William H. Hodges, Director Bon Samaritain
Hospital, Limbe
Mennonite Central Committee (MCC), Grand Riviere
du Nord
Dr. Richard Stolfus, Medical Director
Haitian Red Cross
Dr. Victor Laroche, President (see also University)
Child Care Foundation
Mr. Simon Liechty, Haitian Field Administrator
Catholic Relief Services
Mr. Pereira de Fer, Program Director

F. Other

Mr. R.E. Webb, Associate Professor Virginia
Polytechnical Institute Campus coordinator
Haitian Program (Nutrition)

GOMEZ CLASSIFICATION OF MALNUTRITION

