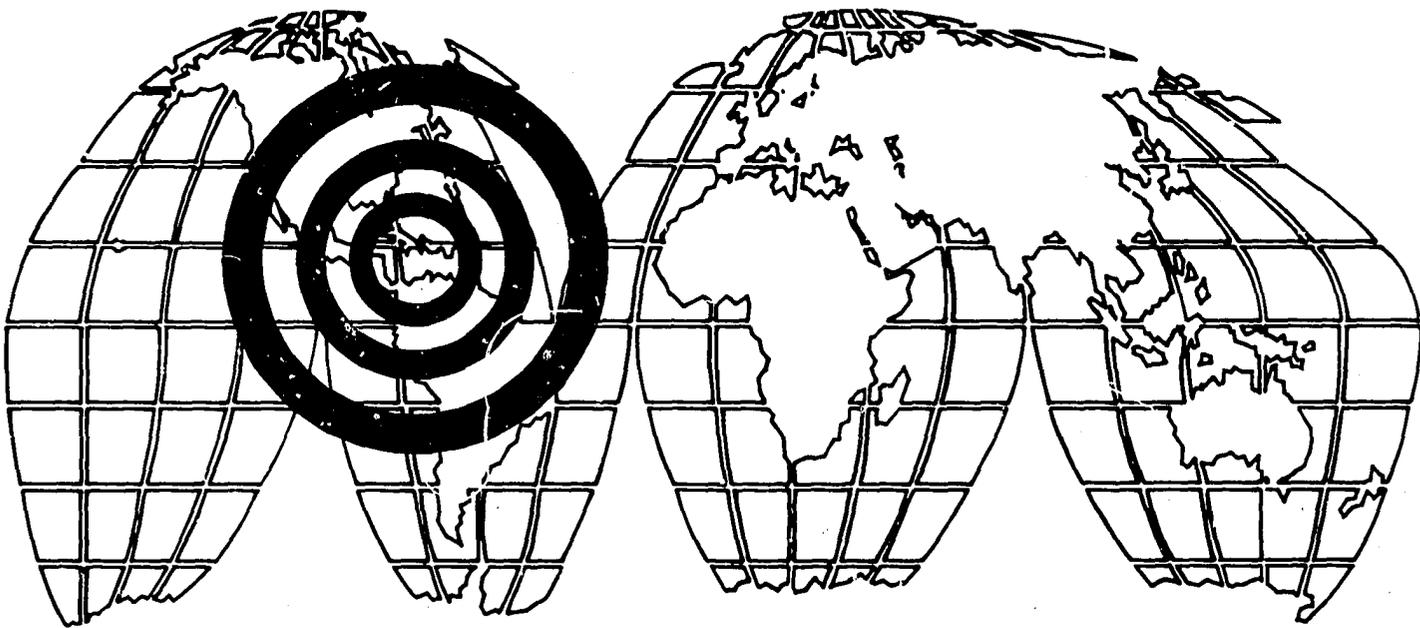


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A.I.D. Project Impact Evaluation Report No.49

HAITI: Hacho Rural Community Development



November 1983

U.S. Agency for International Development (AID)

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A.I.D. Project Impact Evaluation Report No. 49

by

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November 1983

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FOREWORD

In October 1979, the Administrator of the Agency for International Development (AID) initiated an Agency-wide ex-post evaluation system focusing on the impact of AID-funded projects. These impact evaluations are concentrated in particular substantive areas as determined by AID's senior executives. The evaluations are to be performed largely by Agency personnel and result in a series of studies which, by virtue of their comparability in scope, will ensure cumulative findings of use to the Agency and the larger development community. This study of the impact of the HACHO Rural Community Development project in Haiti was conducted in November 1982 as part of this effort. A final evaluation report will summarize and analyze the results of all of the studies in this sector and relate them to program, policy, and design requirements.

The team leader participated in this study as a Development Management Specialist from the Office of Multisectoral Development in the Science and Technology Bureau. He is currently resident advisor on monitoring and evaluation to the Haitian Ministry of Planning through a joint arrangement with USAID/Port-au-Prince and S&T/MD's Performance Management Project.

ACKNOWLEDGMENTS

In order to be done effectively, field research requires assistance and support from a variety of sources. Such support is all the more crucial when available time is short and the task broad. The team appreciated the efforts on its behalf of USAID/Haiti and would like to thank Stacy Rhodes and Joel Cotten in particular for their help. Also deserving to be mentioned are the many HACHO staff members both in Port-au-Prince and the field who took the time to make themselves available to answer our questions, provide documents, and discuss their work. Finally, we would like to thank Pierre Yves Lubin, our research assistant and Creole interpreter.

SUMMARY

Haiti's Northwest region is resource poor, sparsely populated, and possessed of minimal infrastructure and services. The Haitian-American Community Help Organization (HACHO; in 1979 the name was changed to Harmonisation de l'Action des Communautés Haitiennes Organisees) was established in 1966 through a grant to CARE to undertake health services provision and community development in the region. For 13 of its 16 years, HACHO received Agency for International Development (AID) funding for a total of \$5.1 million, in addition to substantial quantities of PL 480 commodities. It also received \$1.5 million from the West German Government.

The focus of HACHO's activities changed substantially during the project's lifetime. HACHO began by providing health services in one small town, but soon expanded both geographically, to reach other parts of the Northwest, and sectorally, by moving into community organization and road construction, and later into agricultural extension, irrigation, potable water, and handicrafts. The lack of a government presence in the region and the extreme paucity of basic services and infrastructure meant that HACHO, as one of the few organizations operating in the Northwest at the time, became the focal point for local residents seeking help and for donors looking for a vehicle to provide assistance. In short, HACHO became a kind of quasi-government for the Northwest, funded by outside donors with technical assistance provided by CARE.

Periodically called upon to coordinate donor response to natural disasters, both drought and hurricane, HACHO fluctuated between providing emergency relief services and seeking to build local-level development capacity. By the mid-1970s, AID was pushing HACHO toward becoming a regional development agency in charge of integrating and coordinating development activity for the Northwest. At the same time, AID pressured the Government of Haiti (GOH) to recognize HACHO officially and take over its budgetary support. Dialogue between AID and the GOH continued without resolution until the termination of AID funding in 1979. HACHO limped on with a much-reduced level of activity for another three years, and was finally abolished in late November 1982 by the GOH and replaced by the new Organization for the Development of the Northwest (ODNO). ODNO is to absorb HACHO's personnel and existing resources with the exception of its top management.

The team found that HACHO's major impact lay in having provided basic services in an area where none existed before. Residents valued the health care HACHO provided and the road network constructed through Food-for-Work teams managed by HACHO and CARE. HACHO was also responsible for organizing

community councils throughout the region. These councils were the organizational mechanism through which donor assistance was furnished for the self-help projects in potable water, irrigation, crafts, and other areas of local concern.

The other major impact HACHO had was in disaster relief. During the periods of drought, famine, and hurricanes that struck the region, HACHO's ability to respond and deliver donor assistance where it was needed proved invaluable to area residents. For the Northwest, this role was especially important given the absence of a government network of services.

These two major sets of impacts in the case of the HACHO project were not complementary, but rather the tension between HACHO's relief programs and its development objectives skewed its development efforts toward nonsustainable programs requiring outside subsidies to keep them operating. Relief activities led to a concentration on service provision with no attendant concern for local-level capacity-building or sustainability. The project's design in the later years tried to shift emphasis toward production-oriented programs in agriculture and handicrafts, while building semi-autonomous local organizations. However, HACHO's leadership, having its primary training in health, was slow to move the organization toward agriculture. The major impetus in that direction came from the German Government with the beginning of assistance that was earmarked for agriculture. The community council movement organized by HACHO was fraught with contradictions, as expectations regarding council roles shifted back and forth between relief recipients and self-help organizers. Councils were expected to serve as conduits for Food-for-Work by engaging in self-help projects and eventually to become effective mobilizers of local resources for autonomous development. The dependency created by the PL 480 commodities, the ambiguities around community versus HACHO initiation of self-help activities, and the political implications of true local-level autonomy led to the truncation of the capacity-building objectives of the project.

HACHO also suffered from serious organizational and managerial weaknesses in spite of technical assistance from CARE in these areas. With headquarters in the capital many hours from the project site, a centralized decision-making structure, and a totally inadequate information system, HACHO lacked an effective guidance mechanism. HACHO had little capacity to identify in any systematic way where it had been, what it had done, and where it should go. Other than on an ad hoc, intermittent basis there was no planning, reporting, monitoring, or evaluation system for HACHO. Emphasis was put on inputs and activities, not on results. Programs lacked continuity, and failed to respond to changing circumstances. The health and agriculture technical packages used by HACHO remained basically unchanged over the 16-year life of the project.

Several lessons emerge from the HACHO project:

- In modifying project purposes, interactive effects emerging from the changes must be attended to. Most importantly, it is difficult to achieve development and relief objectives within the same project.
- Development organizations in less developed countries (LDC) tend to replicate the pattern of priorities of their funders. Donors periodically treated HACHO as a conduit for injecting resources into the region, and HACHO treated the community councils the same way.
- Sustainable development activities must reflect their true costs and benefits. Unless this is done, programs will wither away once outside support is withdrawn.
- Developing an indigenous organizational capacity requires long-term attention to management improvement. It also requires an organization that is receptive to improvement.
- Institutionalizing an effective organization is a long-term process. Donor impatience and premature termination of support lead to weak organizations that rarely become effective. The length of time required for institutionalization depends on the characteristics of the organization involved and the social and political climate in which it operates.
- Integrated rural development projects, because of their complexity, are particularly vulnerable to external, macro-level constraints. Project selection and design must be done carefully in order not to overload a project with too many components that depend for success upon systemic changes in the project environment.

GLOSSARY

Animation Rurale	French-style community development, a guided self-help process
AFVP	Association Francaise des Volontaires du Progres, roughly the French equivalent of the Peace Corps
CANO	Cooperative Artisanale du Nord-Ouest; Northwest Artisans Cooperative, CARE/HACHO-sponsored crafts program in the Northwest
CARE	Originally, Cooperative for American Relief Everywhere, Inc.; currently known only by its acronym
DARNDR	Departement de l'Agriculture, des Ressources Naturels, et du Developpement Rural; Haitian Department of Agriculture, Natural Resources, and Rural Development
DSPP	Departement de la Sante Publique et de la Population; Haitian Department of Public Health and Population
FFW	Food-for-Work, mechanism whereby laborers are given quantities of PL 480 commodities while participating in community projects
Fonds Agricole	German-sponsored agricultural program implemented through HACHO
GOH	Government of Haiti
ha	Hectare
HACHO	Originally, Haitian-American Community Help Organization; currently, Harmonisation de l'Action des Communautes Haitiennes Organisees
IHS	Institut Haitien de la Statistique; Haitian Institute of Statistics
LDC	Less developed country
mt	Metric ton
ODNO	Organisation pour le Developpement du Nord-Ouest; Organization for the Development of the Northwest
ONAAC	Office National pour l'Alphabetisation et l'Action Communautaire; National Office of Literacy and Community Action

OPG Operational Program Grant; a form of AID funding

PDAI Projet de Developpement Agricole Integre; Integrated
Agricultural Development Project, an AID-funded
project

PL 480 Public Law 480, provides for the distribution over-
seas of surplus U.S. agricultural commodities

PVO Private voluntary organization

SEP Secretariat d'Etat du Plan; Ministry of Planning

SEPRRN Service d'Entretien Permanent du Reseau Routier
National; Haitian National Road Maintenance Service,
funded by AID for nine years and currently totally
funded by the GOH; recognized as a highly successful
AID project and one of the GOH's most reliable and
effective services

UNICEF United Nations Children's Fund

PROJECT DATA SHEET

1. Country: Haiti
2. Project Title: Rural Community Development (HACHO)
3. Project Number: 521-0061
4. Project Authorization/Completion Dates:

June 1966-December 1979

5. Project Funding 1966-1979:

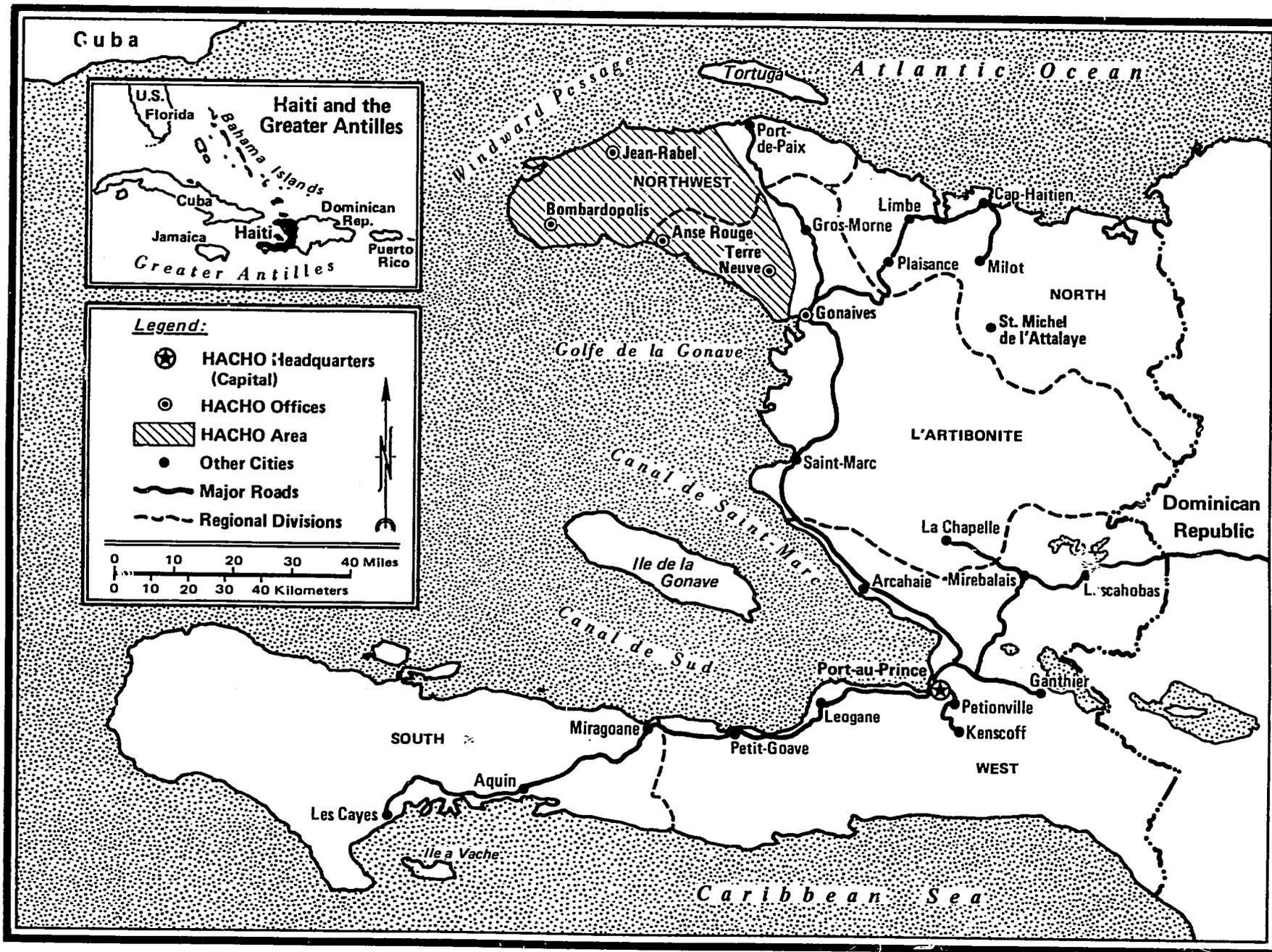
USAID	\$5,130,000 ¹
GOH	900,000
Other Donors	<u>1,500,000</u>
Total	\$7,530,000

6. Major Types of Activities Undertaken:

Health and Nutrition
Community Organization
Road Construction
Potable Water
Irrigation
Agricultural Extension
Crafts

¹Does not include the value of the substantial amounts of PL 480 commodities distributed through HACHO.

Map II-1 Haiti and its Position in the Antilles



I. INTRODUCTION AND PROJECT SETTING

Haiti is recognized as the poorest country in the western hemisphere and among the poorest in the world. Living standards of the population are very low as illustrated by a high infant mortality rate of approximately 130 per thousand live births, an average life expectancy of about 45 years, chronic nutritional deficits (nationwide severe malnutrition in children under five is estimated at 27.3 percent), and adult literacy of between 10 and 20 percent. The 1980 gross national product per capita was \$260. Although predominantly rural and agricultural, Haiti's agricultural production has been declining over the past decade (with an average annual decrease of negative 2.5 percent for the period 1970-1979). Its per hectare yields rank among the lowest worldwide.

Northwest Haiti is both the least densely populated and least resource-endowed region of the country. Because of its dry climate, thin soils, and environmental degradation due to erosion and desertification, this peninsula could be characterized as the Haitian equivalent of the African Sahel. The driest sections receive less than 400 millimeters (mm) of rain annually, with the rest of the area receiving less than 1,000 mm. There is no consistent pattern of dry and wet seasons, but rather one of severe fluctuations (see Table 1). The region is also one of striking ecological contrasts within short distances: arid coastal zones containing salt flats and cactus; steep hills leading to the relatively moist, tropical plateau around Bombardopolis; and, further to the east, the more fertile highlands of Terre Neuve.

The Northwest is much less densely populated than the rest of rural Haiti and contains an estimated 150,000 people. Regional income per capita is approximately 57 percent of rural income nationwide (see Table 2). Survival strategies are as varied as the terrain, with an emphasis on risk minimization through multiple activities. Depending upon location, residents of the Northwest engage in various combinations of fishing, salt-mining, irrigated and non-irrigated agriculture, animal husbandry, charcoal production, and handicrafts. Poverty, however, is not consistent in the region; the towns, particularly Anse Rouge and Jean-Rabel, contain a small merchant class, and a few families have relatively large landholdings. Average holding per household is slightly more than six acres, divided among an average of three parcels of land. Land distribution is relatively equitable, with most peasant households holding title to at least one plot of land, however small.

Table 1. Northwest Region of Haiti, Occurrences of Anomalous Climate and Related Food Shortages

Year	Event
1947-1948	Drought and Food Shortages
1957-1959	Drought and Widespread Food Shortages
1965-1968	Persistent Drought and Major Food Shortages
1974-1977	Severe Drought and Famine
1978-1979	Moderate Drought and Food Shortages
1979	Hurricane David in September

Source: Compiled from information contained in Steyaert, Louis T. et al., An Early Warning Assessment Program for Drought/Subsistence Food Shortages in the Caribbean Basin and Sub-Saharan Africa: Final Report on Test and Evaluation. Columbia, Missouri: National Oceanic and Atmospheric Administration and University of Missouri-Columbia. Report prepared for AID, Office of Foreign Disaster Assistance, December 1980.

Table 2. Per Capita Income Differentials, 1975

Category	Amount
National Average	\$162
Urban Areas	385
Rural Areas	96
Northwest	55

Source: Zuvekas, "Agricultural Development in Haiti," May 1978; and Pfrommer et al., "Evaluation of HACHO: Phase II," October 1976.

The Northwest is linked through a network of unpaved roads; some are capable of supporting medium truck traffic, others are suitable only for jeeps and light trucks. Prior to 1966, the area had but a few trails accessible only by jeep and one road passable only in the dry season, linking Jean-Rabel to Port-de-Paix. During wet seasons, many communities were completely isolated for months at a time. Despite improvements in recent years, the area continues to be relatively cut off from the rest of the country.

The Government of Haiti (GOH) in the Duvalier era has practiced a policy of centralization of all Government functions in order to concentrate authority in Port-au-Prince and to minimize the possibility of opposition arising from regional strengths or independence. As a result, government services are attenuated throughout all Haiti outside of Port-au-Prince and are close to nonexistent in the Northwest. A variety of private voluntary organizations (PVO), most of them religious, are active primarily in the health and education sectors. Other usually private services such as banks and gas stations are lacking as well, forcing the region to depend on the nearest urban center, Gonaives, for most of its needs in these areas. As in most of the rest of rural Haiti, even a governmental administrative presence in the region has been minimal (though increasing in recent years due to the relatively more relaxed policies of the younger Duvalier), lending credence to the statement that, "To the vast majority of the Haitian masses, the notion of the state is an abstraction..." (Lundhal 1979:345).

In the environment briefly described above, the challenges to carrying out a development program are many. It is in this setting that HACHO operated from 1966 to 1982.

II. PROJECT DESCRIPTION

Applying to HACHO the concept of a project as the term is usually defined (that is, a set of activities undertaken to achieve an objective in a specified timeframe with a limited set of resources) must be done with some caution.¹ Almost all

¹HACHO originally stood for Haitian-American Community Help Organization. In 1979 the name was changed to Harmonisation de l'Action des Communautés Haitiennes Organisées. The organization is almost universally referred to by its acronym, however, and apart from HACHO staff, the new name has yet to take hold in the minds of Northwest residents familiar with its activities. Several signs in the area still carry the old name.

projects diverge from their original design; this is the nature of implementation. However, in HACHO's case these divergences took the form of significant evolutionary shifts in purpose, objectives, and scope. The original Project Paper underwent five major revisions (July 1970, October 1973, November 1974, December 1975, and April 1977). The following description summarizes HACHO's evolution over its 16-year life, during 13 of which it received AID support.

A. Evolution of Purpose and Objectives

HACHO was established in the summer of 1966 as a community development program for the Northwest, to be administered by the Cooperative for American Relief Everywhere, Inc. (CARE). It was organized as an autonomous agency headed by a Haitian technical director. Article 2 of the original enabling agreement between CARE and the GOH stated that:

The purpose of this community development program is to help the development of the communities in the areas of health, education, nutrition, and agricultural production with the active participation of the interested population. The objective of this program is to encourage self-help and community organization for the betterment of each community and all its individuals.

Project activities were authorized in three departments--the Northwest, the North, and the Artibonite. It was agreed that initial activity would be confined to the Northwest, with future expansion to the other two departments implied. The agreements specified that the Haitian director be both a public health and a community development specialist. A Haitian physician, Dr. Carlos Boulos, who had been instrumental in developing the original project concept, became HACHO's first director. Boulos had done relief work in the Jean-Rabel area in 1958. On the basis of this experience, he chose Jean-Rabel as HACHO's first field site. A health team arrived there in November 1966, and a second team was placed in Anse Rouge in early 1967. The teams focused on the provision of health care, but did undertake some community organization through the establishment of community councils.

The first shift in project emphasis came in 1968. Continued drought in the Northwest provoked increasingly severe food shortages. AID responded through CARE with PL 480 Food-for-Work (FFW) commodities to be delivered by HACHO. These resources moved HACHO to focus on labor-intensive public works in the form of road construction, a central need of the infrastructure-poor area. Because of the FFW requirement that

commodities be distributed to local organizations, HACHO accelerated the formation of community councils.

Thus began the blending of relief and development objectives that characterized HACHO throughout its life. By this time, the general pattern of HACHO objectives had become established: first priority on health care, followed by a mix of road construction, community organizing, school construction, and minor initiatives in agriculture. This pattern remained the same as HACHO increased its area of operations in 1971 to cover Terre Neuve, Gros Morne, and St. Michel de l'Attalaye.

The second shift in HACHO's mix of objectives came in 1972. Within the health sector there was a new emphasis on nutrition with the naming of Dr. William Fougere, an internationally known nutritionist, as the new HACHO director. At the same time, AID began to push to move HACHO more toward agriculture and community development and away from its primary concern with health. AID also wanted HACHO to address the issue of its ultimate role vis-a-vis the GOH, and urged integration of field activities with GOH agencies and the gradual provision of GOH funding for HACHO. As a result of these pressures, HACHO's objectives reflected an explicit focus on building the organization into a regional development agency as part of Haiti's overall development effort. The 1974 Project Paper revision stated the project's purpose as follows: "to strengthen the framework for development in the rural Northwest through the use of an intermediary organization, HACHO, and to turn over progressively financial and directional responsibility for HACHO to the GOH."

Another modification of HACHO's objectives came in the period 1976-1977. In 1976, the German Government set up a collaborative entity, Fonds Agricole, to work with HACHO and to provide funding for agricultural activities in the Northwest. In 1977, AID again revised the Project Paper, changing the purpose to the development of self-sustaining community councils capable of implementing projects in agriculture, health, and rural infrastructure (see Appendix B). HACHO was once again pushed toward according a higher priority to agriculture and toward building organizational capacity at the local level. In spite of this pressure, program emphasis continued to be in the area of health and nutrition.

B. Project Implementation

From its inception, HACHO interpreted its mandate to include a major focus on health and health-related activities, such as providing potable water and nutrition education. HACHO's first field units in Jean-Rabel and Anse Rouge were

medical teams. In 1976, 92 percent of HACHO program staff were in the health sector (see Table 3). Following the establishment of fixed health facilities at these two sites, HACHO instituted mobile clinics to extend its curative outreach capability and to undertake preventive care, mainly through vaccination campaigns. This pattern of fixed facilities plus outreach was replicated at each field unit as HACHO expanded to Gros Morne, St. Michel de l'Attalaye, Terre Neuve, and Bombardopolis (see Figure 1, HACHO organizational structure). In 1972, HACHO began setting up nutrition centers designed to recuperate malnourished children and teach mothers the basics of nutrition. Family planning and counseling and provision of services were also started early in the program.

Water projects and latrine construction were carried out through community councils. Most water projects consisted of capping natural springs with concrete and pipe in order to prevent contamination of the water. Several town systems were also constructed, most notably the one in Anse Rouge, which provides household connections for the majority of residents.

HACHO's road construction effort evolved in response to (1) the need for improved access to and within the region, and (2) the availability of PL 480 FFW commodities for emergency relief. These two factors combined to make the construction and maintenance of roads a major component of HACHO's program. The entire network in the region was either improved or, more frequently, built by labor-intensive FFW crews organized by HACHO in tandem with community councils.

HACHO's approach to implementing the community development component of its mandate derived from the French-inspired animation rurale. This involved a guided self-help process whereby HACHO community workers facilitated discussions of felt needs among area residents, organized residents into communal units (community councils), and orchestrated monetary or in-kind contributions to projects addressing priority needs. As mentioned above, the force that pushed HACHO ahead so swiftly in setting up community councils was the humanitarian objective of getting food to needy people during the drought in the Northwest. HACHO's charter prohibited it from acting as a charitable organization, requiring it to solicit some tangible contribution from its beneficiaries. Food-for-Work offered the ideal mechanism.

Once these community councils were in place, they became the major mechanism through which HACHO sought to operate in all its sectoral development activities. Besides health care, other service sector activities undertaken were school construction, latrine building, the formation of home economics training centers, and the establishment of youth groups.

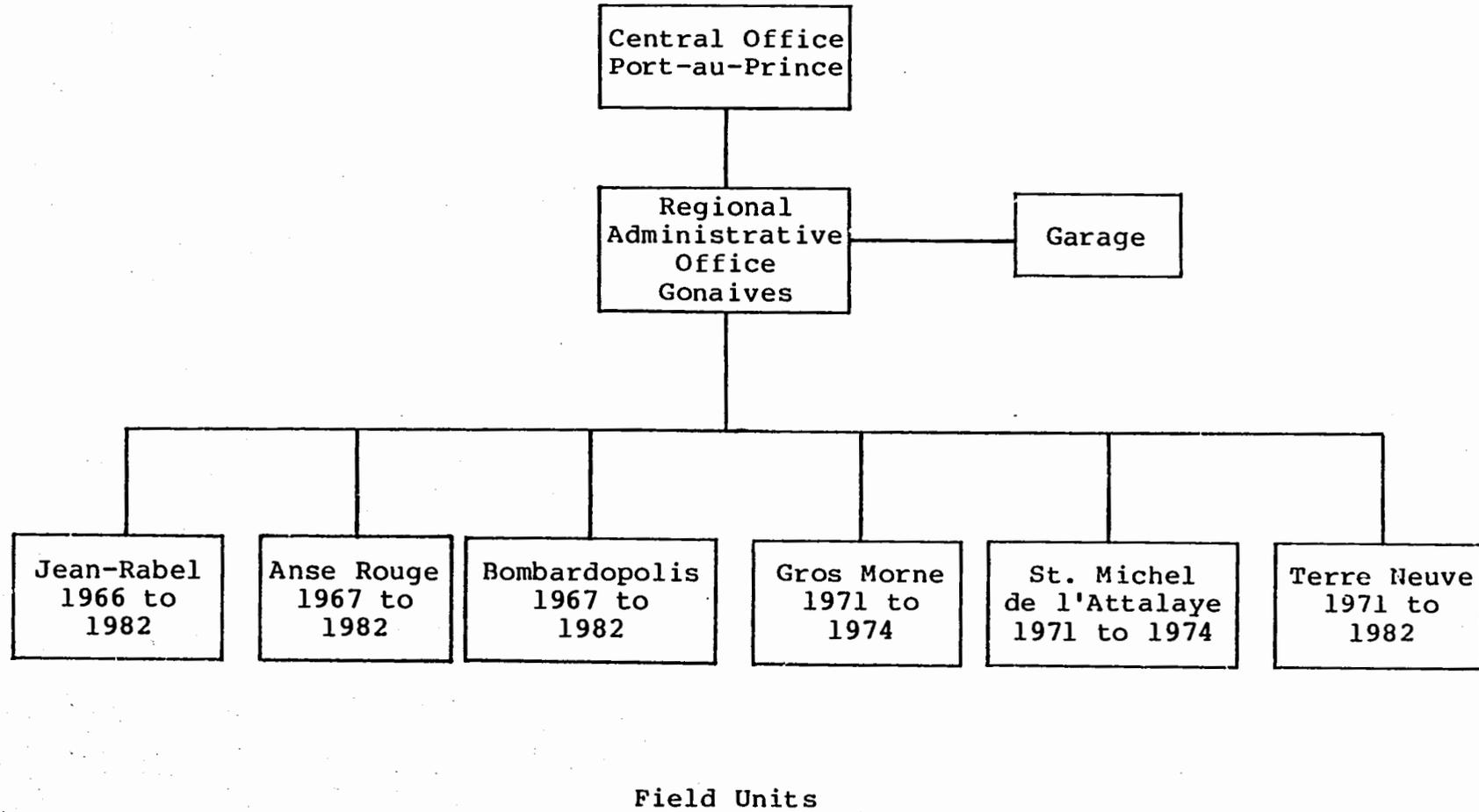
Table 3. Changes in Mix of HACHO Program Staff by Sector

Sector	1966		1972		1976		1977		1982	
	Number	Percent								
Health	24	92.3	112	57.7	86	61.9	41	51.1	32	40.5
Agriculture	1	3.8	28	14.4	16	11.5	16	17.4	17	21.5
Community Development ¹	1	3.8	54	27.8	37	26.6	29	31.5	30	37.9
Total	26	99.9	194	99.9	139	100.0	92	100.0	79	99.9

¹Includes engineers and road construction personnel, crafts staff, and bee-keeping personnel.

Source: Pfrommer et al., "Evaluation of the Haitian-American Community Help Organization: Phase II," USAID/Haiti, October 1976; Smucker and Smucker, "HACHO and the Community Council Movement," USAID/Haiti, January 1980; and HACHO payroll, September 1982.

Figure 1. HACHO Organizational Structure



In the area of agriculture and other production-oriented activities, HACHO carried out some soil conservation and irrigation projects prior to 1975 using FFW teams. Stimulated by the establishment of Fonds Agricole by the Germans and by AID pressure to devote more attention to production and income-generation, HACHO undertook small projects in vegetable growing, staple crops production, coffee regeneration, crop storage, credit (mainly in the form of seeds), farming and fishing cooperatives, bee keeping, demonstration farms, reforestation, crafts cooperatives and marketing, and crop production for crafts (cotton, bamboo, sisal, and latanier palm). Each field unit was characterized by various combinations of these activities, depending upon resource endowment and availability, community interest, and HACHO staff competence and interest. All of these tended to fluctuate greatly over time, with resulting shifts in local program mix.

Establishing itself as a regional development agency and integrating itself into the GOH development framework for the area became HACHO's purpose in the mid-1970s. Prior to that time, HACHO had served as a quasi-governmental service provider for the Northwest, a region in which the GOH had practically no presence. Prodded by AID, the GOH began financial support to HACHO and began discussions to accord the organization official recognition as a semi-autonomous agency. Some integration was achieved through secondment of GOH sectoral technicians to HACHO and through the fact that some staff held joint GOH-HACHO appointments, e.g., Dr. Fougere was concurrently HACHO director and head of the Health Ministry's Bureau of Nutrition. Because of HACHO's continuous presence in the region, it became an umbrella for other organizations working there. Fonds Agricole, CARE, Volontaires du Progres (French Government), UNICEF, and various Christian missions have all collaborated with and worked through HACHO. With a slowly growing GOH presence, HACHO began to come more in contact with field personnel of the Ministry of Health (DSPP), Ministry of Agriculture (DARNDR), the National Office of Literacy and Community Action (ONAAC), and the National Road Maintenance Service (SEPRRN).

In late November 1982, the GOH made a surprise announcement abolishing HACHO and incorporating its functions and activities into the newly formed organization for the Development of the Northwest, ODNO. With this change, HACHO officially came to an end, though its 16-year legacy has been passed on to its successor.

III. PROJECT IMPACTS: FINDINGS AND ANALYSES

A. Health Program Impacts

Despite the fact that HACHO was founded as a community development project, it has been primarily identified with the provision of health care. Its initial programs in Jean-Rabel and Anse Rouge focused on providing medical care first and community development after. Expansion to other parts of the Northwest replicated these priorities. As shown in Table 3 above, in the early years health sector personnel represented an overwhelming majority of program staff and even at the time of this evaluation remained the largest single category, though falling below 50 percent after AID support ended in 1979.

HACHO's health program contained three major elements: (1) fixed facilities providing curative services, (2) mobile clinics for outreach, and (3) nutrition centers. These latter were instituted when HACHO's directorship changed in 1972. Other activities included dental services (mainly extractions), vaccination of schoolchildren, latrine promotion, and family planning services. Program content remained relatively fixed over the life of the project, changing little in response to new developments in the rural health care delivery field. In 1977, though, there was a slight, temporary shift toward preventive care in reaction to reduced resources.

Starting in the early 1970s, AID pushed HACHO to move toward more of a balance between the health sector and other, more production-oriented activities. HACHO documents speak of increased emphasis on agriculture, but budget analysis by the 1976 evaluation team found that health continued to consume the bulk of HACHO expenditures. HACHO's response in the health sector to shrinking funds was to cut back the level of activities while trying to provide the same range of services.

At the time of the team's visit, health personnel in the field had frustratingly few supplies at their disposal. Because curative care had continued to dominate health activities, staff were not well practiced in preventive techniques although they reportedly had been trained in prevention. Most health personnel interviewed expressed a sense of helplessness, sitting in their dispensaries surrounded by empty medicine cabinets waiting for the small trickle of patients who frequented the facilities. The exception to this pattern was in Jean-Rabel, where HACHO staff were working with and were subsidized by the Haitian Department of Public Health (DSPP). The number of patients per day at HACHO facilities in 1982 averaged about 8, compared with 14 in 1976 and in contrast to 55 patients per day at Government facilities. Mobile clinics,

recognized for their potentially large contribution to rural health, were operating erratically due to vehicle breakdowns and lack of fuel allotments. The nutrition component of the health program was diminished as well, in terms of number of rehabilitation centers. However, those centers that remained were still active because they depend not on direct HACHO budget support but on PL 480 commodities provided through CARE. The nutrition program strategy was modified in response to diminished resources and to changing GOH policy from one of recuperation to one of surveillance and supplementation.

Despite HACHO's high priority on health, the organization apparently kept no data on health impact. To the best of the team's knowledge, no baseline surveys or health censuses were ever conducted nor were efforts made to identify particular disease patterns specific to the different zones of the Northwest. Those data that are available are frequently incomplete, inconsistent, or inappropriate, consisting almost entirely of a catalog of services provided without reference to need or to outcome. Therefore, the team was unable to substantiate that HACHO-provided health services led to improvement in the health status of the people in the Northwest, although it seems likely that some improvement did occur, given that essentially no services were available prior to HACHO's arrival.

Residents interviewed invariably mentioned the presence of HACHO's health care facilities as beneficial, though many complained that free medicines were no longer available, only prescriptions. Thus, there appears to be a perception of impact; and given that, especially in the early years, HACHO was the major provider of the few health services present in the region, it is not surprising that respondents identified health as a significant project benefit.

In terms of nutritional impact, HACHO staff cited figures showing that nutritional status in the Northwest is slightly better than the national rural average, implying that the HACHO nutrition program has been the major contributing factor. While the contribution of the nutrition program cannot be overlooked, it is likely that the substantial infusion of PL 480 commodities through various FFW projects and the resultant increased availability of food have also been a factor in improving nutritional status. HACHO was not the sole distributor of FFW; CARE, Fonds Agricole, and various religious missions also use food to encourage local participation.

The team's conclusion on HACHO's health impact is that it is probable that its programs have provided benefits in the form of medical, nutritional, and some dental and family planning services which have improved the quality of life for recipients. Most people value health care highly, and the residents of the Northwest are no exception. It is also probable

that HACHO's relief efforts in the form of food distribution have had an impact on the health status of the area's residents. Available data allow no determination of magnitude, distribution, or spillover effects of that impact. Because the overall amount of money spent for health by HACHO, spread over the 13 AID-funded years, is small relative to health needs, the team hypothesizes that resulting impact must be quite modest. Certainly, HACHO's 1982 level of health activity was unlikely to show measurable results. Appendix D contains more details and analysis of HACHO's health program.

B. Agricultural Program Impacts

Prior to 1977 and the beginning of collaboration with Fonds Agricole, HACHO activities in the agriculture sector were restricted to a few irrigation and soil conservation projects carried out by FFW crews. The major focus of the team's attention was what HACHO had accomplished in collaboration with Fonds Agricole from 1977 to late 1982, the time of this evaluation. Five major program areas were identified: soil conservation and restoration, irrigated agricultural production, rainfed agriculture, livestock/animal husbandry, and off-farm enterprise/crafts.

1. Soil Conservation and Reforestation

Recognizing the severe soil erosion problems of this predominantly mountainous region, HACHO, through community council work crews, built about 600 kilometers of rock walls and contour ditches in Anse Rouge, Bombardopolis, and Jean-Rabel. Assisted by Fonds Agricole, HACHO planted, between 1978 and 1982, 1,150 hectares (ha) with trees.

Assessing the impact of these programs on the area's soil and water resource base was not possible. Perceptions of impact by local residents focused on the food received in exchange for labor, rather than on potential reversal of the depletion of critical natural resources. Indeed, even in the minds of some HACHO staff, the purpose of these activities was relief, with soil conservation as the means to that end. In the team's view, this bodes ill for self-sustaining changes unless greater attention is given to integrating soil conservation measures into local residents' survival strategies.

2. Irrigated Agricultural Production

HACHO/Fonds Agricole² constructed approximately 19 kilometers (km) of concrete irrigation canals. Forty-two percent of the total is located in l'Etang and Petite Place, within HACHO's Anse Rouge unit. By late 1982, 545 ha were under irrigation, representing about 67 percent of the planned target. Around 1,650 households cultivate crops on this land (61 percent of intended beneficiaries). In addition, storage capacity of 750 metric tons (mt) was constructed.

Between 1977 and 1980, HACHO/Fonds Agricole set up nine demonstration centers, of which five now function. Crops grown in the centers include corn, beans, millet, tomatoes, shallots, and cabbage. During approximately this same period, 1976-1979, 948 farmers participated in the credit program (credit was in the form of local variety seeds: corn, peanuts, beans, and Irish potatoes), for a total value distributed of \$63,689. The repayment rate was claimed to vary between 65 and 98 percent, depending upon year and locale.

The major impacts of this irrigation program have been changes in crop mix and increased security of obtaining a minimally sufficient crop yield. Farmers are now growing maize, beans, bananas, shallots, onions, and garlic. According to farmers interviewed, these latter vegetables are highly profitable crops; however, it should be noted that in the case of the irrigation system at l'Etang, the diesel pump is subsidized by Fonds Agricole at 65 percent of operating cost. The magnitude of this subsidy raises the issue of the possibility of sustaining benefits once outside funding is withdrawn.

Additional program benefits include the increased year-round use of available family labor. The presence of irrigation has generated a high demand for rural labor, with the primary source of supply being the family. The 1980 evaluation also cites the increased use of migrant labor. Crop husbandry practices have also improved, particularly in corn production. HACHO extension agents at the demonstration centers have shown farmers new techniques of seed-spacing. According to the farmers interviewed, this practice is now widespread and leads to better yields.

²Since, in practice, the HACHO agricultural program was the Fonds Agricole program, the two are considered as one in this section. As one area resident put it, "HACHO is the envelope; Fonds Agricole is the reality."

The intensity of land use has also increased. The irrigation systems have intensified the use of land already under cultivation and have brought new lands into use. Land values have climbed as a result of the installation of these systems, and in l'Etang, land tenure issues have surfaced. The community council did not have clear title to all the land irrigated by the system; and once the system was in place, disputes emerged, some of which have yet to be resolved. Finally, storage facilities have been constructed for use by program participants.

The team could not verify the number of farmers or extension agents trained in HACHO demonstration centers. However, the apparent inactivity of the centers visited left a rather pessimistic impression about their impact on agricultural production. Most storage facilities visited were empty, and in the absence of any data, the team could not assess the claims of informants that these facilities had helped to stabilize commodity prices.

One constraining factor on production in the Northwest has been the unavailability of seeds at planting time. The seed credit component of the program assures a supply of seeds at the appropriate time. It appears to have increased production by allowing farmers to bring under cultivation acreage formerly left unplanted for lack of seed. Nevertheless, the full potential of this activity has not been realized. Because the seeds distributed were the same low-yield local varieties traditionally used, it is doubtful that there has been any impact on productivity. Rough calculations of crop budgets for corn and beans show that low yields in addition to the high cost of water result in very low returns to land, family labor, and capital per hectare of irrigated land (see Appendix C).

3. Rainfed Agriculture

Between 1977 and 1979, HACHO/Fonds Agricole established coffee nurseries in Cote-de-Fer and Mole St. Nicolas. No records were available on total number of plants in existing nurseries or on relative percentages of Typica (local variety) vs. Catura (high-yield variety) coffee planted. The team was told that a large proportion of the nurseries is planted in Typica. Therefore, expectations for future impact on increased coffee production should not be too high. Given that the nurseries are relatively young it is premature to look for impact of any magnitude at present.

Apparently no targets were set and no specific production records kept for activities in cotton, sisal, bamboo, and latanier palm production. Between 1978 and 1979 cotton

production in the zone increased from 176 mt to 290 mt. Though it is plausible that increased production was stimulated by HACHO's crafts program, the linkage cannot be substantiated.

4. Livestock/Animal Husbandry

HACHO attempted several minor initiatives in this area. Improvement in cattle stock with an imported breeding bull was tried in Jean-Rabel, as was rabbit raising in Bombardopolis. Both efforts were classified as failures with no further details provided.

More recently (1978-1982), HACHO implemented a bee-keeping effort with AID funding. Based in Jean-Rabel, this program trained 30 farmers in honey production and generated an estimated \$78 of additional income per producer per year. The honey produced is of good quality, and the team was told that a firm in Port-au-Prince has contracted with HACHO to purchase the program's output on a regular basis. The program's administrative and training costs are subsidized by CARE, which raises the sustainability issue discussed below in relation to crafts.

5. Off-Farm Enterprise: Handicrafts

HACHO, in collaboration with CARE, started a crafts program (CANO) in 1976 as a means of increasing rural incomes by creating employment during slack periods of the agricultural season. Participants in the program were trained in hand production of crafts made of cotton, sisal, bamboo, latanier palm, and clay. Fifteen craft centers were established, each specializing in the use of particular materials. Three centers focused on cotton products such as hammocks, pillows, blankets, and rugs; three centers concentrated on baskets of latanier palm, and two on sisal containers; four centers produced bamboo furniture; and one center each specialized in woven placemats, woven bags, and ceramics.

Though 12 centers were officially considered in operation, the team found only five that were actually active. These included three cotton centers (Sources Chaudes, l'Arbre, and Petit Carenage) employing 105 artisans among them; one bamboo center (Savane Carree) with 12 artisans; and one center for woven placemats (Mare Rouge). The other centers were either closed or producing at very low levels because of lack of demand for their products. The U.S. market for baskets, where CARE had been concentrating its efforts to sell the Haitian-produced crafts, is dominated by mainland China. As a

CARE-financed market study revealed, the Haitian crafts are not competitive in either design or price. In addition, the ceramics center at Morne Massacre was temporarily closed due to repair and fuel costs for the kiln.

With guidance from CARE, HACHO decided to concentrate its crafts effort on cotton products. Available data indicate that for the 105 artisans employed by the three cotton centers, average monthly income per artisan is \$6.89 in Source Chaudes, \$13.35 in Petit Carenage, and \$19.48 in l'Arbre. Besides generating employment and income for artisans, other benefits mentioned in interviews included a variety of forward and backward linkages: (1) building of traditional skills, (2) stimulating cotton production (some informants claimed there was a cotton shortage in the area), and (3) employment and added income for cotton spinners. In addition, several informants said that due to increased income from a stable source, artisans now had easier access to local credit.

These impacts must, however, be assessed in light of the costs involved. Though no precise figures were cited, program administrators estimated that it cost roughly five dollars for every dollar of artisan income generated. Training and administrative costs are absorbed by CARE and the French Volontaires du Progres (AFVP). The crafts program is clearly not sustainable in its present form without substantial external resources. CARE and HACHO at the time of the evaluation were rethinking the crafts strategy in terms of product lines, pricing, and producer organization. Another outside factor destined to affect the program is the recent devaluation of the Mexican peso, which makes Mexican cotton goods three times cheaper than those currently produced by the CANO artisans.

The experience with the crafts program reflects again the tension between HACHO's historical relief orientation and its professed development objectives. The relief perspective emphasizes getting benefits to people in need, in this case increasing people's off-farm income through employment generation, with less attention to costs. The development perspective focuses on sustainability, both in terms of resources required, and skills and attitudes. While the artisans interviewed by the team said that they had benefited from the income obtained, they nonetheless would not continue producing crafts should CANO cease its orders. In areas where crafts centers had closed, many expressed dismay that they were no longer "employed," reflecting a wage labor mentality rather than the private sector entrepreneurial spirit that the program's cooperative structure seeks to build. One CARE staff member summed up the dilemma by saying, "this has been a good program but a lousy business."

C. Infrastructure Impacts

1. Roads

The road network in the Northwest that was built and maintained by HACHO encompasses a total of 375 miles (600 km) of unpaved roads and jeep trails. Providing the means to travel both within the area and between it and the rest of Haiti is regarded by many as HACHO's major accomplishment. Practically everyone interviewed mentioned the presence of the roads as a plus.

Perceptions by beneficiaries of positive impacts of the roads include the ability to evacuate sick and injured people to health care facilities, the ability to transport produce to markets and transport points, the availability of manufactured goods in areas where they had previously been scarce or available only from monopoly sellers, and the availability of truck or tap-tap (bush taxi) service for personal travel. In the absence of quantitative data, impacts could only be substantiated through the anecdotes of area residents. What was reported, however, supported the findings of the 1976 and 1980 project evaluations.

When HACHO arrived in the Northwest, the existing road system was a set of donkey paths or, at best, jeep trails. The only passable road was between Jean-Rabel and Port-de-Paix, and that one only in the dry season. The HACHO coordinators quickly saw that, if they were to bring any services to the region, improved access would be the first action required.

Despite the major achievements of HACHO in this area, further improvements are still needed. Community council members in two of the more isolated areas, Bombardopolis and Terre Neuve, indicated that improving the roads was their highest priority, and complained that too few truckers were willing to risk their vehicles on the roads, given the roads' current state. The team could empathize with both the area residents and the truckers on the basis of direct experience. Given the continuing difficulties with many area roads, much transport is still by donkey, horse, or human carrier.

An additional benefit of the roads construction has been increased accessibility to the region for other service providers besides HACHO. Several informants reported that the roads opened up the Northwest for GOH sectoral ministries such as Health (DSPP) and Agriculture (DARNDR) to begin service provision. Recently both DSPP and DARNDR have begun moving slowly to decentralize technical services into the region. While their presence is currently limited, GOH officials stated that it was their intent to continue the expansion of coverage.

One negative impact that flows from increased transport capability relates to the brisk charcoal industry in the Northwest. We were told that the roads have contributed to the deforestation and erosion problem by making it easier and more profitable to produce charcoal. Though no figures were available, the quantity of stacked bags of charcoal awaiting pickup and the several large, bag-loaded trucks passed on the road attested to the importance of the industry in the region. However, it was not possible to substantiate the link between road construction and increases in charcoal production. In fact, some analysts maintain that most charcoal was shipped from the Northwest by boat (Pfrommer et al., 1976), and so would be little influenced by improved roads.

The HACHO roads were constructed by labor-intensive work crews supported with PL 480 commodities. The nutrition and income effects of this mechanism are apparent. An unintended and less visible consequence of the FFW mechanism, however, has been the undermining of local initiative by making community councils reluctant to furnish labor to self-help projects unless remunerated by FFW. This impact was recognized during the heyday of FFW projects and is reflected in the distinction made between konsey mange (community councils formed just to obtain food) and konsey serye (serious councils, i.e., those interested in autonomous development). The dependency issue has been widely discussed in AID (e.g., Smucker et al., 1979), CARE, and HACHO with no agreed-upon resolution. It was often raised during the team's interviews; and in the minds of many, "the damage has already been done," manifesting itself in spread effects to other projects with community-contribution components. A case in point is the AID/CARE agro-forestry project in the Northwest, where local residents in some areas have refused to plant trees unless provided with FFW.

This situation reflects again the relief vs. development dilemma that HACHO has faced throughout its life. The humanitarian objectives that were fulfilled by distributing food via the FFW mechanism worked at cross-purposes with the community development objectives that stressed self-help and voluntary participation. HACHO was, on occasion, placed in a no-win situation, criticized for distributing food and thereby corrupting the independent initiative of rural communities, while at the same time being relied upon by external donors as the primary organization for relief during the frequent droughts and hurricanes which plague the region. Furthermore, when relief food was found being sold on the market, generally by legitimate recipients, HACHO took the blame for its supposedly inadequate control system. The importance of these criticisms depends to some extent on HACHO's and its donors' objectives, definitions of development, and definitions of voluntary participation.

2. Potable Water and Sanitation

Potable water and sanitation projects were recognized by HACHO as necessary complements to the health program. One of HACHO's best known achievements, the Anse Rouge water system, was in the area of potable water; one of its least successful ventures was in sanitation.

HACHO constructed, with community council help, three major potable water systems, one in each of the three larger towns--Mole St. Nicolas, Jean-Rabel, and Anse Rouge. All three are still functioning satisfactorily and, by all accounts, have made a major contribution to the well-being of the residents. HACHO was also responsible for several smaller potable water systems, usually capped springs, in various localities. The Anse Rouge system has rightly been touted as an example of what a well-organized community development structure can accomplish.

The Anse Rouge system consists of a capped spring, 17 km of pipe leading from the spring to a reservoir on a hill just above the town, and household connections for most of the residents. Public fountains in outlying areas were built later as the town expanded. The system is well-maintained and highly valued by the townspeople.

Originally, interest in the project was generated through the local community. When the magnitude of the intervention required became clear, HACHO solicited and received support from several external donors including the French and American Embassies. According to the engineering reports, the entire project cost about \$84,000, of which the community contribution, exclusive of labor, was 10 percent.

The HACHO unit coordinator noted several problems that have arisen lately due to the continuing expansion of the town and outlined HACHO's response to these problems. The current system is too small to provide adequate quantities of water to the growing population. The public fountains need float valves to decrease water wastage and eliminate the standing pools surrounding the fountains that serve as breeding sites for mosquitoes. Obviously, the water needs of future population growth cannot be met by this system. To relieve the growing pressure on the original system, HACHO was in the process of developing groundwater sources with windmill pumps for the new communities developing on the town's northern edge. In summary, the project was well-designed, well-maintained, and continues to evolve to meet the changing needs of the community.

The systems in Mole and Jean-Rabel are also still functioning but have had somewhat more problems than the Anse Rouge

system. The Mole system suffered damage in the recent hurricane and has had to have substantial repairs. The Jean-Rabel system suffers from a leaky reservoir, causing wastage of water and drainage problems which may exacerbate health problems such as malaria.

AID also provided funding for three potable water projects in the Northwest in which HACHO participated but which were distinct from the general HACHO project. The first two projects were supposed to be joint HACHO/CARE initiatives; the third is currently in progress under OPG funding to CARE without HACHO. Reportedly, however, even in the second project, HACHO was only nominally involved.

Despite HACHO's low level of past involvement and its current lack of formal involvement, CARE has continued to use HACHO facilities when necessary to accomplish project goals. These facilities include the guest houses, garages, and some personnel. HACHO has not formally been a partner, but the infrastructure it maintains in the area greatly facilitates project achievement.

Just prior to the termination of AID funding in 1979, HACHO commissioned a study of groundwater resources in the Plaine de l'Arbre, a barren stretch between Gonaives and Anse Rouge. Test wells were dug and potentially productive sites were mapped. With AID funding ending and no GOH monies forthcoming to fill the gap, HACHO was not in a position to capitalize on the results of the study. Instead, a private commercial interest in Port-au-Prince received permission to develop the site which eventually led to expropriation of some peasants' lands. Employment generation provided partial compensation.

HACHO's planned potable water initiatives were more circumscribed. HACHO expressed the intention to concentrate on maintenance of existing systems rather than construction of new systems. Given the state of many of the systems visited by the team, this course of action seems a wise one.

In the area of sanitation, HACHO's efforts had had minimal impact, and a rethinking of strategy was under way in late 1982. In an effort to encourage local initiatives in sanitation, HACHO provided cement and roofing to any family who expressed an interest in building a latrine. Predictably, the materials were put to other and, from the families' perspective, more practical uses such as upgrading residences. HACHO's revised strategy was to offer ready-built latrine platforms and frames to families willing to dig the pit and weave matting for the walls. HACHO hoped that this strategy, coupled with community education, would be more successful.

D. Institutional Impacts

1. Local Organizations

HACHO was instrumental in the formation of community councils in the Northwest and, from its inception in 1966, worked through the council structure. By the mid to late 1970s, there were 212 councils in the region. However, this proved to be an unwieldy number, and it was gradually reduced to the present 108 through the consolidation of smaller councils.

As a community development organization, HACHO was committed to establishing a mechanism for local action and community participation. As a relief organization distributing PL 480 Title II commodities, HACHO needed a local-level network to get food to those in need. HACHO field staff sought to achieve both sets of objectives through community councils. Apart from the provision of health services, practically all of HACHO's activities were undertaken in collaboration with community councils using the small-project mode of operations. In the area of health, councils were used to motivate the population for outreach activities. Impacts resulting from many of the HACHO interventions cited above can in part be attributed to community councils.

The salient issue concerning the institutional impacts of HACHO's work with the councils revolves less around what they actually accomplished than around differing perceptions of their purpose. Analysis of local organizations worldwide points out that they can serve three basic rural development functions (Esman and Uphoff, 1982). First is the facilitation of public service delivery. By furnishing service providers with information on local needs, priorities, and capabilities, local organizations can help to tailor services to fit the locality. Second, they provide for the activation of collective self-help. They can mobilize local resources to fulfill development needs. Third, they can empower the local people to make effective demands on government and others who control resources.

The team findings confirmed what other, more in-depth analyses (Pfrommer et al., 1976; Smucker and Smucker, 1980) have revealed. Basically, community councils in the Northwest have been effective in facilitating service delivery and mobilizing local resource contributions. They have had less impact on the empowerment dimension and have tended to reflect rather than to change substantially the existing sociopolitical structure. Interviews with community council officers and members revealed that self-perceptions of councils emphasized their role as a channel for outside development assistance. They

indicated that council members were ready and willing to undertake development projects; all that was needed were some external resources.

Whether or not the community councils set up and supported by HACHO represent an appropriate or successful response to the region's needs depends upon which of HACHO's objectives are seen as paramount, and upon what working definition of development is chosen. The relief vs. development dichotomy emerges as important, given that the use of councils as relief vehicles has in the minds of many reduced their capacity to serve development purposes. It should not be forgotten, however, that prior to HACHO there were no local organizational mechanisms available in the Northwest for any purpose.

The team found some evidence of impact on the empowerment dimension. Informants reported that some councils, dissatisfied with HACHO's slow project-approval process and lack of resources, have begun to bypass HACHO and request resources directly from other donors, e.g., CARE and USAID/Haiti. On a more speculative note, it is possible that the recent move by the GOH to consolidate councils into hierarchies of federations and to limit the number of official councils to two per rural section indicates that community councils are perceived as a nascent political force that must be controlled. Paradoxically, this could be taken as a measure of success in empowerment and, thus, in the Haitian context, could presage further restrictions. Additional discussion of community councils is contained in Appendix E.

2. HACHO and Organizational Performance

With the modifications in project purpose over the life of the project, more emphasis was placed on developing the organizational capacity of HACHO itself. AID wanted to see HACHO become a regional agency that could undertake integrated rural development in the Northwest. Through the AID contract with CARE, management advisors were provided as technical assistants. Their main function, however, was almost purely administrative; they were charged with overseeing the distribution of PL 480 commodities in accordance with U.S. regulations and with countersigning vouchers and checks. Any influence on HACHO's internal management depended upon the relationship between a particular CARE advisor and HACHO's leadership. The advisors' leverage apparently declined in proportion to the decreases in funding that required their signatures for disbursement.

Despite the various statements of purpose in successive project documents concerning the intent to build HACHO into an

effective rural development organization, the project itself had no specific set of activities that focused on improving HACHO's management performance. The 1976 evaluation contained a section on organizational improvements, including a proposed restructuring to reduce excessive centralization and operational bottlenecks, plus recommendations for a monitoring and evaluation system. The team could find no evidence that any of these suggestions had resulted in changes in HACHO's managerial structure or practices.

Over the life of the project, HACHO's structure remained practically the same. Headquarters were in Port-au-Prince, with a regional office in Gonaives in charge of operations and maintenance, and a field office located in each of HACHO's zones of activity in the Northwest. By 1982, these field offices numbered four, down from a maximum of six in 1974. HACHO began with a small staff, which grew to 246 employees at its height in the mid 1970s, declined to 165 by 1980, and to 159 by 1982. Table 4 shows the distribution of staff by category and location at the time of the evaluation.

The team found the organization to be highly centralized; expenditure, project technical review, and project approval authority were located in Gonaives and Port-au-Prince. Reporting systems were inconsistent and idiosyncratic, preventing any comparisons over time in terms of projects planned, in progress, or completed. Emphasis was on inputs and activities rather than on outputs and results. Field staff were strongly process-oriented, a characteristic of HACHO's animation rurale operating style, and saw their role as facilitating the peasant's emergence from his cocoon of traditional fatalism and ignorance. The view of rural people as rational actors had yet to be accepted. Sectoral goals, planning targets, or local project selection criteria were not in evidence. Isolated planning documents exist, but seemed to bear little relation to what had been done or to future intent.

HACHO's physical plant and its fleet of approximately 15 vehicles were deteriorating due to age and lack of funds for maintenance or repair. Monthly allocations of fuel were insufficient to allow field staff to visit project sites or to permit adequate personnel supervision.

The overall impression was of an organization in decline or in a state of suspension. HACHO's strategy after the termination of AID support seems to have been to retain as much of its staff as possible, cutting back its operating budget in anticipation of receiving either increased GOH or renewed donor funding. Staff in the field who were interviewed appeared to have little to do and pleaded a lack of resources. The activities that HACHO was engaged in resulted from collaboration with other entities such as CARE, Fonds Agricole, and the DSPP.

Table 4. Distribution of HACHO Personnel by Category and Location, 1982

Category	Jean-Rabel ¹	Anse Rouge	Bombardopolis	Terre Neuve	Gonaives	Port-au-Prince	Totals	
							No.	%
Administration								
General	9	4	3	4	10	3	33	
Vehicles ²	1	1	1	1	28	1	33	
Foreman	3	1	1	1	1	-	7	
Service	4	3	2	1	3	1	14	55
Engineers, Surveyors, Assistants	-	-	-	-	5	-	5	3
Community Development (Animation Rurale)	2	1	1	1	-	-	5	3
Agriculture	-	2	2	2	11	-	17	11
Health and Nutrition	9 ³	11 ³	3	6 ³	3	-	32	20
Crafts	<u>2</u>	<u>5</u>	<u>4</u>	<u>-</u>	<u>2</u>	<u>-</u>	<u>13</u>	<u>8</u>
Total								
Number	30	28	17	16	63	5	159	-
Percent	19	18	11	10	40	3	-	100 ⁴

¹Includes staff of AID-supported bee-keeping project: 5 Admin-General, 1 Foreman, 1 CD agent (CD agents in Bombardopolis and Terre Neuve also are on bee-keeping project).

²Refers to drivers, driver assistants, mechanics, and other garage workers.

³Includes dentists (dentist-trainee in Terre Neuve).

⁴Figures may not add due to rounding.

Source: HACHO payroll, September 1982.

HACHO's administrative structure was still in place with its links to rural communities through the councils; this was perceived as an asset from the point of view of outside funding agencies. Though HACHO's 1982 state approached the moribund, this should not overshadow its past organizational achievements. The Northwest had no administrative infrastructure worthy of the name before HACHO. Establishing a regional organization capable of placing and sustaining resident technical staff in a remote, rural area is a feat in itself. Any assessment of HACHO's organizational performance must be seen in light of Haiti's physical and politico-administrative environment (on the latter, see Brinkerhoff et al., 1981).

One important unintended impact stemming from HACHO as an organization is that other agencies have gained well-trained staff with experience in rural development. As HACHO reduced its personnel, these people came onto the job market, and other organizations, both GOH and international, hired them. According to the team's information, many of these were HACHO's best staff members. Informants familiar with HACHO now and earlier stated that, on the average, the present caliber of staff is lower than it used to be.

In terms of the project's success in building an organization capable of sustained, independent action, the verdict is mixed. HACHO no longer exists, having been replaced by ODNO. However, the GOH plans for ODNO to absorb HACHO's personnel, programs, and physical assets minus its top management group. Thus while HACHO qua HACHO was unable to institutionalize itself, the organization did succeed in sustaining its essential elements until they could be incorporated into its successor. The extent to which those elements can become an asset to ODNO depends largely upon the level of resources that are made available to the new organization plus some careful attention to improved management.

The project's relatively low achievement in the realm of institution-building results from a combination of internal and external factors. Internal to the project was the lack of explicit attention to building appropriate management systems, as mentioned above. HACHO's leadership, in addition, was trained in medicine and community development, not management; thus, there was little internal expertise in organizational capacity-building.

Several causal factors were external to the project. First, GOH policy toward HACHO remained ambivalent and unclarified, despite years of discussion. While official status did not appear to be needed for day-to-day operation--witness the years HACHO worked in the Northwest without it--the uncertainty that the lack of status engendered did influence HACHO's ability to attract outside resources, retain staff, and play a more effective, integrative role in the region's development.

Second, donor ambivalence about what HACHO's primary purpose should be affected institutionalization. AID could not decide whether it wanted to build an organization with development capacity for the Northwest or merely establish a conduit to funnel outside resources into the region. Trying to have both hindered the capacity-building objectives.

Third, donor impatience with the slow institutionalization process affected HACHO's ability to perform as a development organization. AID began in the early 1970s to urge that HACHO be incorporated into the GOH and that AID's support be withdrawn. The target date for termination of technical assistance and funding was 1978. If the time spent doing relief is subtracted, this left HACHO a relatively short period to become institutionalized and self-sustaining. Experience with other efforts shows that the process is a long one, and insistence that it take place within AID's five-year project framework practically guarantees failure.

IV. CONCLUSIONS AND LESSONS LEARNED

A. Conclusions

The team reached the following conclusions regarding HACHO's experience with rural development:

1. Given the challenge of tackling delivery of services in a remote area of one of the poorest countries in the world, HACHO's success in providing needed services where none existed before is an achievement that should be recognized. Expectations for levels of achievement must take into account the difficulties of working in Haiti and the relatively low level of funding provided by AID. Many familiar with the experience of other development projects in the country have the impression that, in comparing results with total level of inputs, HACHO can be deemed a success.

2. The above notwithstanding, there were significant weaknesses in the HACHO project in the following areas: (a) the balance among sectoral interventions: overemphasis on service provision, and attendant underemphasis on support for production-oriented activities; (b) the content of sectoral technical interventions: in health a substantially curative-oriented program failed to recognize intraregional health differences and was basically unchanged from its inception, and in agriculture the package offered was not financially profitable to farmers; and (c) management structure and procedures: HACHO's organization received inadequate attention during project

implementation, and no formal monitoring and evaluation system was established as an integral part of the project.

3. Related to the management issue raised in 2(c) above, HACHO's weaknesses in planning, monitoring, reporting, and evaluating created an organization that was basically without a guidance mechanism. Except in the most general of terms, HACHO could not analyze what it had done, what worked and what did not, or where it should go. Indeed, HACHO failed even to recognize that a self-evaluative approach was necessary for effective organizational functioning. The organization had few built-in mechanisms to learn from what it did and improve its performance; people working in HACHO learned, but the organization remained relatively untouched by that learning.

4. HACHO's community development orientation, springing from the animation rurale tradition, focused chiefly on group process and attitude change and ignored economic and political constraints facing the rural poor. This strategy was functional for HACHO in the sense that if the organization accepted such structural constraints as a major factor in improving the well-being of the poor and recognized these constraints as beyond the organization's control, then it would be difficult to justify its activities. Defining the Haitian peasants' problems in terms of inappropriate attitudes allowed HACHO community workers to concentrate on re-education and motivation. There is, however, a growing body of experience indicating that effective local development must address structural questions and that there are workable methodologies to do this that can achieve some success, despite structural constraints.

5. The tension between relief and development objectives that characterized HACHO's life had a major influence on the project's outcomes. The achievement of relief objectives diminished HACHO's ability to promote the establishment of self-sustaining development capacity at the local level. In terms of impact on beneficiaries, the relief orientation pushed HACHO to engage in development activities that ultimately were unsustainable without continued outside subsidies, e.g., irrigated agriculture or crafts. In terms of impact on HACHO's organizational capacity, the humanitarian focus provided little incentive to manage for results because by definition, relief means "doing good," and questioning costs or effectiveness is seen as mean-spirited. (This is an issue for U.S. PVO effectiveness as well.)

6. HACHO's role in regional development in the Northwest was as a kind of precursor to Government, providing essential services in the absence of GOH activity there. While it is possible that its operations influenced the GOH's political will to bring services to the Northwest sooner than if HACHO had not been there, it is likely that HACHO's achievements in

physical infrastructure were an even more significant factor in facilitating increased GOH service provision in the region. In terms of integrated rural development, HACHO's major function was to coordinate external assistance from various donors, such as Fonds Agricole, AID, CARE, some missionary groups, and the abortive UNICEF project, PIRNO. As the GOH establishes more of a sectoral presence in the Northwest, HACHO's successor, ODNO, should target its interventions more narrowly toward areas not covered by GOH activities, focusing particularly on opportunities for productive investment. With the present DSPP plan for expansion of health services in the region, ODNO should phase itself out of the health sector altogether, with the possible exception of dental services.

7. Some of the responsibility for HACHO's fate lies with AID. Though aware of the relief vs. development conflict, AID continued to push HACHO to do both even after the Project Paper had been amended to emphasize the development purposes. Given the frequency of natural disasters in the region and the fact that HACHO was, for a long time, the sole organization in place, it is easy to see why AID allowed this dichotomy to persist. Nevertheless, even at the times when there was an opportunity to push for change--following the 1976 evaluation, for example--AID failed to insist on modification as a requisite for continuing support. Instead, in its impatience to declare HACHO institutionalized, AID put all of its efforts into the push to have the GOH assume responsibility for HACHO, leaving aside the issue of needed organizational changes. The GOH was at that time unwilling or unable to accept HACHO as its own. AID's leverage was lost when its funding ended, and HACHO became an organization with no clear purpose or institutional identity. Thus, AID set up an organization and then set it adrift, officially unrecognized by the GOH. Perceiving that AID did not intend to commit further resources to HACHO and being unwilling to support it without outside contributions, the GOH chose to abolish HACHO.

B. Lessons Learned

There are a number of lessons to be learned from the HACHO project:

1. In modifying project purposes, attention needs to be paid to possible interactive effects arising from the proposed changes. This is especially true when mixing relief and development objectives, where the risk is high that development activities will be skewed away from interventions with self-sustaining potential in the effort to provide rapid response to a disaster.

2. LLC development organizations have a tendency in their relations with client groups to replicate the pattern of priorities of their funders. Donors periodically treated HACHO as a conduit for injecting resources into the Northwest, and HACHO treated the community councils the same way.

3. Sustainable development activities must reflect their true costs and benefits. Programs requiring continuous flows of external resources constitute relief, not development, and it is ultimately a disservice to the rural poor to pretend otherwise.

4. Developing an indigenous organizational capacity for management requires long-term attention to management improvement. Technical assistance personnel whose role is, or is allowed to become, performance of staff tasks for an LDC agency cannot help that organization build the capability to carry out such tasks on its own. Technical assistance demands a mobilizer's role that combines transfer of appropriate skills to others with the encouragement necessary for getting them to do things differently.

5. Institutionalizing an effective, capable organization in any LDC environment is a long process; certainly longer than most donor agencies' project timetables. Prematurely abandoning organizations with little provision for the future is ultimately self-defeating. While many donors use termination of support as a means to press LDCs to take over the care and feeding of these organizations, most host country governments are skilled enough in the art of donor management to see this tactic for what it is--a bargaining ploy. In order to avoid littering the development landscape with inadequately institutionalized organizations, donors should target their institution-building efforts on high-potential organizations and stick with them. That this is possible even in Haiti (where several informants told the team that few things succeed) is illustrated by AID's experience with SEPRRN. On the other hand, AID needs to recognize which organizations are unlikely ever to become adequately institutionalized and should, at that point, learn to cut its losses.

6. A development project is a resource-limited, time-bounded intervention. It is dependent for success on a combination of factors, some of which it can control or do something about, but many of which are beyond its sphere of influence. Integrated rural development projects are particularly sensitive to these external factors because of their mandate to intervene on several sectoral fronts, either in sequence or simultaneously. Macro-level constraints--such as agricultural pricing policies, public sector personnel policies, and host government regional priorities--need to be taken into account in project selection, design, and implementation.

APPENDIX A
EVALUATION SCOPE AND METHODOLOGY

I. TEAM COMPOSITION

The HACHO impact evaluation team had the following members:

- Derick W. Brinkerhoff, team leader, a development management specialist from AID/Washington's Office of Multisectoral Development with short-term experience in Haiti in the areas of administrative reform and decentralization.
- Pascal T. Fotzo, an agricultural economist from Michigan State University with long-term experience in Cameroon and Upper Volta with the farming-systems approach to rural development.
- Barbara J. Ormond, a public health specialist from AID/Washington's Near East Bureau with long-term experience in Haiti in the areas of health, population, and nutrition.

II. SCOPE AND GENERAL APPROACH

In carrying out an assessment of HACHO under AID's Impact Evaluation Series, the team was charged with the task of ferreting out the results of HACHO's activities as they affected the population in Northwest Haiti and of evaluating the impact of those results. To account for these results and impacts, the evaluation entailed an effort to test the validity of the development hypotheses upon which the project was designed and implemented.

In seeking to discover what works in socioeconomic development, simplicity--or its obverse, complexity--is in the eye of the beholder. Some observers claim that attempts to evaluate project impacts are ultimately fruitless undertakings, given the plethora of intervening factors that could lead to any number of alternative explanations of what happened and why in a given development project. As an additional nail in the coffin of feasibility, these observers add that the state-of-the-art in social science methodology is inadequate to measure impact even if plausible cause and effect linkages are assumed.

The team recognized the difficulties inherent in its task and sought to follow a simple--but not simplistic--approach that is appropriate to time, data, and methodological constraints. The team viewed the HACHO evaluation not as an exercise in which it could "prove" what impact HACHO had, but rather as a retrospective look at the HACHO case informed by

the perspectives of various actors knowledgeable about HACHO either from inside or outside the project. The organizing principle used for presenting what was discovered is that employed by the Impact Evaluation Series: What are the lessons learned from the case that may be of use to project designers, implementers, and policymakers? Thus, the team's approach flowed from that of Rein (1976), who sees evaluation as the telling of policy-relevant stories. This report tells the story of HACHO.

III. METHODOLOGY

The team employed a mix of rapid reconnaissance techniques to information collection that included the following: document and report examination, key informant interviews, site visits, and direct observation. The team began its work with a one-day session in Washington to discuss the scope and methodology, to collect available documents, and to speak with one of the former AID project officers for HACHO. The team leader took a trip to New York City to interview CARE officials, including one of the management advisers to HACHO.

The various team members arrived in-country between October 22 and October 26, and spent the first week gathering additional documents, meeting with USAID staff, and making contact with HACHO central office personnel, other GOH officials, and other donor organizations. (Appendix F provides a complete list of all persons contacted in the course of the evaluation.) Plans were made for site visits to HACHO's regional office in Gonaives and to the Northwest, including Terre Neuve, Anse Rouge, Bombardopolis, and Jean-Rabel, HACHO's field units (see map).

Over the weekend of October 30-November 1, the team revised its research strategy in light of the paucity of baseline data; the difficulty in obtaining records from files that had been retired, lost, or destroyed; the idiosyncratic nature of project reporting formats; and the modifications of project purpose over the 13-year period during which HACHO received AID funding. The team spent the period November 2-12 in the field, visiting HACHO offices, current and former project sites, community councils, and small settlements in the Northwest. The team traveled 277 miles (443 kms) of HACHO-constructed and -maintained roads.

The fact that HACHO collected no systematic data on outputs or even on inputs prevented the team from undertaking much quantitative analysis, even apart from the problem of the lack of baseline data. The quantitative analyses that appear in the evaluation reflect the ingenuity of various team members in

working with whatever numbers could be gleaned from HACHO files and documents. They are presented surrounded by caveats and should be considered as indicative at best.

Upon returning to Port-au-Prince, the team prepared a draft impact evaluation report, conducted several followup interviews with HACHO and GOH personnel, and gave debriefing sessions for USAID. A copy of the report was left with the Mission for comments. The team left Haiti on November 20. final revisions were made by the team in Washington.

APPENDIX B

RURAL COMMUNITY DEVELOPMENT (HACHO)
FINAL LOGICAL FRAMEWORK, 1977 PROJECT PAPER

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project
From FY 1966 to FY 1979
Total U.S. Funding _____
Date Prepared: March 1977

Project Title and Number: Rural Community Development (HACHO) 521-0061

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions																				
<p><u>Program or Sector Goal</u> (the broader objective to which this project contributes):</p> <p>To improve the quality of life of an estimated 150,000 inhabitants of Northwest Haiti.</p>	<p><u>Measures of Goal Achievement:</u></p> <table border="1"> <thead> <tr> <th></th> <th>FY 77</th> <th>FY 78</th> <th>FY 79</th> </tr> </thead> <tbody> <tr> <td>Decrease in Third-Degree Malnutrition</td> <td>10%</td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Increase in Caloric Intake From 1,500 per Day in 1976</td> <td>6%</td> <td>12%</td> <td>20%</td> </tr> <tr> <td>Decrease in Number of Communicable Diseases From 47% of Cases Diagnosed in 1976</td> <td>10%</td> <td>20%</td> <td>30%</td> </tr> <tr> <td>Increase in Number of Women Participating in Family Planning Programs From 600 in 1976</td> <td>10%</td> <td>20%</td> <td>30%</td> </tr> </tbody> </table>		FY 77	FY 78	FY 79	Decrease in Third-Degree Malnutrition	10%	20%	30%	Increase in Caloric Intake From 1,500 per Day in 1976	6%	12%	20%	Decrease in Number of Communicable Diseases From 47% of Cases Diagnosed in 1976	10%	20%	30%	Increase in Number of Women Participating in Family Planning Programs From 600 in 1976	10%	20%	30%	<p>Hospital and clinic records</p> <p>HACHO staff surveys</p> <p>Annual evaluation</p>	<p><u>Assumptions for Achieving Goal Targets:</u></p> <p>Ministries agree to assume responsibility for some of HACHO's activities.</p> <p>People accept instruction on nutrition, health, new farming practices introduced by community councils and HACHO.</p> <p>Successful completion of community self-help projects motivate further participation when new projects are proposed.</p>
	FY 77	FY 78	FY 79																				
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<p><u>Project Purpose:</u></p> <p>To develop community councils that are practicing self-help techniques in implementing agricultural, health, community development, and road maintenance projects.</p>	<p><u>Conditions That Will Indicate Purpose Has Been Achieved</u> (end of project status):</p> <p>The community council contributes 50% of total project costs. Soil conservation completed on 3,500 ha.</p> <p>A minimum of 60% of council members regularly attend meetings, pay dues, and participate in projects.</p> <p>Community councils continue to maintain infrastructure projects that they have completed.</p> <p>At least 50% of community councils continue to seek further information on self-help community development techniques.</p> <p>A minimum of 20 community councils with \$300 in treasury.</p> <p>50% of community councils meet criteria of effectiveness described in Attachment 10.</p>	<p>Community councils' records and accounts</p> <p>HACHO's quarterly reports and staff surveys</p> <p>Final evaluation</p>	<p><u>Assumptions for Achieving Purpose:</u></p> <p>Community councils are receptive to self-help community development approach</p> <p>HACHO offices are moved to the Northwest, and staff receives salary incentive for living there.</p> <p>HACHO is able to respond positively to community council requests.</p> <p>Successful completion of projects motivates community council members to formulate and undertake new projects.</p>																				

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK
(Continued)

Life of Project
From FY 1966 to FY 1979
Total U.S. Funding _____
Date Prepared: March 1977

Project Title and Number: Rural Community Development (HACHO) 521-0061

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions																																																
<p><u>Outputs:</u></p> <p>Self-help community development projects:</p> <p>To increase agricultural productivity</p> <p> Hectares under cultivation</p> <p> Participants in agricultural projects</p> <p> Farm club members</p> <p> Trained agricultural assistance</p> <p> Irrigation systems</p> <p> Cooperatives</p> <p>To increase potable water supply systems</p> <p>To provide basic health services</p> <p> Nutrition Centers</p> <p>To improve and maintain roads (mi)</p>	<p><u>Magnitude of Outputs:</u></p> <table border="1"> <thead> <tr> <th></th> <th><u>FY 77</u></th> <th><u>FY 78</u></th> <th><u>FY 79</u></th> </tr> </thead> <tbody> <tr> <td>To increase agricultural productivity</td> <td>1,000</td> <td>3,000</td> <td>5,700</td> </tr> <tr> <td> Hectares under cultivation</td> <td>11,400</td> <td>13,350</td> <td>15,500</td> </tr> <tr> <td> Participants in agricultural projects</td> <td>2,000</td> <td>3,475</td> <td>3,950</td> </tr> <tr> <td> Farm club members</td> <td>300</td> <td>600</td> <td>1,000</td> </tr> <tr> <td> Trained agricultural assistance</td> <td>5</td> <td>11</td> <td>16</td> </tr> <tr> <td> Irrigation systems</td> <td>2</td> <td>5</td> <td>9</td> </tr> <tr> <td> Cooperatives</td> <td>15</td> <td>50</td> <td>75</td> </tr> <tr> <td>To increase potable water supply systems</td> <td>17</td> <td>20</td> <td>28</td> </tr> <tr> <td>To provide basic health services</td> <td>223</td> <td>250</td> <td>275</td> </tr> <tr> <td> Nutrition Centers</td> <td></td> <td></td> <td></td> </tr> <tr> <td>To improve and maintain roads (mi)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		<u>FY 77</u>	<u>FY 78</u>	<u>FY 79</u>	To increase agricultural productivity	1,000	3,000	5,700	Hectares under cultivation	11,400	13,350	15,500	Participants in agricultural projects	2,000	3,475	3,950	Farm club members	300	600	1,000	Trained agricultural assistance	5	11	16	Irrigation systems	2	5	9	Cooperatives	15	50	75	To increase potable water supply systems	17	20	28	To provide basic health services	223	250	275	Nutrition Centers				To improve and maintain roads (mi)				<p>HACHO staff surveys and reports</p> <p>Annual evaluation</p>	<p><u>Assumptions for Achieving Outputs:</u></p> <p>HACHO's managerial and technical ability continues to improve.</p> <p>Local community councils continue to support HACHO's efforts.</p> <p>Reorganization of community councils will result in greater effectiveness and fiscal responsibility.</p>
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<p><u>Inputs:</u></p> <p>AID</p> <p> CARE advisers</p> <p> Medical supplies</p> <p> Vehicles and other commodities</p> <p> Operational expenses</p> <p> Research and evaluation</p> <p>GOH</p> <p> Operational expenses</p> <p> Equipment and staff</p> <p>Other Donors</p> <p> Federal Republic of Germany</p> <p>CARE</p>	<p><u>Implementation Target (type and quantity):</u></p> <p>See budget tables for financial plan.</p>		<p><u>Assumptions for Providing Inputs:</u></p> <p>GOH agrees to increase its financial contribution.</p> <p>PL 480 continues to be available through CARE.</p> <p>The Fonds Agricole and other donors continue their contributions to HACHO.</p>																																																

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APPENDIX C

HACHO AND THE AGRICULTURAL DEVELOPMENT
OF NORTHWEST HAITI

I. BACKGROUND

This appendix provides a brief description of the agricultural program of HACHO from 1966 to 1982 with the goals of contributing to the definition of a new strategy for AID investment in that sector and of providing a basis for dialogue with the GOH concerning its agricultural policies. The major emphasis of the discussion is on preliminary ideas on alternatives for promoting agricultural production and nonfarm rural enterprises, and the strengths and weaknesses of HACHO in supporting these alternatives.

Following Smucker and Smucker (1980:15-17), HACHO's stated goal was "to improve the living conditions of the population in its zone of action." It was established primarily as a relief organization. With time, however, HACHO's mandate was broadened to include "(1) the provision of preventive and curative medical care through stationary and mobile health units; (2) nutritional assistance and education; (3) road construction and maintenance; (4) agricultural development; and (5) a wide variety of community development activities including the provision of potable water to communities, the formation of community councils, the construction of schools and latrines, and instruction in crafts and domestic arts" (Pfrommer et al., 1976:4).

The economic analysis of HACHO's agricultural activities and related crafts projects was seriously constrained by three main factors. First, evaluating the impact of an agency with changing priorities (health vs. agricultural priorities) is a difficult task, particularly when the review of project documents and earlier evaluations does not reveal a particular, concise, measurable set of purpose and goal statements. Second, the team's knowledge and understanding of HACHO's programs were limited by the lack of monitoring and evaluation components in the project. While many rural development project plans include overambitious monitoring and evaluation schemes that are then only partially implemented, HACHO's files lack even a framework for monitoring and evaluating its activities. As pointed out by Pfrommer (1976:98), "there is no assessment of the project's final impact on the area." Finally, the limited duration of the evaluation team's stay in Haiti (30 days, 4 of which were national holidays) precluded the use of benefit-cost analysis of HACHO's agricultural and

crafts programs. As an alternative, the "SONDEO"¹ approach was used to elicit some estimates of the dollar costs and returns of some selected agricultural and crafts programs as well as their impact on production, income, and employment. It should be kept in mind, however, that data on Northwest Haiti are both limited and of poor quality. Estimates included herein are offered as orders of magnitude relevant to the assessment of HACHO's activities rather than absolute or precise estimates. Informants used by the evaluation team included HACHO's personnel, other government officials assigned to the Northwest, PVO staff in the project area, and farmers (participants and nonparticipants whenever possible).

II. HACHO'S AGRICULTURAL PROGRAM AND ITS PERFORMANCE

Theoretically, income from agriculture can be increased in at least three ways: (a) mobilization of more resources (labor, land, water, and capital); (b) introduction of new, complementary inputs, including better cultivation practices to raise the value of output obtained from given resources; or (c) a change in the crop mix to raise the value of output obtained from existing resources. In practice, Northwest Haiti's agriculture is severely constrained on all three fronts. The issue is: how did HACHO address these constraints through its agricultural programs?

Four different agricultural programs can be identified throughout the life of the project (1966-1982) with various purposes and objectives--soil conservation and restoration, irrigation and agricultural production, improvement of rainfed agriculture, and livestock. A brief overview of the objectives of each program was undertaken in order to establish a basis for evaluating outcomes and results.

It should be noted at the onset that despite the fact that HACHO was initiated in 1966, agricultural projects did not begin until 1972. Between 1972 and 1975 agricultural projects received about \$43,000 in direct financial support from HACHO, exclusive of salaries, administrative costs, and other expenses (Pfrommer, 1976:13). In 1976, agricultural activities received a major boost from Fonds Agricole funded by the Federal

¹SONDEO methodology is a quick but clean method of rapid rural appraisal. It is a quick and cost-effective method in the tradeoffs between quantity, accuracy, relevance, timeliness, and actual use of information. For more details, see Hildebrand, Peter E., "Summary of the SONDEO Methodology Used by ICTA."

Republic of Germany. Between 1976 and 1982, Fonds Agricole spent about \$5.7 million in direct development expenditures on agricultural projects, exclusive of salaries, administrative costs, and other expenditures.

A. Soil Conservation and Reforestation

Soil conservation and reforestation was the only major agricultural program which existed prior to 1976. It is currently being sponsored by Fonds Agricole. The objectives of this program include the recuperation of 1,500 ha of land which otherwise would not be suitable for agriculture, protection of the watershed in the Bombardopolis and Jean-Rabel areas, and improvement of soil fertility. These objectives were to be attained through the construction of drywalls and contour canals and the development of seven nurseries for forest (e.g., Neem, Leucaena) and fruit trees (avocados, mangoes, cashew nuts, and citrus) using PL 480 commodities to provide food and employment for 2,600 households.

During the team's tour of the project area, the lack of familiarity of agricultural personnel with completed and on-going projects, coupled with a filing system which was either nonexistent or without any information relevant to the evaluation process, precluded any quantitative assessment of the impact of this program.² Nevertheless, several kilometers of drywalls and contour canals were seen in Anse Rouge, Bombardopolis, and Jean-Rabel. No trace of soil conservation was seen in Terre-Neuve, where the slope of the mountains is much greater than in the other areas. Fonds Agricole files show that between 1978 and June 1982, 1,500 ha of trees were planted throughout the Northwest.

It was too early to assess the impact of this program on soil and water conservation. It can be said, however, that this soil conservation program does not seem to have engendered a positive attitude toward forestry and the environment among farmers, a prerequisite for long-term success and sustainability. Farmers interviewed indicated that there would be no soil conservation without Food-for-Work (FFW). This attitude is quite understandable since local communities often became involved only as a means to get food. The soil conservation program was, in practice, more a hunger relief program than an agricultural development program aimed at reversing the trend toward depletion of the area's major resource base--its soil and water. As a result, the major impact, in the short run at

²This remark is true for most of the other programs as well.

least, was the temporary provision of food and employment to households that participated in project implementation through labor commitment. The main problem with such projects, where project intent and benefits are perceived differently by the planners and the target population, is that the project will have no chance of achieving the planners' purpose once the flow of benefits valued by the target population stops. This is what happened to HACHO's soil conservation and reforestation program.

Since the soil conservation and reforestation program was funded mostly in kind using FFW, one may legitimately ask, what has been the impact of FFW on domestic agricultural production? Based on the findings contained in Smucker et al. (1979:4-5), no special attention was paid by the team to the impact of FFW on domestic agricultural production. The findings of the above-mentioned report can be summarized as follows: (1) rising cereals imports (commercial and concessionary) have not prevented rising prices for domestic cereals; (2) FFW programs have generally contributed only a third of all food aid; any disincentive effect assigned to FFW would, thus, appear to grossly exaggerate its impact on domestic production; and (3) market incentives actually favor increased domestic food production despite food imports (domestic maize being the main beneficiary).

B. Irrigation and Agricultural Production Program

HACHO's irrigation program started effectively only in 1976 under the sponsorship of Fonds Agricole. Its objective was to increase food crop production (cereals, beans, bananas, sweet potatoes, peanuts, and other vegetables), mainly through the use of 813 ha of irrigated land to be cultivated by 2,680 households. These production goals were to be met by making seeds available to farmers through a well-coordinated credit program, building storage facilities of a total capacity of 800 tons throughout the project area, and training a total of 340 farmers and extension agents in demonstration centers scattered throughout the project area.

The team found that 19 km of irrigation canals have been built to date; only 545 ha of land are currently under irrigation (see Table C-1). This represents 67 percent of the target which was set at 813 ha. According to Fonds Agricole personnel, each household cultivates about one-third ha of irrigated land; this means that about 1,650 households are currently benefiting from this program, which is only about 61 percent of the total number of households which were expected to benefit. A total storage capacity of 750 metric tons (which is about 94 percent of expected target) has been built and is distributed as shown in Table C-2.

Table C-1. Distribution of Irrigation Canals and Irrigated Area Throughout the Project Area, 1982

Location	Length of Canal (meters)	Irrigated Area (hectares)
Ramonaïse	2,000	20
Fond Ramadou	1,650	25
Baie-de-Henne	660	20
Petite Place	2,860	60
l'Etang	5,360	80
Ka-Philippe	1,710	90
Lavalletiere	2,642	75
Hatte-Dimanche	1,000	40
Nan Saut	1,100	75
Sauval	30	60

Source: Fonds Agricole Report, May 1982.

Of the nine demonstration centers which were built between 1977 and 1980 by the Fonds Agricole, only five are currently functioning: Etang, Petite Place, Bayonnais, Hatte Dimanche, and Ka-Philippe. These centers cover on the average 0.5 ha, and crops grown in these centers include corn, beans, millet, tomatoes, and other vegetables (shallots, cabbage, etc.). It was not possible for the team to assess how many farmers or extension agents were trained in these centers. However, the state of the demonstration centers visited by the team left the team rather pessimistic about the impact of such centers on agricultural production.

In response to the scarcity of seeds during the planting season, the credit program was launched mainly to make seeds (local varieties) available to farmers. Table C-3 illustrates the cost side of the credit activities as well as the number of farmers reached by the credit program.

Table C-2. Distribution of Storage Facilities¹
Throughout the Project Area, 1982

Location	HACHO Unit	Date of Completion
Lavalletiere	Bombardopolis	Dec. 1977
Baie-de-Henne	Bombardopolis	Dec. 1977
Ka-Philippe	Terre-Neuve	Dec. 1977
l'Etang	Anse Rouge	Dec. 1977
Ti-Riviere	Anse Rouge	Dec. 1977
Petite Place	Anse Rouge	June 1979
Sauval	Jean-Rabel	May 1981
Hatte-Dimanche	Anse Rouge	Nov. 1981

¹Each facility has a capacity of about 100 mt.

Source: Fonds Agricole Report, May 1982.

The major impact of the irrigation program was in terms of change in the crop mix and a reduction in the risk of crop failure. Without the irrigation system, it had been impossible to grow maize, beans, bananas, and other vegetables such as shallots and onions. For instance, before the irrigation system was built in l'Etang, the only crops grown in the area were millet and cotton. This situation prevailed in other zones of the project area as well.

Other impacts of this program include the better use of available family labor all year round. The irrigation scheme has generated high demands for rural labor and the primary source of labor supply is, of course, the family. No data were available, however, to allow assessment of the increase in labor requirements due to the project and its impact on the rural labor market. In addition, the program led to improved crop husbandry, particularly in the case of maize. In the demonstration centers, one technique taught to farmers was the spacing of seeds--in the case of corn production, 80 cm apart on the line and 40 cm between the lines--in order to achieve about 50,000 plants per hectare. According to HACHO's extension agents, this practice is now widespread among the farmers. Finally, the program allowed increased land use intensity; irrigated agriculture is always an intensive form of farming and usually does increase land values, as was evidenced in the project area.

Table C-3. HACHO Credit Activities, 1976-1979

Crop	1976			1977			1978			1979		
	Ha	No. of Farmers	Total Costs (\$)	Ha	No. of Farmers	Total Costs (\$)	Ha	No. of Farmers	Total Costs (\$)	Ha	No. of Farmers	Total Costs (\$)
Corn	27	184	1,574	69	193	5,635	70	185	3,488	156	378	6,522
Peanuts	5	16	190	5	16	189	52	132	2,000	40	109	1,902
Beans	-	-	-	58	143	3,040	150	341	10,260	222	541	24,689
Irish Potatoes	-	-	-	-	-	-	-	-	-	5	20	4,200

Source: Fonds Agricole Report, May 1982.

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An attempt to derive crop budgets to assess the cost effectiveness of the irrigation system was made difficult by the fact that no records on crop yields were kept at the project level. Estimates used in calculations here follow Fougere (1979:6), which cites yields achieved in Northwest Haiti of 450-500 kg/ha for corn and 500-600 kg/ha for beans. In the crop budgets, 475 kg/ha and 550 kg/ha are used for corn and beans, respectively. Two sets of estimates are presented, based on the type of irrigation system, one for pump irrigation and one for gravity irrigation (see Table C-4).

Table C-4. Costs and Return Per Hectare of Corn and Beans, 1979 (pump irrigation)

Item	Corn	Beans
1. Annual Cost of Irrigation Canal ¹	\$125	\$125
2. Pump Operation Costs ²	80	64
3. Seed Cost	42	111
4. Total Cost	247	300
5. Gross Returns ³	355	484
6. Net Returns to Land, Family Labor, and Capital	108	184

¹It is assumed that with proper maintenance, an irrigation canal will last 10 years.

²Farmers in the irrigation area pay \$4 per hour of irrigation. It was estimated that 1 ha of corn will need about 20 hours of irrigation during the cropping season, while 1 ha of beans will only require 16 hours of irrigation; the \$4 per hour of irrigation is currently being subsidized at the rate of 65 percent by the Fonds Agricoles.

³Gross returns are obtained by multiplying the average yield per hectare by the unit price of corn and beans (\$0.34/lb and \$0.40/lb), respectively.

In the case of gravity irrigation, the net returns to land, family labor, and capital per hectare are \$188 for corn and \$248 for beans.³ Under both systems of irrigation, the returns per hectare seem low, particularly when one considers that, on the average, there are 2.4 participants (or households) per hectare of irrigated land. If we assume that, on the average, there are 4.5 active workers per household, in the case of gravity irrigation, net returns per active worker are \$17 for corn and \$23 for beans. So the impact of an irrigation scheme on agricultural productivity remains minimal, and the current attempt to introduce new vegetable crops such as shallots, carrots, and garlic in the project area to improve net returns per hectare of irrigated land is commendable. However, this action must be coupled with programs to improve farmers' access to markets and market information.

The irrigation program, however, remains very vulnerable to a host of external and internal economic, agronomic, and random factors. Economic factors include access to markets and agricultural pricing policy. Land tenure is becoming an issue, given increasing land values. The cost of pump irrigation is prohibitive and raises the question of the sustainability of such a production model. Agronomic factors include the lack of an improved and proven technical package (improved seeds, adequate fertilizer rates, better cultural practices) which raises a serious question about the long-term returns to the irrigation scheme. Finally, the area is subject to random factors. Northwest Haiti is very vulnerable to natural disasters such as hurricanes and droughts. For instance, farmers in Baie-de-Henne are still struggling with the replacement of aqueducts lost to Hurricane David in September 1980, including those built in concrete.

C. Improvement of Rainfed Agriculture

This program, which only started in 1976, has two major components. First, it sought to increase production of cotton, sisal, bamboo, and latanier palm (used in handicraft production), and to introduce these crops in new areas. In addition, it aimed at increased coffee production through the regeneration of 400 ha of coffee plantations.

During the team visit to the project area, the lack of familiarity of HACHO personnel (in Bombardopolis and Jean-Rabel, principal sites of the coffee project) with the coffee

³These figures were obtained by adding item 6 and item 2 of Table C-4.

project precluded the assessment of the impact of this project. Through discussion with the extension agent based in Cote-de-Fer, it was found that the coffee nurseries in his area were based on the local variety (Typica) which has a very low yield potential. Furthermore, a review of documents available from the Department of Agriculture and National Resources (DARNDR) showed that in the Northwest, coffee production decreased from 19,810 mt to 19,214 mt between 1978 and 1979 (DARNDR, 1980b:18).

Given that the coffee nurseries are relatively young (less than five years), it is too early to assess their impact on coffee production, and under no circumstances can the decline of coffee production in the Northwest be attributed to this program. Given that the nurseries contain a good proportion of Typica, however, expectations of the future impact of this program on coffee production should not be too high.

It was also impossible to evaluate the first component of the rainfed agricultural program because of the lack of production targets and production records. In the case of cotton, however, it was found that for the Northwest as a whole the production of cotton increased from 176 mt to 290 mt between 1978 and 1979 (DARNDR, 1980b:18). Even though cotton production increased from 176 mt to 290 mt between 1978 and 1979, we could not attribute this entirely to the project because of nonproject changes over time. It is quite plausible that this increased production might have been stimulated by the crafts project.

D. Livestock Program

This program, which was scheduled to start in 1977, sought to increase meat production in order to improve the nutritional status of the population in the project area and to provide an additional source of income to farmers. These objectives were to be attained through the promotion of pig production, rabbit production, bee production, and the construction of a demonstration center in Nan-Vincent for the training of farmers in basic animal husbandry practices.

The team visit to the project area revealed that (a) no demonstration center had been built (lack of personnel and/or funds was claimed to be the major cause of this situation); (b) rabbit production had never gotten off the ground, although a small pilot project was tried in Bombardopolis and classified as a failure; (c) pig production was crushed in the second year of the project by the arrival of African Swine Fever from the neighboring Dominican Republic; and (d) farmers are currently being given cash incentives to exterminate their pigs.

As a result, the only livestock activity functioning in the project area now is bee production. Although it has a very limited direct impact on the nutritional status of the population in the project area (most sales are made in Port-au-Prince), it does provide employment to about 340 farmers. The farmers were trained in the honey-making process by HACHO and now earn an additional gross revenue of \$78 per farmer per year (HACHO Report, 1981). Data on the cost of production were not available to allow computation of net returns. The major constraint of this enterprise as evidenced from the HACHO reports was the climate prevailing in Jean-Rabel which limits the flowering of plants and, hence, bee production.

III. HACHO'S RURAL OFF-FARM ENTERPRISES: ASSESSMENT AND PROSPECTS

In addition to the low productivity of agriculture, Northwest Haiti also faces underemployment. In an attempt to solve the underemployment problem, HACHO has been promoting a range of employment- and income-generating activities among which is CANO, the crafts project.

CANO was started in 1976 as a means of raising the income of the participants and creating employment during the slack periods of the agricultural season. People in this project were trained in the hand production of crafts made from cotton, latanier palm, bamboo, sisal, and clay. As of June 1982, 15 craft centers were identified as active in the Northwest: three centers in which 105 artisans were producing cotton goods such as hammocks, pillows, blankets, and rugs; one center in which 15 artisans were producing table mats; three centers in which 115 artisans were producing baskets using latanier palm; one center in which 50 artisans were producing bags using latanier palm; two centers in which 100 artisans were producing sisal containers; four centers producing furniture using bamboo; and one center in which 6 artisans were producing pottery using clay.

During the team visit to the project area, only 12 crafts centers were active or semi-active. Three of the bamboo centers had closed their doors during the previous five months. All six latanier centers were still open, but production levels were very low due to low demand for such baskets. (The basket market in the United States is dominated today by products made in the People's Republic of China to such an extent that traditional sources of baskets have been relegated to positions of minor importance.) The clay center in Morne Massacre was temporarily closed because the artisans were unable to keep the kiln running because of high repair and fuel costs. So actually, only five centers are now active: the three cotton centers

in Sources Chaudes, l'Arbre, and Petit Carenage; the center for table mats in Mare Rouge; and the bamboo center in Savane Carree.

A closer look at the cotton centers for which data were available, and which now constitute the area of emphasis of HACHO/CARE in the crafts program, revealed that these centers provide employment to about 105 artisans and an average monthly income per artisan of \$6.89 in Sources Chaudes, \$13.35 in Petit-Carenage, and \$19.48 in l'Arbre. The cost of training artisans as well as other administrative costs are absorbed by CARE and l'Association Francaise du Volontaires du Progres (AFVP).

CARE has supported the crafts project until now because it uses local materials, builds on traditional skills, and provides people with jobs and income which they badly need. Other impacts of the cotton centers resulting from their forward and backward linkages include stimulation of cotton production (it was claimed by some informants that there is currently a cotton shortage in the project area); provision of jobs and incomes to spinners; improved credit ratings for the artisans (it was claimed by some respondents that because of the additional income source, artisans have an easier access to credit in their local communities); and improved habitat.

In spite of these benefits, given the host of problems facing the crafts project, the phase II evaluation of HACHO (Pfrommer et al. 1976) recommended that crafts projects be minimized due to the highly competitive market in this field. In the basketry area, for example, Chinese baskets available today in U.S. markets are characterized by clearly defined utilitarian items, such as bread baskets and waste baskets, whereas the HACHO line of baskets lack such basic, utilitarian items. In addition, Haitian baskets are relatively more expensive. The best selling Chinese items retail for \$.50 in the United States, whereas CANO baskets retail for \$.60 in Port-au-Prince.

This leaves only cotton in which CANO can theoretically be competitive. Recent events in Mexico, however, (devaluation of the peso) make Mexican woven cotton goods three times cheaper than cotton goods made by CANO.

In view of these findings and events, the team concurs with the recommendations of the phase II evaluation and finds it commendable that CARE is taking steps to create new product lines both in basketry and in cottonry, and to revise the pricing structure for handicrafts. Furthermore, if the United States is to be the primary market for these products, it would be helpful to revise the gourde/dollar exchange rate.

Another area which requires some re-thinking is the "cooperative" basis on which the project was originally designed. As a supervisor of one of the craft centers put it, "We are very far away from the possibility of a real cooperative--personal interests are still dominant." This is quite understandable because cooperatives are best formed when they start at the grass-roots level, build a solid base, and expand as they work through their problems, developing insight and understanding along the way as well as technical and management skills. It is difficult to see how this is going to happen in the near future, given that the already existing structure and administration have more of a wage-labor orientation than a cooperative orientation.

IV. CONCLUSIONS AND RECOMMENDED FUTURE AGRICULTURAL ACTIVITIES FOR HACHO AND POSSIBLE AID INTERVENTIONS

1. The soil conservation and reforestation program was a desirable program, but faces some serious difficulties because of the differences in view between project planners and project beneficiaries about what the benefits of the project are or ought to be. Food-for-Work, which was justified at the beginning of the project because people in the Northwest were at the brink of starvation, has turned out to be a contributing factor to the current failure of this program. It should be noted here that the soil conservation and reforestation programs were not tied in with any agricultural production. It is recommended that if this program is to be continued and is to have a chance at succeeding on a significant scale, it should be coupled with an agricultural production program which can provide immediate returns, even if they are low, to the farmers involved in these programs.

2. The economic analysis of the irrigation schemes suggests that the cost of pump irrigation is prohibitive and should be discontinued. There is no adequate technical environment to support pump irrigation in the project area. Returns from crop sales even with gravity-fed irrigation are currently too low to make the scheme economically viable. It is recommended, therefore, that steps be taken to increase the productivity of crops currently being grown on irrigated areas, while also attempting to produce some highly remunerative crops such as onions, garlic, or shallots. In order to reap the full benefits from these packages or even to make the package sufficiently attractive to farmers, access to markets should be improved through better feeder roads, storage facilities, and a better information network. Thus, the key policy issue to be addressed here is the problem of rural infrastructure.

3. Dryland agriculture and livestock has received very little impetus from the HACHO administration due either to a lack of executive capacity to plan and carry out activities in these sectors or to the priorities as perceived by the current HACHO personnel. Most coffee nurseries are still planted in Typica which has a very low yield potential. It is recommended that such nurseries be discontinued and that nurseries with Catura or other high-yielding varieties be expanded. A regeneration of old coffee plantations should go beyond a nursery program and include training in coffee husbandry practices such as pruning, pest and disease control, and fertilization; development of marketing channels; and analysis of pricing policy and other incentives to encourage new plantations.

Other dryland crops, such as cotton, should receive more than lip service from HACHO if they are to play an important role in the craft sector. Cultivation needs of staple crops such as sorghum and millet should be addressed through the introduction of drought-resistant varieties. The experiences gained by the Texas A&M team in the PDAI project may be a valuable resource in this initiative.

Livestock activities should be expanded beyond bee production to embrace broiler and egg production, as well as small ruminants. It would be advisable to test these activities first as pilot projects. HACHO's personnel structure should be thoroughly reviewed to ensure staff capability in these areas.

4. CARE has been the primary supporter of the crafts project until now. The crafts project is currently facing tough competition in the U.S. market from the People's Republic of China in basketry and from Mexico in cotton goods. The economic analysis of the crafts project suggests that the cost of generating one dollar of income is too high (it takes five dollars to generate one dollar of income). It is recommended, therefore, that CARE take steps to investigate new markets (other than the United States) where Chinese and Mexican crafts have not yet entered (e.g., other Caribbean countries), to create new product lines in basketry and cotton goods, and to revamp their price structure to make the craft project not only a "good" project, but a good business as well, or to discontinue the craft production if economic losses are inevitable.

APPENDIX D

HACHO'S HEALTH PROGRAM: HISTORY
AND IMPACT ASSESSMENT

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I. INTRODUCTION

In the original HACHO grant signed in 1966, HACHO's primary purpose was stated as the formation and support of community action groups. Within a year, however, that grant had been amended and the purpose changed to the provision of rural and mobile health and family planning services, with other activities clearly subordinated to health. A core of medical personnel and services was quickly established. By late 1966, a mobile health team was already working out of a former Department of Public Health (DSPP) dispensary in Jean-Rabel. Within a year teams were also working out of Anse Rouge and Bombardopolis. No program changes occurred until 1972 when several nutritional rehabilitation centers were opened. This addition completed the package of nutrition and health services, including dentistry and family planning, that formed the basic structure of the HACHO health program until HACHO's termination in December 1982.

There was confusion over HACHO's identity throughout its life: whether it was primarily a health organization, a community development organization, or a relief agency. In the confusion, health consistently emerged as the primary program component for many reasons. First, both of HACHO's directors were medical doctors, although each had also had substantial experience in community development and the related areas of education, agriculture, and rural infrastructure. Nevertheless, it is hard for a doctor not to see the problems of a region, first and foremost, in terms of health. Good health is seen as necessary for progress in other areas, giving the population the strength and time to participate in other activities, such as agriculture and infrastructure development.

Second, it is easier to establish and operate health services than it is to organize community development activities. Rural communities recognize modern medical services as beneficial. The need is always there, and the participation of the target population is usually ensured. Community development, on the other hand, requires that the highly individualistic Haitian peasant recognize community goals and be convinced of the benefits of working in common with other members of the community to achieve them. Further, it is required that these benefits be seen as substantial enough to warrant diverting scarce time and resources from activities with a known return to those with unproven potential.

Finally, and perhaps most important, health care is often the expressed priority of the community. Communities without any modern health services frequently put the construction of a dispensary above the construction of a school or a road, and usually far above provision of agricultural extension services

or participation in soil conservation activities. If a community development organization is truly responsive to local priorities, health care may well be one of the first activities it should undertake.

II. COMPONENTS OF THE HEALTH PROGRAM

HACHO's health program has three major components: fixed facilities for curative care, mobile clinics for curative and preventive care, and nutrition centers. Other activities that were included, at various times during the project, were dental services, school vaccination programs, promotion of latrine building, and provision of family planning services.

In 1982 the HACHO zone was structured in four units: Jean-Rabel, Anse Rouge, Bombardopolis, and Terre Neuve. In 1974 at the height of HACHO's operations, there were six units. The two additional units, Gros Morne and St. Michel de l'Attalaye, operated for only a few years, and the following discussion, therefore, focuses on the four primary operating units.

In theory, health services in each unit were centered around a fixed curative facility--a hospital, health center, or dispensary--that had been built or renovated by the project. A medical team, consisting of at least a doctor, a dentist, and a nurse, worked at this facility one to two days a week and spent the other days traveling with a mobile clinic to outlying areas in the unit. At each mobile clinic site a dispensary was staffed by an auxiliary nurse who did consultations and provided minor treatment or referral. She was also responsible for a continuing health education program and for follow-up of referred patients. During the weekly mobile clinic visit, those services that the auxiliary was unable to provide were available from the health team.

When the directorship of HACHO changed in 1972, a nutritional component was added in response to the high level of malnutrition that the medical teams were finding in the zone. This component was based on one that had had much success at the Albert Schweitzer Hospital in Deschappelles in central Haiti. Nutrition centers were to be established in areas where surveys indicated a high prevalence of second and third degree malnutrition in children under five. These centers and their counterparts in other parts of Haiti were internationally acclaimed at the time as a highly innovative and successful method of recuperating severely malnourished children. Intensive feeding with inexpensive and locally available foods accompanied by training the mother in the food preparation and feeding techniques used was intended to provide both recuperation of

the malnourished child and, through the mother's education, protection against relapse. When all second and third degree malnutrition cases in the area of the nutrition center had been treated, the center was to move to a new site. These centers were staffed by nutrition auxiliaries.

At the height of HACHO's involvement in health care, there were 6 unit health facilities, 17 mobile clinic posts, and 20 nutritional rehabilitation centers. The program at the time of the team's visit was much diminished.

III. EVOLUTION OF THE HEALTH PROGRAM

Health was the explicit or implicit priority of the HACHO program during most of its 16 years of existence. AID did not always agree with this priority and much of HACHO's recent history shows a pattern of conflict between AID and HACHO over the relative importance of various components of the HACHO program. As AID began funding more comprehensive health projects within the formal Government of Haiti (GOH) structure, it began to see HACHO health activities as outside the mainstream of the official program. HACHO activities threatened the goal of an integrated GOH health system, and pressure began to build to integrate HACHO activities into the GOH structure.

Beginning in 1975, AID began encouraging HACHO to turn the medical aspects of the program over to the DSPP. At that time, AID was funding a project to strengthen the institutional capacity of the DSPP, the first three such projects culminating in the current Rural Health Delivery System (RHDS) project (521-0091). At that time, HACHO leadership felt strongly that the DSPP was not capable of assuming full responsibility for the provision of health care in the Northwest. There are some indications that this judgment was probably correct and that AID pressure for integration was premature. For example, in early 1977, when the HACHO board met to plan future activities, the DSPP declined to participate, saying it would go along with HACHO's ideas. The HACHO Administrator's quarterly report for January-March 1977 states, "GOH officials continue to indicate that HACHO must be responsible for health activities in the Northwest as GOH's Department of Health is not in a financial position to take over these activities for the time being."

The AID-sponsored evaluation in 1976 noted that "HACHO's priorities remain the provision of medical care and the construction of roads (certainly worthy goals), despite increased lip service paid to the importance of agriculture and the community development goals" (Pfrommer et al., 1976:53). The evaluators did not agree with these priorities and recommended that "if outside sources of funds are cut and the Haitian

Government is unable or unwilling to make up the deficit, then the first alternative should be to eliminate the health program" (Pfrommer, 1976:180). This recommendation coincided with AID programming desires, and the HACHO Project Paper was amended in 1977 to support this shift in focus. While HACHO persisted in its assertion that the DSPP was incapable of assuming responsibility for health care in the Northwest, it was constrained by its lack of alternative funding sources for health activities.

Table D-1 shows the changes in health personnel levels over the project life.

Table D-1. Percentage of HACHO Program Staff in Health, 1967-1982

Year	Percentage
1967	92.3
1972	57.7
1976	61.9
1979	51.1
1982	40.5

Although the health program was cut slightly based on the strong recommendations of the 1976 evaluation, health personnel still represented the majority of HACHO's program staff. It was not until after 1979, when AID funding was terminated, that health staff fell below 50 percent of total program staff. If figures on expenditures by program sector were available, the decline in health activities would be even more apparent. Field visits suggest that staff costs consumed almost the entire health budget, there being little material support provided to the health personnel in the form of medicines, vehicles, or fuel. Programming decisions were apparently made not on the basis of the perceived needs of the population of the Northwest but rather on the availability of funds and the priorities of the donor organizations. The transition away from a predominant emphasis on health was made easier for HACHO by the coming of the German Fonds Agricole project in 1977 and its infusion of resources into HACHO's agricultural program.

In response to the slowly diminishing level of support from AID, the health program gradually retrenched. Nutrition centers were combined with dispensaries to save on personnel. Deliveries of medicine and vaccines gradually declined to almost nothing. Mobile clinic visits, never completely reliable, were cut back because of reduced fuel availability and became irregular with the increasing unreliability of the aging vehicle fleet.

The nutrition centers weathered the cuts somewhat better since they were dependent on HACHO only for personnel and supervision. The food used in these centers is supplied from PL 480 commodities delivered through CARE. Modifications were, nonetheless, made in the nutrition program. The quantity of PL 480 foodstuffs being provided to Haiti had declined. Given the resulting lower level of PL 480 food available to HACHO and in keeping with changes in national policy, the centers were changed from intensive recuperation centers to surveillance centers with a much lower level of food distribution and more emphasis on identification of severe or chronic nutrition problems. The total number of centers has declined from a high of 20 in the early 1970s to 6 in 1982.

The health programs at the four field units evolved quite differently in response to budget reductions, despite their common underlying structure. The most important factors affecting program direction under the reduced budget appear to have been the technical orientation and dynamism of the coordinator of the unit and the presence or absence of other competing or collaborating health facilities. The difference in level and composition of community health problems was not a factor in determining program content. Although community surveys to determine prevailing health needs had been suggested by numerous advisors and evaluators, they were never carried out.

The health programs at Terre Neuve and Bombardopolis were never very strong, in part because of the only intermittent availability of HACHO medical personnel. Both units had problems retaining personnel because of the relative isolation their difficult access roads enforced. Furthermore, in the town of Bombardopolis, there are two missionary-run health facilities (one of which was renovated partially with AID funding) and a DSPP dispensary, all providing services similar to those offered by the HACHO programs. There was apparently little official cooperation among the four facilities.

In Anse Rouge and Jean-Rabel, where the unit coordinators were usually both physicians, the health program was historically the strongest component of the HACHO program. In Anse Rouge the 1982 program was similar in design to the original HACHO health program although operating at a much lower level of service. In addition to the HACHO medical team there were

also DSPP personnel working out of the HACHO health center. The HACHO center, however, was clearly the focal point of the program, and the HACHO physician, a very dynamic individual, directed activities. In contrast, at Jean-Rabel the former HACHO hospital has been officially taken over by the DSPP and was being enlarged and renovated with funding from the German Catholic Church. HACHO staff were, thus, working out of a DSPP-funded and -directed facility. In the past HACHO had often paid a salary supplement to DSPP personnel assigned to HACHO facilities. In contrast, it was reported that 1982 HACHO auxiliaries were receiving DSPP supplements. Medical supplies are also provided to Jean-Rabel by the DSPP, making this unit the most active in the HACHO program. Its strength, however, had little to do with HACHO but was derived from its association with and support by the DSPP.

The differences in program evolution among the various units are instructive in understanding the varying effectiveness of these programs during most of HACHO's life, when emphasis was on the health sector and adequate resources were available. The program is currently strongest in Anse Rouge and Jean-Rabel where the unit coordinators are both physicians. Program levels at Terre Neuve and Bombardopolis are much lower, reflecting the intermittent availability of a doctor in Terre Neuve and the lack of a HACHO doctor in Bombardopolis.

Attractiveness and accessibility of the unit appear to be important in determining the caliber of personnel willing to accept a long-term position in a unit. Physicians are likely to be employable elsewhere and are consequently less likely to stay where living and working conditions are poor. Without a physician the health program loses much of its dynamism and, presumably, much of its effectiveness.

Thus, it appears that a committed, dynamic, and trained medical person is required for the successful operation of the health component at the unit level. It also appears from information in other parts of this report that medical personnel are less capable of directing the other components of the program. This observation should not, however, be limited to medical personnel. At all levels the program tended to reflect the technical bias of the person in charge, be it the local community leader or the HACHO director in Port-au-Prince. The wisdom of assigning the administration of an integrated program to one technical specialist must be questioned.

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IV. PROGRAM IMPACT AND ANALYSIS

A. Medical Services

In spite of the high priority given to the health sector, there are almost no data on health impact. This deficiency alone is grounds for strong criticism of a 16-year health program. There are no baseline data. Other data that are available are often inappropriate, incomplete, or inconsistent. Attention was given to the managerial task of monitoring inputs and outputs with little mention of either expected or achieved impact. Tables D-2 and D-3 are meant to be illustrative of levels of HACHO health services over time. The team could not substantiate that provision of services by HACHO had a positive impact on the health status of residents of the Northwest or that changes in service levels affected the magnitude of impact. The figures and the years shown in the tables represent available data and are not meant to define the level of services or impact over time. They are representative of the available data.

It is clear that service levels have declined drastically between 1973 and 1982 and that at the current level of services, no significant impact can be expected on the general level of health of the population in the Northwest. Only at Jean-Rabel has service delivery continued at anywhere near its former level, and that is due to cooperation with the DSPP. Services at Jean-Rabel actually increased between 1978 and 1982 from an estimated 3,552 patients seen and zero vaccinations given in 1978, to an estimated 5,558 patients seen and 1,382 vaccinations given in 1982. In Jean-Rabel as elsewhere, however, services have become more concentrated at the unit headquarters, with infrequent mobile clinic trips because of vehicle and fuel problems.

The reasons given by informants (both HACHO personnel and intended beneficiaries) for the decline in services are many. Most frequently cited was the lack of medicine at the HACHO facilities. Patients who receive a prescription instead of medicine often have nowhere to fill it nor the money to pay for it if they could fill it. Service levels have also fallen off because of the irregularity and decreased frequency of mobile clinic visits. The unreliability of the mobile clinics was most damaging. Patients who have walked several hours to wait for a mobile team that fails to appear are easily discouraged. When the team does show up, the turnout is likely to be poor.

A third reason for the declining number of patients is the increasing availability of alternative service facilities. In Jean-Rabel the DSPP now operates the hospital and there are two nearby missionary clinics. In the Anse Rouge area there are

Table D-2. Level of HACHO Health Services, 1973-1982

Year	Number of Patients Seen	Visits per Person per Year ¹	Number of Vaccinations ²	Vaccinations per Child per Year ¹
1973	58,860	0.40	50,274	2.10
1974	48,677	0.30	19,585	0.80
1978	9,692	0.06	1,271	0.05
1981 ³	8,191	0.05	991	0.04
1982 ³	8,724	0.06	1,381	0.06

¹Population is assumed to be 150,000 with 16 percent under 5 years old. Vaccinations are listed per child under 5 although it is likely that pregnant women were also included in vaccination programs and that many of the children vaccinated were over 5.

²No data are available on whether the complete series of any vaccination was given to any particular patient.

³In 1982, 64 percent of patients seen and 100 percent of vaccinations given were at Jean-Rabel. The Jean-Rabel program is DSPP-supplied.

Source: Data for 1973-1981 are extrapolated from William Fougere, "Activites Sanitaires de la HACHO de 1972 a 1982," November 1982. Data for 1982 were extrapolated from monthly medical report service statistics.

Table D-3. Changes in HACHO Health Program Services, Anse Rouge, 1975-1982

Category	Apr-Sept 1975	Apr-Sept 1977	% Change from 1975	Apr-Sept 1982	% Change from 1975
Patient Visits	2,347	1,761	-25.0	708	-69.8
Prenatal Visits	201	250	+24.4	111	-44.8
Vaccinations	1,190	0	-100.0	0	-100.0
Home Visits	572	474	-17.1	120	-79.0
Family Planning	10	24	-	104	-

two missionary clinics as well. The DSPP has opened a dispensary in Bombardopolis where there is also a large missionary hospital and clinic. The numerous missionary clinics are usually well stocked because of donations from abroad and often charge no fee for consultation or medication. In addition, as one HACHO doctor noted sadly, "the Haitian peasants have more respect for foreigners than for Haitians."

The decline in resources since the termination of AID funding was apparently not the only factor in the low utilization of HACHO health facilities. Many of the current problems existed even when HACHO was fully funded. The 1976 evaluation notes that HACHO health personnel saw an average of 14 patients a day compared to 50 per day at government facilities. Five major reasons were given for this low utilization. First, the quantities and variety of medicine available at HACHO health centers was low. This was a result of both an unwieldy drug procurement process (imposed by AID regulations but later modified) and a drug distribution system that did not take into account the differences in disease patterns among the units. Second, mobile clinic schedules were erratic due to poor roads and vehicle problems. Unreliable service led to poor attendance at clinic sites in the outlying areas. Third, auxiliary nurses at dispensary sites were often inadequately supervised so that the care provided at this level was frequently of poor quality. Fourth, the outreach services were insufficient given the level of education of the population and the prevalence of disease. Finally, inadequate knowledge of prevailing disease patterns kept personnel from being trained specifically for the most prevalent diseases in their areas and meant that the medicines provided to the dispensaries and health centers were not always those that were most needed. This lack of knowledge is a symptom as well as a cause of poor service; had outreach been better and had there been greater communication between the health providers and the target population, knowledge would also have been better.

Some of the factors, such as poor roads and AID procurement policy, were beyond HACHO's control. Others were directly HACHO's responsibility and should have been remedied. It should be noted that the 1976 evaluation also found that some aspects of the HACHO health facilities were as good or better than government facilities. HACHO clinics were open every day and had generally lower fees than government clinics. The coverage of rural areas provided by mobile units was recognized in the evaluation and by this team's informants as a unique HACHO contribution.

There is some evidence that, as resources in health declined, the mix of services provided changed. Table D-3 was derived from the monthly medical reports from Anse Rouge for the six-month period from April to September in 1975, 1977, and

1982. Although it is evident that services are declining generally, preventive services that require no resources (i.e., prenatal visits and home visits) either increased or declined more slowly in 1977 than did curative services or preventive services that require resources (e.g., vaccinations). Such a shift in service mix is an appropriate response to declining resources. By 1982, however, all services had declined markedly, except family planning, which has shown a slow but steady gain. The number of mobile clinic posts declined from four in 1975 and 1977 to one in 1982; the frequency of visits planned to the remaining post had declined to only one or two per month.

The shift in service mix in 1977 shows what appears to be a commendable attempt at reallocation of scarce resources toward preventive measures requiring personnel only. By 1982, however, services had declined to the equivalent of eight patients per day. It would seem at this point that resources might be better allocated by reducing personnel and using the savings to provide the remaining personnel with more of the physical materials necessary to their work and with more training in health promotion activities requiring few resources, such as oral rehydration or health education. It appears that HACHO decided to maintain personnel levels at their historical levels in anticipation of future budgetary support from either the GOH or foreign donors. Such assistance did not materialize.

In addition to the services described above, there is evidence that HACHO acted in response to extraordinary health situations such as the typhoid epidemic in 1973. The epidemic was reported as "controlled" in HACHO quarterly reports but no information was given on the magnitude of the problem nor the steps taken to contain it. This part of the program cannot, therefore, be evaluated.

B. Dental Services

Dental services were provided by a dentist resident in Anse Rouge serving Anse Rouge and Terre Neuve and by a dentist resident in Jean-Rabel serving Jean-Rabel and Bombardopolis. These services, too, have shown a substantial drop in recent years (see Table D-4). Extraction was reported as the primary service performed; prophylaxis was a very minor part of the program. It was not clear whether the low level of prophylaxis provided was a result of lack of demand, which is an education problem, or to lack of resources. Whatever its shortcomings, supporters and detractors of the HACHO program alike recognize the importance of HACHO's contribution in the area of dentistry. Northwest residents relied on HACHO for dental care, particularly extractions, as few other dental services are

available in the area. The overall coverage relative to the probable level of demand, nevertheless, remained quite low.

Table D-4. Dental Services: Jean-Rabel and Anse Rouge, 1975 and 1982

Category	April-September 1975		April-September 1982	
	Jean-Rabel	Anse Rouge	Jean-Rabel	Anse Rouge
Patients Seen	1,219	717	994	202
Extractions	966	801	895	124
Prophylaxis (children)	42	5	29	4

C. Nutrition Centers

Under HACHO norms, 1,800 children should have been treated at the nutrition centers each year (six centers, each holding three sessions per year with four groups of 25 children each). Participation in a session entailed a mother and child pair spending one day a week at the center for education in marketing, cooking, and feeding methods intended to ensure the greatest nutritional benefit to the child. There were also biweekly distributions of PL 480 Title II commodities. In some centers, the recipient group included 20 children and five pregnant or lactating women.

According to the principles of the nutrition center, 92 percent of children entering a center should be successfully recuperated. Those not recuperating should be readmitted or, if in a state of severe deficiency, referred to a clinic for more intensive treatment. Therefore, each starting group of children should consist of approximately 92 percent new cases and 8 percent readmissions. All children should be under five years old and be suffering from second or third degree malnutrition. Data from the monthly reports of the nutrition center at Anse Rouge for the past two years reveal the participant characteristics shown in Table D-5.

It was not clear from the monthly reports when a new group was admitted to the center nor when any child was "graduated" from the center. Since children are supposed to attend the center for four months, it is possible, even probable, that any

Table D-5. Participant Characteristics, Anse Rouge
Nutrition Centers, 1980-1982
(percentages)

Category	Nutrition Center	Northwest Average ¹	National Rural Average ¹
Rural	16.3 (10.2) ²	93	-
Urban	83.7 (89.8)	7	-
New Cases	45.1 (41.0)	-	-
Readmission	54.9 (59.0)	-	-
Nutritional Status ³			
Normal	0.7 (8.0)	25.4	24.1
1st Degree Malnutrition	51.6 (51.6)	48.8	46.4
2nd Degree Malnutrition	41.5 (41.6)	22.8	26.0
3rd Degree Malnutrition	6.1 (6.1)	3.0	3.5

¹Data are taken from the National Nutrition Survey.

²In April and September 1981, the prevailing pattern of mostly urban readmission was reversed and a set of all new and all rural children was admitted. The numbers do not appear to represent a trend since in May 1981 the figures again show a predominantly urban readmission group. The numbers in parentheses exclude the April and September 1981 cases. Figures from November 1981 were not used because of inconsistencies which made the data questionable.

³Attendees over 5 years old (7.8%) were not classified by nutritional status.

set of monthly figures described the same set of children as the previous month's figures. Monthly variations in the urban/rural mix frequently support this assertion but not always.

There were no reports comparing entry and exit weights or nutritional status. Such figures may be available in the weekly ledgers at the centers themselves, but they were not reported to the unit, regional, or central level for purposes of monitoring and supervision. Nutrition center ledgers reviewed by the team recorded the following: entering nutritional status, attendance rates, and commodities received. The 1976 evaluation found that although 60 percent of attendees gained weight, only 25 percent of these retained the weight gained.

The distribution of attendees by nutritional status shows that while the centers treated malnourished children, they did not concentrate on the most severely malnourished. Over half of all attendees were in first degree malnutrition, even though HACHO norms call for admission of children in second and third degree malnutrition only. This fact suggests a problem in the siting of the centers or in their recruitment and outreach procedures, or both. Evidence of the magnitude of the nutritional problem in the HACHO zone is found in the admission figures for April 1981. In this month the prevailing pattern of mostly urban readmissions was reversed and a set of all new and all rural children was admitted. The distribution by nutritional status of this group shows 88.2 percent in second degree malnutrition and 11.8 percent in third degree. Clearly there exists an unserved population of malnourished children in the HACHO zone. These data suggest that HACHO's nutrition program was not reaching those children most in need and should have been modified. That this situation appears to have been the norm suggests that supervision of the nutrition centers was inadequate.

When the distribution by nutritional status in the Northwest is compared to the national rural average distribution, the Northwest appears to be slightly better off despite its assumed relative poverty. It has been suggested by the HACHO staff that the HACHO nutrition program was a major contributing factor to this relative well-being. It is likely that the substantial infusion of PL 480 commodities into the region in the form of Food-for-Work has affected the general availability of food which might be reflected in a generally higher level of nutritional status. Besides HACHO, both CARE and the German Fonds Agricole distribute Food-for-Work. While the HACHO program undoubtedly helped many who were malnourished, it is unlikely that, given the level of effort, much of the difference in regional nutritional status can be attributed to the HACHO nutrition centers.

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Perhaps HACHO's greatest contribution to health in the Northwest was its quick response in the face of regional disasters. HACHO was instrumental in helping to minimize the nutritional consequences of the frequent droughts occurring in the Northwest. The contribution that such relief efforts made in times of critical nutritional need cannot be overlooked in examining HACHO's impact on health in the region. The mobilization of all available food and personnel by HACHO during the severe 1978 drought has been cited by many as perhaps HACHO's finest hour.

V. CONCLUSIONS

When HACHO began its activities in 1966 it filled a great need of the local population for modern health care. If HACHO's services were not always entirely effective, one must consider the conditions under which HACHO had chosen to work. It is at best difficult to provide outreach services when one must first build the road on which one must travel.

1. HACHO's service delivery model remained static over the life of the project. When HACHO began, the mix of services it provided and its mode of delivery were appropriate and conformed to standard practices. Much of HACHO's program was based on a successful model developed and tested elsewhere in Haiti. Over the years, however, HACHO's program remained static, even though other projects in the country had tested and proved the efficacy and the cost-efficiency of certain modifications to the original service delivery model. Except for the severely diminished level of resources, the health component of HACHO's program in 1982 was remarkably similar to that of 1967.

2. HACHO's program focused too many of the available resources on curative rather than preventive care. In spite of numerous declarations that more attention should and would be paid to preventive medicine, the program remained largely a curative one. It is easy to be tempted toward curative interventions given the obvious need in the Northwest. Nevertheless, had more effort been directed toward designing an effective preventive strategy, perhaps the effects of the program would have been more lasting. The shortcomings of the curative strategy were shown quite clearly when program resources were cut. Without the materials to support curative services most of the personnel were idle, since they were not trained to engage in preventive activities that require few or no external resources.

3. HACHO's response to resource reductions was inappropriate. The program decisions made in response to declining resources were inappropriate and reveal HACHO's perception of itself as a conduit for external resources. When funds were cut personnel were maintained while materials were cut back. Personnel did not appear to have received necessary retraining to cope with the resource scarcity. HACHO seemed to have expected future contributions from outside and apparently decided to keep its health structure intact in anticipation of renewed funding rather than to redesign its program to maximize effectiveness in the face of reduced resources.

4. HACHO's administration was too centralized. HACHO's program decisions were made centrally. Inadequate attention was given to tailoring the program to meet specific community needs. In an organization whose espoused purpose was response to community needs, such a lapse is puzzling.

5. Overall impact of the HACHO health program is likely to have been positive although quite small. Lacking baseline data or even current data on relevant health indicators, it is impossible to quantify the overall impact. The 1976 evaluation states that health benefits were perceived to be significant. It is likely, however, that relative to total demand for health services in the Northwest, overall impact has been low. At the same time, the almost total absence of alternative health services for much of HACHO's tenure in the area and the relatively low level of resources available to the project over its 13 AID-supported years argue that, under the circumstances, the services provided by HACHO were welcomed by the population as acceptable and beneficial.

In summary, the services provided by HACHO, while far from perfect, represented an admirable attempt to provide some level of health care in a region where little else was available. That more could have been achieved even with HACHO's limited resources is certainly arguable. In the face of pressure from AID, beginning midway through the project, to cede this program component to the GOH, HACHO continued to provide health services because it believed, probably correctly, that the DSPP was not then equal to the task. Now, however, a major rural health system, the RHDS, is being established with AID/GOH funding, and the Northwest is one of the first target zones. While HACHO's continued insistence on the DSPP's inability to provide adequate services in the Northwest was laudable in 1977, by 1982 it had waited too long to step aside and allow the Government to assume the primary role as provider of health services for the Northwest.

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ADDITIONAL DISCUSSION OF COMMUNITY COUNCILS¹

The following discussion is based on agency files, prior contact with the agency and councils in Terre Neuve (see Food Aid Report, Smucker 1979), case studies, and other experiences with peasant communities in the region. As the case studies demonstrate, there is considerable diversity within the movement. Certain patterns emerge, however, and certain generalizations may be made.

1. The council model, form, and substance. All councils are organized along similar lines. They take a democratic form with elected officers and periodic elections. All members have the right to vote. All residents of a locality have the right to membership. In substance, however, the functioning of councils does not always fit the outward forms.

In principle all local residents are considered "members" of a council but not all of these members are active, and so there is an expressed distinction between "active" and "inactive" members. As a result, "active" council members may well not be representative of a certain locality but only of a particular faction within it.

There is also a pattern whereby a successful president is unlikely to be challenged. In such a situation new elections may be postponed indefinitely. Furthermore, there is a pattern of unelected leadership in some councils, a role known as "leader-guide." The leader-guide may be a founding president or former president whose advice is sought by current council leadership. In some cases the leader-guide may never have actually held office though he may have played an influential role in the founding of a council. He may be a rural school teacher, an agricultural technician, or another high status outsider with close ties to town or city. In some cases the current council president may be little more than a spokesman for the leader-guide. The relationship is sometimes one of exploitation, but not always. Such relationships tend to follow traditional Haitian patterns of personal loyalties and patron-client relationships.

Community councils commonly show a pattern of authority and hierarchy reflected in the significant distinctions made between the executive committee and the mass membership. There are sometimes factions which compete for control of council

¹Excerpted from Glenn R. Smucker and Jacqueline N. Smucker, "HACHO and the Community Council Movement," USAID/Haiti, January 1980, pp. 71-75.

leadership. Such factionalism lends itself to meddling by outsiders, creating a phenomenon known as "elections officielles" or "elections orientes." In such cases a president or executive committee is put into power by rigged elections or by naked force and intimidation.

2. Social class. The membership in councils is dominated for the most part by relatively more powerful and economically better-off area residents. While the membership itself varies a great deal in terms of the class question, the tendency is for leadership to reflect the larger landed families. This tendency is even more pronounced in the towns.

3. Localism. By virtue of both geographic dispersion and people's orientation, there is a definite strain in favor of local control and decentralization. This is evidenced in patterns of both federation and council membership. Where the council movement becomes a new trend as it has in the northwest, the tendency is for every little locality to want its own organization due to the evident link between councils and agencies delivering services to rural communities. It is interesting to note a counter-tendency among agencies such as HACHO and ONAAC. Proliferation of councils is discouraged in favor of larger population units, councils with subcouncils, subcommittees, and regional federations.

4. Federations. Federations are not representative organizations. They tend to be dominated by townspeople, whereas most of the membership is rural. The current trend toward federations strains in the direction of hierarchy, though it theoretically could be otherwise. Member councils are generally reluctant to contribute funds to the federation; however, Anse Rouge effectively elicits funds from any member councils receiving Food-for-Work. There does not appear to be a clear rationale for the existence of federations from the point of view of local councils nor is there a clearly enunciated policy from within the agencies helping to organize them. At the level of local communities there is widespread lack of understanding of distinctions between HACHO as an agency, the community council of the local town, and the new federations. The structure of these relationships tends to blur into "local" interests versus "outsiders."

5. Finances. The problem of factions and elections is often expressed in disputes over disposition of funds. A pattern of rural distrust of federations and town councils is also linked to pressures on member councils to pay dues. Allegations of "personal interest" as opposed to the interests of the group revolve around accusations of misuse of the council or federation treasury. A common problem reported by council members is the difficulty of building up a treasury because of dues payments in arrears.

6. Relief and development. Where relief goods are distributed in the context of organizing community councils, the goal of self-sustaining local organizations is consistently sabotaged. The earliest wave of council organization in the region was a channel for food relief at a time of drought and famine. In Jean-Rabel it is still unusually difficult to do community development, in contrast to Anse Rouge. It might be noted that councils do serve to channel food aid into rural areas better than other means using urban brokers whose interests and contacts do not reach so far. Such use of councils, however, should not be confused with goals of self-sustaining "autonomy." Relief goals and development goals come into conflict if relief is incorporated from the outset in councils intended to be development vehicles.

7. Project orientation. The community councils are generally organized in relation to various projects. In fact it is often the projects which shape the membership of the council, as at l'Etang (farmers, not fishermen), or determine whether a council is active or inactive. Councils may exist in name and have officers but remain inactive for years until a viable project becomes available. Where Food-for-Work is the type of project giving new life to a council, the distinction between konsey serye (serious council) and konsey mange (food council) is popularly used by local organizers. The problem with this distinction is that it tends to camouflage the fact that other projects besides food aid bring dormant councils to life in a way similar to those labeled as konsey mange.

The project organization of councils is part of a larger and more fundamental issue: pragmatism and vested interest. Where a council is active, it is because people are getting something out of it. This may be in the form of access to external donors bringing jobs and construction materials or a variety of public services such as potable water and agricultural extension. It may also be local control over economic structures perceived as useful, personally, such as an irrigation structure, or a council treasury with loan options to members. Where access to benefits is perceived as tied to the existence of a community council, a council may well spring into existence, even without professional organizers, on the strength of an observed link to projects. In sum, the fact that a council is active is an inadequate measure of its quality as an independent institution.

8. Initiative. For the most part projects are initiated by HACHO and accepted by community councils rather than the reverse. Even though council members may have prior interest in a project area, they usually wait to be approached by a HACHO technician rather than initiate a request themselves. This pattern emerges out of a close examination of project histories. The local context is one in which there is apparent

acceptance of almost any project an agency might suggest, except for those which visibly threaten vested interests. As a result, HACHO is readily able to mount a series of bakery projects when it receives an unanticipated offer of flour from a colleague agency. There is nothing wrong with bakery projects; this simply illustrates the point that bakery projects were not being initiated by community councils prior to the agency's flour donation.

9. Council as channel for services. The most common role played by community councils is that of being recipients of agency services. This is not necessarily a passive role per se; public services are perhaps best administered in the context of grass-roots structures. Local initiative may well be a factor in what type of services a council receives. Even in this role, however, councils tend to take less initiative than the agency in determining what services are provided. The whole question of providing services must be seen in the context of Haitian traditions of government in which few if any public services are readily available to peasant farmers. In this sense HACHO and private sector agencies provide services that otherwise would simply not exist. Community councils are a useful channel for agency services.

10. Council as self-sustaining institution. The rhetoric of community development anticipates the prospect of viable local institutions, a theme reflected in the AID grant objective, "...to develop self-sustaining community action programs." This role should be analytically separated from the role of councils as channels for public services. Given the fact that the very existence of councils is predicated on the flow of projects, it is not anticipated that they would have a "self-sustaining" capacity in the absence of agency goods and services. The reason for this is fundamentally political.

11. The politics of community councils. There is a blurring of public and private in the work of HACHO and other agencies. The conseil communautaire is a law of the land but remains in the private sector. HACHO functions as an autonomous Government agency; ONAAC operates out of the Ministry of Education but serves a "private" clientele. In the Northwest, local government officials find it easier to seek funds for potable water systems and other civic improvements through HACHO and community councils rather than the official Government sector. It is apparent that community councils and HACHO provide "public" services that the Government, for whatever reason, is unwilling to provide directly. It is also evident that the political role of community councils is intentionally limited to the private sector. It does not function as a lobby or effective pressure group in relation to the political process. Aside from the question of local people's lack of experience or training in doing so, a separate issue, it seems clear that the

community council is not permitted to do so. The problems of "initiative" and of being "self-sustaining" are unlikely to be resolved unless organizations of peasant farmers are able to exercise a political role. Historically, Haitian peasants have never had an institutional means of representing their interests in the political process. Community councils could conceivably play such a role, but are unable to do so as presently constituted.

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 Daniel Stephens, regional coordinator, CARE

l'Etang

Gerard Norgaisse, treasurer, community council
 Sonja Norgaisse, president, community council
 several farmers

Petite Place

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Hatte-Dimanche

Exandrier Pierre Louis, president, community council
Andromede St. Felix, agriculture agent, HACHO

Anse Rouge

Richard Chery, coordinator, HACHO

Petite Anse

group of fishermen, formerly supported by HACHO

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Bombardopolis

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Hilaire Romual Joubert, agronomist, DARNDR
Wiener Vachon, coordinator, HACHO
chauffeur, HACHO
executive committee members, Comite Local

Piefrage

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group of artisans

Mare Rouge

Jerome Beldorin, manager, Cooperative Artisanale et Caisse
Populaire
Joseph Melice, secretary, community council
group of women at a HACHO capped spring

Jean-Rabel

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Jonassaint Aristide, president, federation of community
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Jean-Marie Ernest, accountant, HACHO
Hindson Jagiroy, manager, ceramics center
Carrel Jean, animator, HACHO
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APPENDIX G
PHOTOGRAPHS



Sacks of local charcoal stacked alongside the road between Bombardopolis and Jean Rabel, awaiting transport.



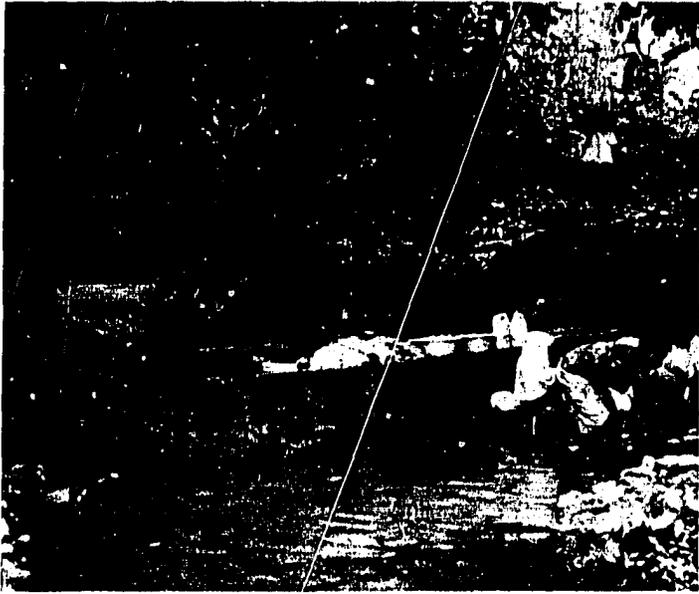
Pipes being laid for the HACHO water project in Terre Neuve.



Abandoned cistern built by HACHO outside Mare Rouge.



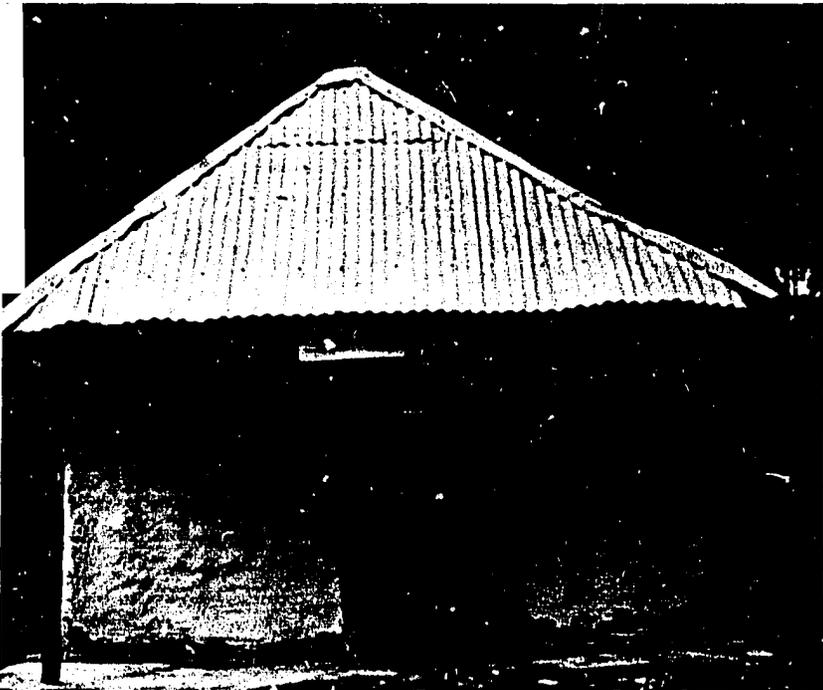
Agricultural agent at the demonstration plot in Hatte Dimanche. The plot is part of the Fonds Agricole/HACHO agricultural program.



Spring capped by HACHO in Mare Rouge. The women said that there is only water at the site when it rains.



HACHO nutrition center at Boucan Patriot.



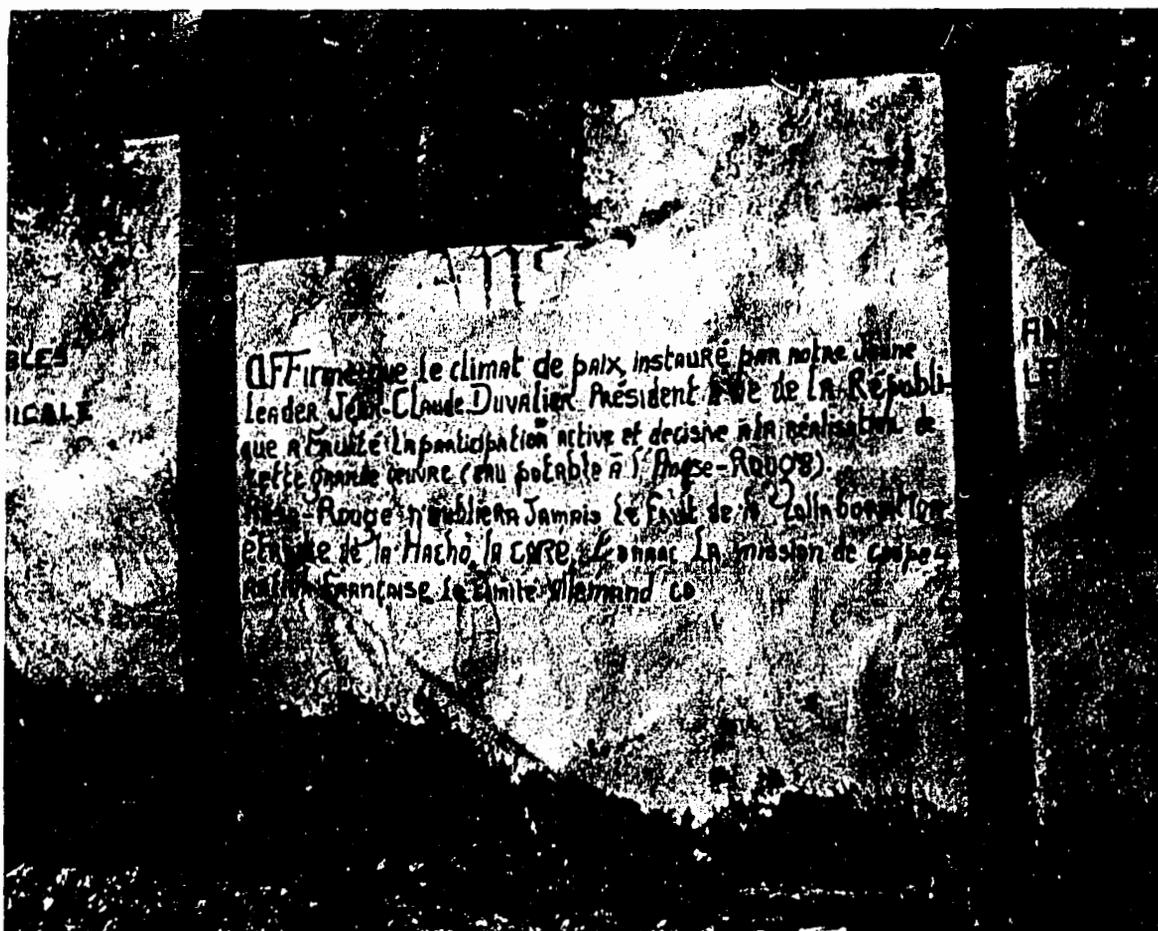
HACHO nutrition center at Bord-de-Mer. Construction is typical of houses in Haiti.



Food-for-work road maintenance team on the road to Jean Rabel.



HACHO health center at Bombardopolis. On the same morning there was a line outside of the local doctor's private clinic at the other end of town.



Sign painted on a wall in Anse Rouge: "It is stated that the peaceful climate brought about by our young leader Jean-Claude Duvalier, President for Life of the Republic, made possible the active and decisive participation for the achievement of this great work (potable water at Anse Rouge). Anse Rouge will never forget the fact of the close collaboration of HACHO, CARE, ONAAC, the French Cooperative Mission, and the German Committee."

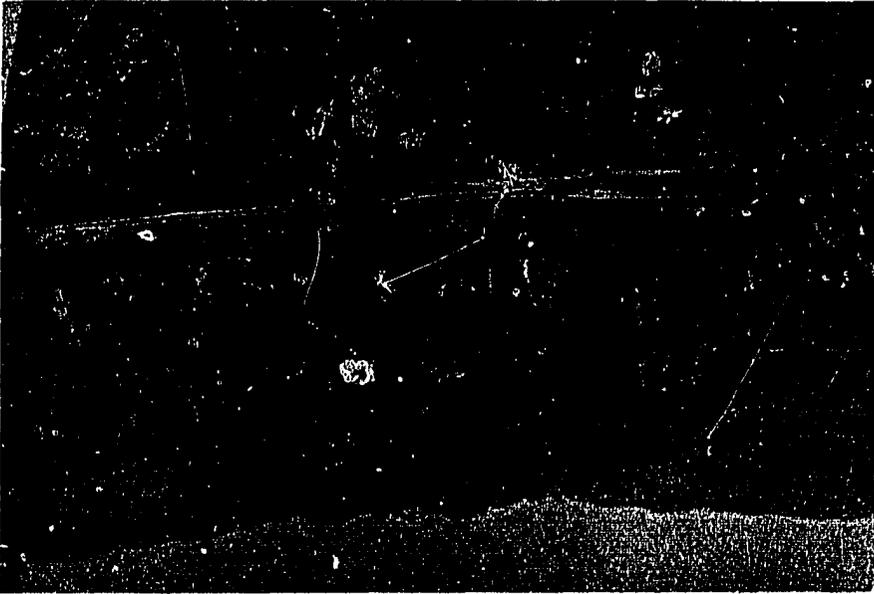
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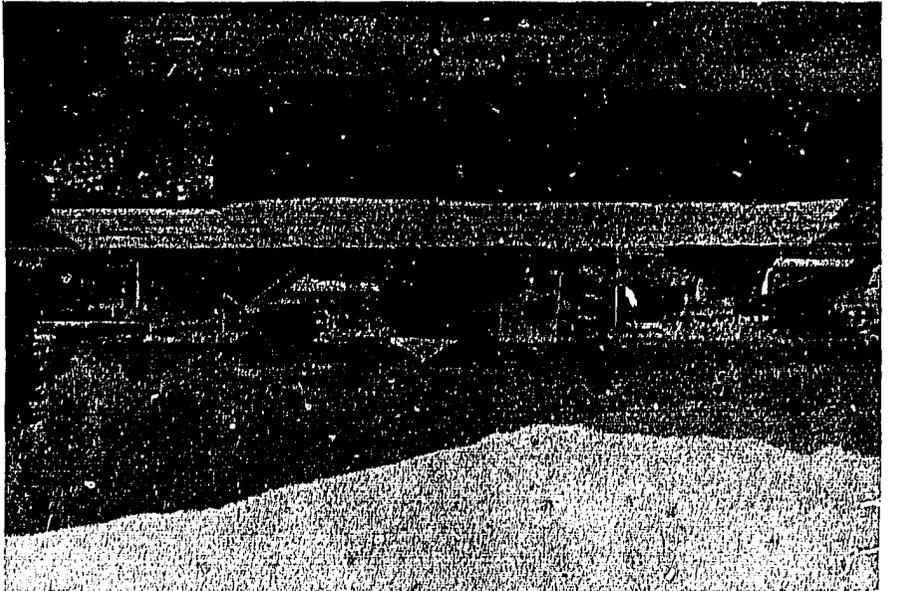
HACHO-financed agricultural storage center at Petite Place.



HACHO/Fonds Agricole irrigation canal at Petite Place.



Denuded hillsides outside of Gonaives.



BIBLIOGRAPHY

A. Documents From HACHO

Fonds Agricole. "Plan d'operation, 1981-1984: Programme de securite alimentaire en Haiti," 1982.

_____. "Rapport d'activites, 1978-1981," 1982.

_____. "Le statut des projets et des considerations pour les mesures suivantes," 1981.

Fougere, William. "Activites sanitaires de la HACHO de 1972 a 1982," n.d.

_____. "Commentaires sur l'evaluation des CERNs faite par Joyce M. King et Catherine J. Fort," n.d.

_____. "Harmonisation de l'action des communautes haitiennes organisees," 1979.

_____. "Introduction des considerations nutritionnelles dans les projets de developpement rural," October 1982.

_____. "Projet de developpement rural pour le Nord-ouest d'Haiti, 1980-82," 1979.

"Plan biennal de developpement communautaire de la HACHO, October 1977-Septembre 1979," 1977.

"Plan de developpement communautaire de la HACHO pour l'annee 1977: Sections d'agriculture et d'animation," n.d.

Various HACHO administrative, medical, and dental reports; file memoranda; and correspondence.

B. Documents From the Government of Haiti

Departement de l'Agriculture, des Ressources Naturelles, et du Developpement Rural. "Evolution de certains produits agricoles au cours des annees 1977, 1978, 1979," 1980a.

_____. Services Statistiques Agricoles, 1980b.

Secretairie d'Etat du Plan. "Diagnostic de la situation alimentaire et nutritionnelle de la population haitienne," 1980.

_____. Plan quinquennal de developpement economique et social 1981-1986, Vol.II, July 1981.

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C. Material From the U.S. Agency for International Development

1. USAID/Haiti Documents

CARE/HACHO, Potable Water II, Project Evaluation Summary, Project No. 521-0112, June 1980.

"HACHO," Memorandum, September 15, 1982.

Rural Community Development, HACHO, Project Paper, Project No. 521-0061, December 1975.

Rural Community Development, HACHO, Project Paper, Project No. 521-0061, April 1977.

Rural Community Development, HACHO, Project Evaluation Summary, Project No. 521-0061, May 1980.

Rural Health Delivery System, Project Paper, Project No. 521-0091, August 1978.

Rural Health Delivery System, Nutrition Component, Project Paper Amendment, Project No. 521-0091, May 1981.

Various USAID files and correspondence.

2. USAID/Haiti Reports

Brinkerhoff, Derick W. et. al. "Administrative Reform and Plans for Decentralization in Haiti: Problems, Progress, and Prospects," November 1981.

Daulaire, Nils M. P. and Mary E. Taylor. "An Analysis of the Bureau of Nutrition: Nutrition Improvement Efforts in the National Context," November 1981.

Eckerson, David. "Nutritional Surveillance in Haiti: a Practicable Approach," October 1979.

Fort, Catherine J. "Cost-Effectiveness of Mothercraft and Other Alternatives for Haiti," January 1977.

King, Joyce M. "AID's Role in Haiti's Mothercraft Network From 1976 Toward the Future: An Evaluation of BON-AID Centers for Education and Nutritional Rehabilitation," January 1979.

- Luche, Thomas C. "A Report on the HACHO Project Based on an Evaluation of Its Activities and Including Recommendations for Future Options," May 1972.
- Pfrommer, Carol V. et al. "Evaluation of the Haitian-American Community Help Organization: Phase II," October 1976.
- Smucker, Glenn R. and Jacqueline N. Smucker. "HACHO and the Community Council Movement," January 1980.
- Smucker, Glenn R. et al. "Food Aid and the Problem of Labor-Intensive Rural Development," October 1979.
- Werleigh, George et al. "HACHO: Evaluation Report Phase I, 1975," 1975.
- Zuvekas, Clarence. "Agricultural Development in Haiti," May 1978.
- "Food and Agriculture Sector Strategy for Haiti: Final Report," February 1982.

3. USAID/Washington Reports

- Brinkerhoff, Derick W. "The Effectiveness of Integrated Rural Development: A Synthesis of Research and Experience," Office of Multisectoral Development, August 1981.
- Steyaert, Louis T. et al. "An Early Warning Assessment Program for Drought/Subsistence Food Shortages in the Caribbean Basin and Sub-Saharan Africa: Final Report on Test and Evaluation," Office of U.S. Foreign Disaster Assistance, December 1980.
- Tendler, Judith. Turning Private Voluntary Organizations Into Development Agencies: Questions for Evaluation, Bureau for Program and Policy Coordination, Evaluation Discussion Paper No. 12, April 1982.

D. Other Sources

- Esman, Milton J. and Norman T. Uphoff. Local Organization and Rural Development: The State of the Art, Cornell University, Rural Development Committee, Special Series on Rural Local Organization, No. 7, 1982.
- Honadle, George. "Rapid Reconnaissance for Development Administration: Mapping and Moulding Organizational Landscapes," World Development, Vol. 10, No. 8, 1982, pp. 633-649.

84

Korten, David C. "The Management of Social Transformation,"
Public Administration Review, Vol. 41, No. 6, 1981, pp. 609-
618.

Lundhal, Mats. Peasants and Poverty: A Study of Haiti,
London: Croom Helm, 1979.

Rein, Martin. Social Science and Public Policy, Middlesex,
England: Penguin Books, Ltd., 1976.

U.S. General Accounting Office. Assistance to Haiti:
Barriers, Recent Program Changes, and Future Options,
Washington, D.C.: General Accounting Office, Report No.
ID-82-13, February 1982.

World Bank. Current Economic Position and Prospects of Haiti,
Vols. I and II, Report No. 2165-HA, December 1978.

"Haiti: Economic Memorandum--Recent
Economic, Industrial and Sector Developments, Report No.
3079-HA, February 1981.

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A.I.D. EVALUATION PUBLICATIONS

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