



INSPECTION REPORT

SELECTED HEALTH SECTOR ACTIVITIES IN HAITI

SEPTEMBER 30, 1976

Office of the
Inspector General of Foreign Assistance



DEPARTMENT OF STATE
THE INSPECTOR GENERAL OF FOREIGN ASSISTANCE
WASHINGTON, D.C. 20520

September 30, 1976

INSPECTION REPORT

Selected Health Sector Activities in Haiti

CONTENTS

	<u>Page</u>
SUMMARY	1
BACKGROUND	3
SCOPE OF INSPECTION	4
RESULTS OF INSPECTION	5
A. Family Planning Program	5
1. Supply and Availability of Contraceptives	5
2. Commercial Marketing of Contraceptives	8
3. Degree of Emphasis on Birth Control	9
4. Other Matters	13
B. Anti-malarial Program	15
1. The 1963 Memorandum of Understanding	15
2. Interagency Coordination	17
3. Integration of SNEM into GOH Health Structure	18
4. The New Emphasis on Drainage	20
5. Field Operations Statistics	22
6. Other Matters	23

APPENDIX - Acronyms Used in Report

- 1 -

Selected Health Sector Activities in Haiti

SUMMARY

Under the authority provided by subsection 624(d) of the Foreign Assistance Act of 1961, as amended, we reviewed selected AID-funded health sector activities in Haiti.

U.S. assistance to Haiti, which had averaged less than \$5 million annually since 1963, had increased to \$11 million in FY 1974 and is expected to reach \$30 million in FY 1977. While there appears to be a greater commitment by the Government of Haiti (GOH) to economic development and improvement of the condition of the poor majority, it is difficult to evaluate project success as a result of the slow rate of implementation and the unavailability of reliable statistical indicators in Haiti.

The number of problems associated with the AID program are not excessive for an essentially new and growing program and are generally susceptible to corrective action.

A. Family Planning Activities - The bulk of Haitian and external resources in the health sector are concentrated on improving the health of pregnant women and children, which is understandable in view of Haiti's startling child mortality rate. The obvious result of this concentration together with an insufficient emphasis on birth control will be an increase in population.

We found that the AID Mission (USAID) had not developed a satisfactory system of contraceptive procurement for the family planning project, resulting in emergency air shipments, an inability to locate or monitor deliveries, and serious shortages for the GOH family planning program. The relationship of the government-run program to a proposed commercial marketing scheme, both of which would be run by the same GOH official, makes monitoring of supplies even more significant. We have recommended a tightening of controls.

The original family planning project had consisted primarily of support to the GOH system of child and maternal health clinics, with only a minor component of family planning assistance. While the integration of health and family planning is an acceptable, even recommended, approach, we recommend that a more reasonable balance between population planning and health be adopted in policy and maintained in practice.

B. Anti-malarial Program - This program has been sharply criticized for many years as mismanaged and ineffective. Despite over \$22 million in U.S. assistance to eradication efforts, Haiti remains the only Caribbean island nation where malaria is a major health hazard.

The long-delayed arrival of two AID contractors has provided a marked potential for improvement. The program was still operating under an outdated 1963 agreement which served to buttress an inefficient system of co-direction. We recommend a revision to provide a more realistic pinpointing of responsibility for program success.

Meetings of the policy-making executive committee, which the memorandum of understanding required to be held at least monthly, have not been held at all in 1976. We also noted a lack of coordination on certain matters between members of the committee which might be eliminated if meetings were regularly held.

We found that the USAID, while advocating the incorporation of the program into the GOH health system, had taken no action to prepare for this, in spite of earlier warnings by contract advisors. We recommend that concrete plans for the integration of the program be made and no further actions taken which would interfere with this goal.

There is considerable uncertainty about the size and nature of a new drainage effort to be undertaken. We recommend a more detailed review of proposed expenditures and objectives under this program.

BACKGROUND

U.S. assistance to Haiti, which had averaged less than \$5 million annually in the decade since 1963, had increased to \$11.4 million in FY 1974, and is expected to reach nearly \$30 million by FY 1977. The AID presence has increased from six representatives in 1973 to the present mission of 40, with a projection of up to 83 by the end of FY 1978. The increase in U.S. assistance, which has been paralleled by other nations and international organizations, was based upon U.S. policymakers' perception of the leadership of Jean Louis Duvalier as being more development-minded and less oppressive than that of his father whom he succeeded in 1971.

While earlier AID programs have focused primarily on the agricultural sector, substantial new commitments in the health sector are planned in FY 1977. The U.S. has been involved in the anti-malarial effort since 1961, and has expended over \$22 million in grant assistance to the GOH institution entrusted with malaria eradication. Despite this effort, Haiti remains the only Caribbean island nation where malaria is a major health hazard, the disease having been eradicated or controlled in Jamaica, Cuba and even in the Dominican Republic, which shares the same island. The resurgence of malaria worldwide in nations where control had not been achieved has prompted the World Health Organization (WHO) to appeal for more assistance to needy countries.

The U.S. program frequently has been criticized for administrative deficiencies in the past. It is scheduled for a change in technical direction and in funding, from a grant to a loan basis, in FY 1977.

The U.S. involvement in family planning in Haiti began in 1973, with AID's participation in multi-donor meetings in Port-au-Prince and Washington, although actual program assistance was limited to a few deliveries of contraceptives in 1974. In 1975 the first project agreement was signed, and \$343,500 had been programmed for obligation through FY 1976. While this contribution is only a part of total external family planning assistance to Haiti, which also includes funds from the United Nations Fund for Population Activities (UNFPA), the Pathfinder Corporation and Family Planning International Assistance (FPIA), the U.S. is the major contributor to these organizations and AID is presently responsible for supplying contraceptives to the program.

The GOH has indicated at the highest level a concern about the problems represented by population growth on Haiti, where the population density is among the highest in Latin America and the problem of erosion continues to diminish the availability of arable land on an already limited and mountainous land base. At present, however, the bulk of Haitian and external resources in the health sector are concentrated on improving the health of pregnant women and children, an approach which is understandable in view of Haiti's startling child-mortality rate but which is recognized as being likely to actually increase the growth rate, at least in the short run.

SCOPE OF INSPECTION

The objective of the inspection, carried out in mid-June 1976, was to review selected AID activities, primarily in the health sector, with particular attention to the relationship of these programs to overall U.S. objectives in Haiti. The anti-malarial program and population program were chosen for specific concentration in view of the major revisions being planned in the former, and the strategic importance of the latter in terms of its relationship to the success of other development programs in Haiti.

A review of USAID operating expenses was also undertaken as the result of a special request from the Senate Appropriations Subcommittee on Foreign Operations that we undertake such reviews in the course of our regular inspection efforts. A report on the subject was issued August 20, 1976. The major program of the agricultural sector, the small farmer credit program, was the subject of recent reviews by the General Accounting Office and the AID Auditor General (AAG), and not covered.

Prior to the inspection, we reviewed the results of an operational audit of AID activities by the Area AG in late 1973 and an overall appraisal of the Haiti program in 1975 by the Operations Appraisal Staff of the AG. The concerns expressed in these reports regarding certain programs, in particular the anti-malarial program, were helpful in formulating the specific focus of our inspection.

During the course of the inspection field visits were made to five government health clinics and one regional SNEM field office outside of Port-au-Prince. Exit

conferences attended by the Deputy Inspector General were held on June 23 and 24 with the USAID Director and Ambassador respectively.

RESULTS OF INSPECTION

A. Family Planning Program

1. Supply and Availability of Contraceptives - The USAID and AID/W have not developed a satisfactory system for contraceptive commodity procurement. Information supplied by the USAID on the quantities of AID-financed contraceptives supplied to the GOH was inaccurate in several respects. It did not include earlier shipments in 1974 for which no records were apparently kept but did include, as if delivered, shipments which were still in customs or in the pipeline. No record is kept of the ultimate disposition of commodities. We found a shipment of pills and condoms valued at \$34,600 which had arrived in Port-au-Prince in January 1976 consigned to AID but which was never delivered, remaining in the customs warehouse for almost half a year. In May 1976, unaware that this shipment had arrived four months earlier, the USAID cabled AID/W for an emergency air-shipment of condoms to meet nearly exhausted GOH supplies. At the close of the inspection, the USAID was attempting to obtain the release of these supplies, and it was uncertain whether storage or demurrage charges would be incurred.

The USAID General Services Officer stated that it was considered the responsibility of project officers to arrange the passage of project-related commodities through customs, while the USAID Public Health Officer (PHO) said that he did not consider it his responsibility, indicating an area where a general AID/USAID policy needs clarification.

There are other indications of difficulties in the contraceptive procurement area. The May 1976 request marked the third time in eight months that an emergency airshipment was required (earlier shipments having been flown in on October 1 and December 21, 1975) and the second time that GOH supplies were reported close to exhaustion on a nationwide basis. The USAID attributed the shortages to a lack of coordination between the UNFPA, which had been supplying contraceptives in FY 1975,

and the USAID which was to have the responsibility for FY 1976 requirements for the entire GOH program. This responsibility was mentioned in a project paper dated December 19, 1974, which should have provided ample time for proper coordination. The paper stated that \$119,500 worth of contraceptives would be provided by AID in FY 1976, 30,000 gross of condoms and 210,000 oral monthly cycles (MCs). As of June 24, 1976, the only contraceptives which could be definitely shown by supporting documentation to have been provided to the GOH by AID were 925 gross of condoms and 64,200 oral MCs, with a total value of under \$14,000. Other undocumented shipments were referenced in various places, but without records as to exact amounts and eventual distribution.

Underlying causes of the delay in establishing a firm procurement pipeline were difficult to establish. The USAID maintained that AID/W centralized procurement procedures take about two years to gear up for supplying a bilateral program, yet AID/W guidance was sent to the USAID in May 1974, with a suggestion that the USAID proceed to prepare a project implementation order (PIO/C) for contraceptives. In a three-month period, September-November 1975, AID/W repeatedly asked the USAID for information on nonfunded PIO/Cs or their contraceptive needs. The nonfunded PIO/Cs finally arrived in Washington on December 2, 1975. The following week, however, the USAID cabled AID/W to disregard the PIO/C for orals. An arrangement had been reached with FPIA to supply pills to the program. This use of an intermediary to fund commodities allowed the USAID to meet the GOH budget request without notifying Congress of an increase over earlier amounts. The USAID stated that this was done upon instruction from AID/W's Office of Population (PHA/POP), which was attempting to avoid making a special funding request to Congress.

The utilization of an intermediary instead of the regular contraceptive procurement system has two effects upon the program. Project funds formerly programmed for contraceptives are made available for other purposes or for expenditure levels not originally envisioned or justified in programming. There is also an added element of potential confusion because coordination of logistics as well as data on amounts provided remains outside of AID channels. Three different data sources on amounts supplied to Haiti now exist: PHA/POP

figures, which are represented as quite accurate because they are computerized, the GOH, and the USAID. Each source provided a different total in this case.

The effects of a shortage of contraceptives in Haiti are difficult to establish conclusively. We believe, however, that the USAID's failure to establish efficient supply procedures and the conservative posture regarding supply levels adopted by the USAID/PHO have resulted in severe shortages at the national level and a limited availability at the clinic level. At one clinic visited, the inventory consisted of 20 oral MCs, 35 cans of foam; at another only 1 gross of condoms. The clinic directors insisted, however, that there was no shortage, and that requisitions arrived when needed. The USAID request for an emergency airshipment in September 1975 had stated that there were only 3,000 MCs and 1,790 gross of condoms in the GOH central stocks, representing less than one month's usage of pills and four month's of condoms. By contrast AID has indicated that appropriate initial supply goals for a program's first year of operation are one year's supply of orals and one year's supply of condoms.

Despite the emergency airshipment of pills in October 1975 and of condoms in December 1975, the longer term solution to contraceptive procurement which the USAID claimed would be forthcoming in September 1975 has apparently not been reached. In May 1976 the USAID reported receiving increasingly pressing requests for condoms from the GOH, and was once again required to ask for an emergency shipment. Following the inspection IGA attempted to learn if PHA/POP had finally set up a systematized supply system, or procurement pipeline. A PHA/POP official said this could not be answered at present since the current posture of the USAID is to await upcoming decisions of the primary donor (UNFPA) and act accordingly. The USAID has deferred action on the project paper for the new maternal child health/family planning (MCH/FP) project until September citing the UNFPA action and the plans of the GOH to restructure its request for assistance.

Recommendations

a. That the USAID/PHO immediately establish an ability to provide accurate information on AID-financed contraceptives being provided to Haiti, including those supplied by AID-financed

intermediaries. This information should include the eventual recipient of the commodities, quantities, value and shipping documentation. It should include past deliveries, materials currently in customs or transit and scheduled shipments.

b. That AID/W, jointly with the USAID, establish a firm commodity pipeline for the Haiti program through the centrally-funded procurement system that will minimize if not eliminate the necessity for air emergency shipments.

2. Commercial Marketing of Contraceptives - The lack of adequate record-keeping and information on the status of commodities is also of concern due to the fact that at the time of our inspection, plans were underway to foster a commercial marketing scheme in Haiti whereby condoms, obtained cost-free from AID, would be sold to Haitians at ten cents per package of three. The USAID enthusiastically backed this program when it was first proposed in July 1975, and while the original contractor's proposal is not presently under active consideration due to circumstances unrelated to Haiti, the PHO still favors a commercial marketing scheme. In view of the lack of USAID accounting for commodities and experience elsewhere where supplies have been diverted from public to commercial distribution, there is a marked potential for confusion or commingling of commodities. The situation is compounded by the fact that in Haiti, the director of the GOH family planning program also heads a private foundation that wishes to become involved in the commercial marketing effort.

The PHO acknowledged the appearance of a potential conflict of interest but insisted that the integrity of the GOH official involved was a guarantee against any diversion of supplies or funding and we have no reason to dispute this. We were informed that some commodities were eventually routed to the privately-owned center and that an AID-funded contract employee was employed part-time at the center, although the absence of documentation and the refusal of the employee to discuss her specific responsibilities with us did not allow either confirmation or refutation. We were informed by both the GOH official involved and the PHO that a commercial venture was some time in the future, although both were highly supportive of the project.

We are also concerned that the public program may be "held hostage" to ensure the success of the commercial one, which has occurred elsewhere. It is

doubtful that significant commercial sales will occur in a market where free commodities are readily available. The PHO maintains that a market exists among persons who for reasons of convenience or preference do not utilize clinics, and that such sales which occur will have a synergistic effect upon the total program. We believe the primary benefits of a commercial program would be to those outside the congressionally mandated target group of the poorest. The suggested price of 50 gourdes (10¢) per package of 3 condoms appears unreasonable in a country where \$1.30 per day is the daily minimum wage. A commercial marketing program that charges this price in the Philippines has been criticized as too high for the average Filipino, even though the Philippine per capita GNP is almost 70 percent higher than in Haiti.

Recommendations

a. *That AID not finance or supply a commercial marketing project until the public distribution of contraceptives has been well established.*

b. *That any commercial program that AID does eventually sponsor be carefully monitored to see that it is separate from and not in conflict with the public program.*

3. Degree of Emphasis on Birth Control - The activities carried out under the AID family planning project in Haiti, originally justified to Congress as a program of family planning services have essentially comprised assistance to the GOH's new system of multipurpose health clinics; the component of this activity actually devoted to family planning has been quite limited.

The GOH has taken a number of actions in recognition of the need for family planning, such as renaming the Department of Public Health as the Department of Public Health and Population (DSPP), but has not yet formulated a specific population policy. The overall health policy of the DSPP emphasizes the general objective of raising life expectancy from 47.5 years to 52 years by 1980, concentrating specifically on the health of children 5 years and under and women of childbearing age. Family planning is not included among the 29 specific objectives set forth by the DSPP in July 1975. The GOH officials currently responsible for family planning maintain that family planning can only be carried

out within the framework of a health program. At initial discussions in Washington in 1973, GOH officials admitted that their program was primarily health oriented, while AID officials noted reservations about the health bias of the program, indicated a greater interest in FP than MCH aspects, and also stated that within the FP program services and supplies were of greater interest than facilities and staffing costs.

The family planning project which was finally approved by AID in early 1975 was described in the congressional presentation as a project to support extension of family planning services in rural areas. In the project paper and project agreement, the funds were specifically designated for the construction and equipping of two FP training centers and FP clinics. One facility presently houses the headquarters and warehouse of the GOH Department of Family Hygiene in Port-au-Prince, while the other, still under construction at Croix des Bouquets, is clearly intended for use as a multi-purpose health unit, with laboratories and rooms for pediatrics, prenatal and dental care. USAID engineering reports state that the building will also be used for courses for students of the Faculty of Medicine.

GOH practices and policies may also be acting as a constraint upon a wider adoption of family planning. Certain hours and/or days were established as FP periods at some clinics, though the clinics were open all day. While GOH officials stated that this would not preclude services for FP clients at other times, we noticed a definite concentration of FP clients on those days, and some potential acceptors may have been lost through misunderstandings regarding availability. GOH officials are also reluctant to allow dispensation of pills by non-clinic sources, provide only one monthly cycle of pills following the first visit instead of the usual three, and have resisted voluntary sterilization of men despite indications that there is some receptivity to this method in rural areas. One clinic physician indicated that he had performed this operation on five men before being notified that the method was no longer acceptable, and that he has had constant and frequent inquiries ever since as to when he would resume the practice.

While the GOH has recently begun to discuss a greater use of community agents, it is still pursuing

very conservative practices with regard to making contraceptive devices available. Levels of supplies are kept deliberately low at certain clinics, according to one official, because the capability of handling larger inventories has not been developed. The possibility of some waste was also mentioned. Clinic personnel insist that they do not run out, and can quickly obtain supplies by requisition. It is likely, however, that low supply levels limit distribution if even in an unconscious fashion.

The tendency of the GOH to rely almost exclusively upon a clinic-based system of comprehensive, all-purpose medical care, and emphasize curative medicine and prenatal care has also tended to limit progress in the birth control area. The proposal for a four-year \$6.1 million extension submitted by the GOH to the major family planning donor (UNFPA) in February 1976 contained an identifiable family planning component of approximately 10 percent. UNFPA stated at that time that while it agreed with the philosophy of MCH-based FP programs, it was not a health agency, and was concerned with the small size of the family planning component of the program as compared to the overall investment made. UNFPA also decreased funding from \$6.1 to \$3.5 million.

The application of Title X (population program) funds in integrated programs of health care is worldwide and not limited to Haiti. Furthermore, maternal and child health care is a matter of special concern in Haiti, where the estimated infant mortality rate is the highest in the Western Hemisphere (150 per 1,000). It is a widely accepted theory that in the long run, as families perceive improved health conditions for their children, the impulse to overproduce in order to ensure the survival of sufficient children decreases. Even granting that such considerations enter into the individual act of procreation, however, the time frame for producing the perception of improved health and realizing the associated decrease in birth rate is very long for most developing nations. Improvements in health care are diluted in their effectiveness when they must be spread out each year over a rapidly increasing number of beneficiaries. It is especially important, therefore, that funds identified for family planning have maximum impact on family planning.

Proposed AID assistance in the future will apparently continue to support a health infrastructure.

The new MCH/FP project is described as one of a group of AID projects which will be "a basis for developing a public health delivery system emphasizing maternal and child health, endemic disease control, nutrition and health planning." The USAID recognizes that as soon as public health activities begin to reduce infant mortality, Haiti's growth rate will increase substantially but continues to support the GOH emphasis on developing a public health delivery system. The USAID states that:

"This approach also recognizes that any government responsive to public opinion cannot concentrate exclusively on family planning programs in communities that are beset by other serious health problems"

We agree with this statement. The projects described as family planning in Haiti, however, do not by any stretch of the imagination approach an "exclusive" preoccupation with family planning.

The USAID is well aware that the program has had only a minor concentration on birth control. The project appraisal report states that the goal of the project is "to improve the health of the Haitian family." The USAID is also well aware of the recently indicated UNFPA concern that the GOH program had too small a component of family planning. The USAID's reluctance to encourage the GOH to more sincerely emphasize family planning appears to be related to congressional mandates to avoid the appearance of paternalism, and a related preference for following the earlier UNFPA lead in program direction.

The Chairman of the Interagency Task Force on Population Policy has recently requested that we examine the performance of missions in giving effective support to U.S. international population policy. Both the Ambassador and Mission Director are beginning to promote a more community-oriented, less-conservative family planning effort in Haiti.

In response to the Ambassador's suggestion, an AID/W TDY team will visit Haiti in the near future to make a presentation to GOH officials regarding the consequences of continued high fertility on growth patterns. It is hoped that the USAID/PHO will provide the guidance and encouragement necessary to continue this initiative.

Recommendation - That the USAID/PHO ensure, through its program design and monitoring activities, that AID-funded projects described as family planning, even when integrated within a MCH program, contain an emphasis on birth control that is proportional to their funding as described in project documentation.

4. Other Matters

a. Information, Education and Communication - Other AID family planning funds have not been fully utilized for their intended purpose. The funds described in the project agreement as devoted to information, education and communication (IEC), an essential part of promoting acceptance in a country with a low literacy rate and weak communications infrastructure, were apparently diverted to provide supplemental salary benefits to an AID consultant whose chief contribution was reported to be developing USAID proposals for a nutrition project (IGA Inspection Report, "AID Operating Expenses in Haiti," dated August 20, 1976). While the amount involved was small, it still represented a reduction of almost 40 percent of the amount stipulated to be spent on the IEC line item in the project agreement.

We also noted a considerable emphasis on advertisements in the French-language newspapers, a medium which reaches only a very small percentage of French-speaking, well-educated and upper-income Haitians who are generally already aware of the benefits of family planning. According to the USAID, films and radio broadcasts are extensively used, and some materials are printed in either French or Creole, the language spoken by the overwhelming majority of the Haitian people. We noted posters at only one of the five MCH/FP clinics visited, however, and these were hand-painted posters produced by a local resident.

Recommendation - That the USAID monitor the IEC activity more closely to ensure that funds are used for that purpose, and that the activities undertaken are directed at the appropriate Haitian target groups.

b. Statistics - Information on program acceptors was deficient in several respects. The development of a data collection system was part of the original project agreement, and according to the USAID project appraisal report in April 1976, was working smoothly.

Occasionally data for new clients is reported as numbers of acceptors, however, and these figures do not show the degree of continuation. The number of "acceptors" may therefore be overstated to the extent that initial visits are not repeated. A check we made of records at one AID-supported clinic indicated haphazard record keeping and practices such as including scheduled appointments among the visits counted even if the client was subsequently recorded as absent. The forms which must be filled out for each client are quite cumbersome, and contain requirements for redundant or relatively unimportant information, increasing considerably the potential for error or misuse.

Some clinics were also unable to provide information on quantities of contraceptives used, a shortcoming which was noted by the GOH in its last quarterly statistical report. In view of the vital importance of such statistics in determining trends among acceptors, assuring greater reliability of information should receive a top priority.

Recommendation - That the USAID provide assistance to the GOH in the statistical area, so that more accurate information on continuing acceptors and contraceptive usage is available.

c. USAID Staffing - The USAID/PHO in dealing with all AID health programs, whether anti-malarial, maternal and child health, nutritional, health planning or strengthening of the health infrastructure, will not be inclined to view family planning as a program especially when it is only a part, and not a very distinct one, of another project. It would seem only practical that the USAID/PHO develop the capability of looking at decreased fertility as a succinct objective, even if for expedient or political reasons the funds for the activity must be packaged as part of a more comprehensive program. This sort of perspective combined with a measure of responsibility for success, can be achieved through the presence of a population officer or public health assistant with special responsibilities for family planning. The USAID Director has indicated to us an intention to employ a Haitian national in the family planning program, an area where an indigenous capability seems especially indispensable. While the future size and direction of the AID program is dependent on upcoming UN and GOH decisions on the size and direction of the program, a U.S. staff member with especially designated responsibilities for population would also be able to facilitate

some needed improvements in commodity management, statistical reporting and interagency coordination.

Recommendation - That the USAID consider such a population officer position in conjunction with any continued expansion of FP activities.

B. Anti-malarial Program - The Service National des Endemies Majenures (SNEM), until recently the National Service for the Eradication of Malaria, has been the beneficiary of over \$20 million in AID assistance since its creation in 1961. The USAID intends to provide \$11 million more during the next five fiscal years, \$7 million of which will be a loan to be obligated in FY 1977. We reviewed former evaluations of the organization, which has not achieved its goals of eradication or control of malaria, and appraised the present and proposed program in the light of these previous recommendations and guidance from the Development Assistance Executive Committee (DAEC).

SNEM currently employs almost 1,200 Haitians, including temporary help, and has an annual operating budget of about \$1,400,000 of which the U.S. has historically contributed approximately three-fourths. The GOH contribution has been increasing as a percentage of AID grant funding, although it has not yet been determined how the transition to loan funding will affect GOH inputs.

At present, SNEM is administered jointly, with a Haitian co-director and a co-director representing the Pan American Health Organization (PAHO), a regional arm of the UN World Health Organization. PAHO contributes a technical advisory team and small quantities of medicines. An executive committee now composed of representatives from the GOH, AID, and PAHO provides policy guidance.

1. The 1963 Memorandum of Understanding - The basic agreement under which SNEM operates is a memorandum of understanding amended in 1963 to include AID. The 1975 health sector analysis for Haiti notes that "it has been extremely difficult if not impossible to discover what is the current status or operating condition of the quadripartite agreement covering this project." One of the four parties to the 1963 document, the United Nations Childrens Emergency Fund (UNICEF), no longer participates in the program. Other provisions are

equally anachronistic and in need of revision. Many consultants have urged the updating of this document. The USAID recommended a revision of the document in November 1974, but no action has been taken.

One of the major provisions considered for revision is that of the co-directorship. In August 1974 an AID consultant characterized the position of the PAHO co-director as "an unenviable one of rubber-stamping decisions made by the national co-director," and urged the elimination of the co-directorship. We discussed the situation with PAHO representatives who candidly admitted that the present arrangement was unsatisfactory and served primarily to lend a facade of multilateral approval to what were basically unilateral actions taken by the Haitian co-director. PAHO officials also said they had no objection to eliminating the PAHO co-directorship position. At present a sanitation engineer from PAHO is "interim acting co-director," replacing a PAHO technical advisor, also an interim co-director, who is now on a nine-month training assignment in Mexico. The present designee is, by the nature of his original assignment, frequently away from his office on field trips, and yet is required to give written approval to every administrative action of SNEM.

We believe that a revision to make direct management a Haitian responsibility would be consistent not only with the idea of greater host country participation mandated by Congress but a logical step in the eventual integration of SNEM in the DSPP. There have also been very pointed criticisms made of the present Haitian co-director which include observations by professional consultants on his lack of competence, knowledge and the respect of his colleagues, documented examples of personal arbitrariness and hostility to AID consultants, and abuses of the perquisites of the office, including the fact that three vehicles of the SNEM fleet are assigned exclusively to his use. In suggesting that a sole Haitian director be appointed, we are not advocating a strengthening of the position of any incumbents, since a situation of de facto Haitian direction already exists. A single national director, subject to the policy guidance and unanimous selection of the executive committee, would provide a more accurate pinpointing of responsibility and greater degree of institutional accountability than is the case under the present quasi-international structure. We believe that the executive committee

should continue to exercise its existing responsibilities for policy guidance and selection with regard to a new single directorship.

Recommendation - That the USAID require, as a condition of continuing U.S. assistance to SNEM, a revision of the original memorandum of understanding along the lines suggested earlier by the USAID, to include in particular provision for a single Haitian director subject to the policy direction and appointment of the executive committee.

2. Interagency Coordination - The executive committee, which by the terms of the thirteen year old memorandum of understanding is to meet not less than once a month and more frequently if requested, had not met at all in calendar year 1976. While the monthly meetings required in 1963 when the malaria program was the major U.S. assistance program may no longer be practical when the Minister of Health and USAID Director have proportionally greater responsibilities in other fields, the lack of higher level meetings appears to have led to communications difficulties or misunderstanding on certain matters, which might be avoided by more frequent and regular meetings with associated decision-making and reporting.

a. In March 1976 the USAID, in response to an earlier AID/W request for a more detailed implementation plan for the remaining period of grant funding, explained that PAHO was in the final stages of preparation of a 1976 plan of operations which, together with the 1975 PAHO plan, would satisfy DAEC requirements. When we attempted to obtain the 1976 plan, PAHO officials said that there was no such document and that PAHO was proceeding on the basis of its 1975 document.

b. The project agreement for 1976, signed on March 25, 1976, establishes that there will be an evaluation of SNEM activities by an external review team during 1976 "under the technical aegis of PAHO, with AID as a participant member." PAHO officials were also unaware that such a review was planned, and in fact felt that their ongoing activities acted as a form of review.

c. PAHO officials were not aware of the extent to which the integration of SNEM into the DSPP was being addressed in AID congressional presentation materials and program documents. PAHO officials were in agreement

with the necessity for such an integration, but were not familiar with any specific plans to accomplish this.

We believe that regular meetings would promote an increased USAID identification with the program, an association which was not readily apparent despite the large percentage of U.S. assistance. None of the SNEM equipment, including some AID-supplied vehicles, appeared to be designated as AID-provided. USAID involvement with the SNEM organization is somewhat limited; one of the two professionals in the USAID Public Health Office did not know where the SNEM headquarters in Port-au-Prince was located.

In our opinion the executive committee represents a potentially useful but underutilized means by which the USAID could constructively influence the development of an organization with which the U.S. is strongly identified. The advantages gained by having an AID administrative advisor actively involved in SNEM operations are limited in the absence of complementary and mutually supportive interaction with the executive committee. The nature of the co-directorship as discussed above, makes a USAID input at the policy level even more essential.

Recommendation - That the USAID include a renewed commitment to hold regular and frequent meetings of the executive committee as part of the new or revised operating agreement. In accordance with the committee's statutory policy responsibilities, the administrative advisor should be responsible for ensuring that significant items relating to financing, management or strategy are included on the agenda, and that meeting results are reported to all cooperating agencies.

3. Integration of SNEM into the GOH Health Structure - The September 1974 health sector assessment for Haiti stressed the urgent need for an integration of SNEM malaria activities into the Department of Health and Population:

"It would, in the opinion of the consultants be most unfortunate, not to say disastrous, if health programs continue to be established or expanded on a vertical basis, outside the regular activities of the Ministry of Health and Population."

The SNEM organization was clearly intended to be an integral part of the Ministry of Health through its initial decree, in 1958, but has operated as an autonomous entity. In 1975, when proposals were made to expand SNEM, the USAID/PHO warned that:

"to expand a vertical organization which was almost entirely dependent upon extranational services for its financing would be to create a financial monster that the GOH could never afford; and more importantly scarce funds would have been diverted from the Ministry of Health, itself in need of reorganization and strengthening."

Not only the two health sector assessments, but an analysis of the Haiti health sector by the U.S. Department of Health, Education and Welfare and at least two other AID-financed consultants have called attention to this problem. The two consultants, in separate studies, had each specifically addressed the problem which the higher salary structure of SNEM posed in terms of an eventual integration into the GOH health structure. One study compared the SNEM salary structure with the GOH Division of Public Hygiene and Preventive Medicine, brought out the great disparity and stated that future increases (of any kind, for any purpose) in SNEM would make the eventual integration even more difficult.

Nevertheless, AID acquiesced in adoption of a new salary structure in late 1975 which resulted in increased salary for almost all positions except for some reductions borne almost entirely by lower-salaried workers. The salary of the Haitian co-director, already a matter of concern because it was twice as large as that of the highest salary in the GOH Division of Public Hygiene and Preventive Medicine, received a \$1,250 raise to \$8,450. Division Chiefs in the Ministry of Health have remained constant at \$3,600. The top health official in the GOH, the Director General, only receives \$4,800. When fringe benefits, such as allowances, per diem and travel are added, the gap appears much larger.

The USAID maintains that the ministry salaries are too low, that it is the government which has not kept pace with SNEM, and that most doctors in government have private practices which supplement their incomes.

The PHO states that there are two aspects to the integration, a physical one, and one of bringing SNEM under the policy guidance of the DSPP. Since SNEM is already under the nominal jurisdiction of the Minister of Health, this aspect of the integration does not appear to the PHO to be significantly related to the salary issue.

We acknowledge these points. The fact remains, however, that in the case of the large number of GOH employees, who do not have second jobs, a large disparity between their salaries and those of their counterparts at SNEM exists, and it will pose a formidable obstacle to integration. The USAID's acquiescence in recent SNEM salary and benefit increases, despite clear warnings from AID consultants about the negative implications of such increases for the proposed integration, raises questions about the sincerity of its commitment to the integration concept.

AID has indicated that a forthcoming 2-1/2 year contract in the health planning field will include production of an integration plan. Until this specific plan is available, however, it would seem advisable that the USAID appraise SNEM activities and procedures from the perspective of their impact upon a future integration of SNEM and the DSPP.

Recommendation - That the USAID, through the USAID administrative advisor to SNEM, assure that ongoing SNEM project activities reflect, and in no way conflict with, the objective of eventual integration of the organization into the Haitian Ministry of Health.

4. The New Emphasis on Drainage - The history of SNEM is replete with examples of changes or proposed changes: from all-out eradication tactics to more leisurely control methods; from an emphasis on spraying to chemotherapy (pills) to larviciding; from a single-purpose agency to a multipurpose one. A proposal by the national co-director to obtain helicopters for spraying duty was recently considered. One consultant has suggested that the many changes have themselves become an obstacle to efficiency.

The last major change undertaken by SNEM, which was intended to broaden the organization from a single-purpose organization to a more general disease-control

agency, was demonstrably unsuccessful. In addition to a revision in the name of the organization from "Eradication of Malaria" to "Major Diseases" (Endemie Majeures), a small unit of 28 people working on the control of yaws, smallpox and tuberculosis was incorporated into SNEM. The addition of this unit, budgeted at less than \$30,000 in salaries in 1975, was apparently prompted by a UNICEF decision to assist only multi-purpose anti-malarial organizations. Neither the SNEM acronym or operating procedures, however, were visibly affected by the change. The added unit has apparently continued to operate in the field in an autonomous fashion, with little control by the parent organization. A health sector assessment in 1974 had warned strongly against an undertaking to expand the responsibilities of SNEM, which "was bound to fail," and recommended that SNEM continue to concentrate on malaria. Based upon the apparent dissatisfaction of SNEM officials with the revised arrangement and an examination of the annual report of the "major diseases" unit, we believe that the change has been an effective one.

In the light of this background, we attempted to assess the latest announced change in SNEM orientation toward greater emphasis on a drainage policy. A continuing SNEM emphasis on house spraying has been criticized as increasingly ineffective due to a growing resistance on the part of the anopheles albimanus mosquito to DDT, and indiscriminate spraying practices. The drainage program began in 1976, and 144 laborers and 16 team leaders were at work at the time of the inspection. Budget documents provided by SNEM, however, indicated that only \$7,800 was budgeted for salaries under the new drainage program and \$78,000 for the entire program, leading us to question the adequacy of the resources involved. At the final meeting with SNEM officials, we were advised that \$50,000 more had been contributed by AID with another \$50,000 to be granted by AID later in the year.

While recognizing that this substantial increase in programmed funds is closer to what might be expected in a major new initiative, we cannot conclusively comment on its adequacy. PAHO, as the agency currently responsible for the technical direction of the SNEM program, is presumably most qualified to make such an evaluation. We are, however, concerned that the PAHO co-director of SNEM (technical advisor regarding the new

drainage policy) first learned of the changes at the meeting at which the revised figures were announced.

Recommendation - That specific work objectives including the nature and extent of the activities of, and coordination with, all participants be outlined by SNEM in more detail than was available at the time of our inspection.

5. Field Operations Statistics - There is evidence of faulty record-keeping in certain field operations. It is possible the resulting data could lead to erroneous assumptions about program progress. Statistics on the number of houses sprayed have previously been criticized by consultants due to the discrepancies between figures reported by PAHO and the USAID for total number of houses sprayed. The number of houses sprayed per sprayman was also of concern to an earlier consultant who noted a drop from an average of 17 per man per day to 11. Figures provided by SNEM showed an average of 15.5 as of April 1976.

During our visit to a SNEM spraying operation we noted that the number of houses listed on an individual sprayman's card was considerably less than what the SNEM district chief had said was the minimum number per man. This was explained by the fact that different standards were used in different areas due to the different densities of housing. In Petit Goave, for example, each "family" was considered a house, even if several family units shared the same large room. Each room of a larger dwelling was also counted as a visit.

The statistics collected by the SNEM major disease unit on inoculations for tuberculosis were also misleading. The annual report for 1975 states that 98 percent of the target population had been inoculated against the disease which implied a high level of success in meeting objectives. A closer examination of statistical records and discussions with the SNEM section chief brought out that "target" population was only a reference to those communities SNEM selected for inoculation campaigns, not a meaningful percentage of the susceptible population. In addition, while the unit fell short of its "target" in several communities, reaching less than 90 percent of the goal in 14 of the 35 sectors, it compensated for this shortfall by inoculating more than the vaccinatable population in other sectors, over 200 percent in the case of the community of Leogane-Beausejour.

Recommendation - That the USAID administrative advisor assist SNEM in developing improved standards of measurement and record-keeping in field operations, particularly in areas where statistics are vital indicators of program success.

6. Other Matters - In January 1976 the SNEM co-directors, with the acquiescence of the USAID administrative advisor, approved the request of 15 high-level SNEM employees that they be allowed to purchase 10 gallons of SNEM gasoline each week for personal use. SNEM's project agreement provides for a duty-free exemption "for all materials and supplies consigned to, or acquired by SNEM."

The arrangement, allowing 15 officials to purchase SNEM gasoline for their private vehicles at \$0.50 a gallon, vs the \$0.94 paid by the Haitian public or other SNEM employees, was justified by SNEM on the basis that other agencies and businesses provide gasoline at reduced prices to their employees, and that occasionally SNEM officials "must use their own cars to get to work." At least nine automobiles from the SNEM motor pool were already assigned to those officials eligible for duty-free gas.

USAID officials, who acquiesce in the practice, and in one case, actually benefit from it, feel that it is not an unusual arrangement by Haitian standards. They suggest that AID is not really involved, since the gasoline is sold at the same price at which it is available to SNEM, and the "cost" of the preferred rate is not borne by SNEM or AID.

We believe that the practice is potentially damaging in a more subjective way. While we agree with AID that it does not result in substantially greater "cost" to the program, it may still have an impact upon the several hundred employees not included. The SNEM gasoline pump operator whose entire salary for a day and a half could easily be paid by what one of the 15 officials saves on his weekly quota of gas, and the clerk who now maintains the separate ledgers for "gas sold to employees" must presumably work a little harder because of it and are certainly aware of the inequities involved.

The assignment of three vehicles for the exclusive use of the Haitian co-director is another practice

which may not be as costly in financial terms as it may be in terms of the example set for the organization by those in a leadership position. A May 1976 report of the AID Auditor General on malaria eradication programs referred to reports that there is no leadership, discipline or dedication within SNEM. Other consultants have commented upon the low morale created by management, actions which are frequently arbitrary or capricious.

The current SNEM practice of hiring hundreds of temporary workers, who are laid off after 2-1/2 months because an employee becomes entitled to certain regular leave benefits and employee rights after three months, also saves money, although it may be costly in terms of retraining, efficiency and morale. We do recognize, however, that an alternative benefit exists in terms of a wider distribution of job opportunities.

AID currently, after long delays, has two advisors under contract who are assisting SNEM in management improvements. A consultant who has recently completed a long overdue review of the SNEM motor pool informed us that he would be suggesting improvements which would bring about a more realistic assignment of vehicles in the office of the director. We were also highly impressed with the efforts being made by the USAID administrative advisor to respond to earlier recommendations of other consultants, familiarize himself with the operations and objectives of SNEM, initiate selection improvements, work closely with his Haitian counterpart and report regularly and in detail on current progress and future plans.

Recommendation - That the USAID reconsider its sanction of the sale of SNEM gasoline to a limited group of employees for other than official uses, or, at a minimum, ensure that official approval is obtained from the GOH for the continuation of the practice.

APPENDIX

Acronyms Used in Report

AG	Auditor General (AID)
AID	Agency for International Development
DAEC	Development Assistance Executive Committee
DSPP	Department of Public Health and Population (GOH)
FP	Family Planning
FPIA	Family Planning International Assistance
GAO	General Accounting Office
GOH	Government of Haiti
MC	Monthly cycles (of oral contraceptives)
MCH	Maternal Child Health
PAHO	Pan American Health Organization
PHA/POP	Office of Population (AID/W)
PHO	Public Health Officer (USAID)
PIO/C	Project Implementation Order/Commodities
SNEM	Service National des Endemies Majeures
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
USAID	AID Mission in Haiti
WHO	World Health Organization