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PROJECT FOR STRENGTHENING  
HEALTH CARE IN HAITI

Revised National Health Plan:  
Outline and Process

5210070006202

## PREFACE

The following report, which is submitted under Article I.C.1.d. of the Westinghouse Health Systems contract, reflects a key aspect of health planning activities under the "Strengthening Health Service" project. This report is the product of a joint process involving the Bureau of Health Planning/Evaluation and the Westinghouse team throughout the 2 year project. While it is the last discrete item in Westinghouse's portion of the process, this report is not the end of the process. The "Outline for a National Health Plan" is the point from which the Bureau of Health Planning/Evaluation will continue the planning process in 1979 toward a revised Haitian National Health Plan.

CONTRACT REF.	CONTRACT DESCRIPTION	REPORTS															
1.a.	A PLAN FOR THE REORGANIZATION OF THE BUREAU OF HEALTH PLNG.	1. ORGANIZATION & DEV. PLAN, BHPE															
		DEVELOPMENT OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN:															
		2. HEALTH MANPOWER COMPONENT															
		3. HEALTH FACILITIES COMPONENT															
		4. MEDICAL LOGISTICS & SUPPLY COMPONENT															
		5. ANALYSIS OF THE BUDGET STRUCTURE & ITS RELATIONSHIP TO PLANNING															
		6. HEALTH TRANSPORTATION SYSTEM															
		7. ASSESSMENT OF THE HEALTH STATISTICS AND INFORMATION SYSTEM															
		8. RPT. ON ADMIN. NORMS FOR DSPP															
		9. A MANUAL OF STATISTICAL NORMS, PROCEDURES AND FORMS FOR DSPP															
		10. HEALTH CARE FINANCIAL SYSTEM FINANCE SYSTEM COMPONENT FOR THE DEV. OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN.															
		11. RPT. ON INTEGRATED TRANSPORTATION SYSTEM, TRANSPORTATION COMPONENT FOR THE DEV. OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN															
		12. DRUGS, LOGISTICS, AND SUPPLIES COMPONENT FOR THE DEV. OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN															
		13. INSTITUTIONAL ANALYSIS, FINANCIAL SYSTEM COMPONENT FOR THE DEV. OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN															
		14. PROGRAM BUDGETING COURSE DOCUMENTS, FINANCIAL SYSTEM COMPONENT FOR THE DEV. OF AN ADMIN. SYSTEMS IMPROVEMENT PLAN															
		15. RPT. ON PROGRESS OF THE BUR. OF HEALTH PLANNING & EVALUATION															
		16. OUTLINE OF A REVISED NATIONAL HEALTH PLAN															
		17. FINAL CONSULTANT ACTIVITIES RPT															
1.c(2)	A DETAILING OF THE REORGANIZATION OF THE HEALTH DATA COLLECTION AND ANALYSIS SYSTEM																
1.c(1)	AN EVALUATION OF THE EXISTING DATA SYSTEM																
1.b.	TRAINING REQUIREMENTS FOR PERSONNEL OF BHP																
1.d.	A NATIONAL HEALTH PLAN FOR HAITI																
1.e.	A SPECIFIC PLAN FOR THE IMPROVEMENT OF THE ADMINISTRATIVE SYSTEM OF THE MINISTRY																
1.f.	A GRADUAL INTEGRATION PLAN OF THE NATIONAL SERVICE OF MALARIA ERADICATION INTO MOH																
1.g.1.	COMPONENT RPT. FOR THE DEV. OF THE ADMIN. IMPROVEMENT PLAN: FINANCING																
1.g.11	COMPONENT RPT. FOR THE DEV. OF THE ADMIN. IMPROVEMENT PLAN: MANPOWER AND TASK ANALYSIS																
1.g.111	COMPONENT RPT. FOR THE DEV. OF THE ADMIN. IMPROVEMENT PLAN: DRUG INVENTORY & SUPPLY SYSTEMS.																
1.g.1v	COMPONENT RPT. FOR THE DEV. OF THE ADMIN. IMPROVEMENT PLAN: AVAIL. OF PHYSICAL FACILITIES																
1.g.v.	COMPONENT RPT. FOR THE DEV. OF THE ADMIN. IMPROVEMENT PLAN: TRANSPORTATION SYSTEMS																
2.a.	A RPT. OF ACTIVITY BY EACH CONSULTANT/SPECIALIST																

\* A CONTRACT MODIFICATION IS IN PROCESS AT THIS TIME TO CHANGE 1.c.1.f. TO READ:  
AN INTEGRATION PLAN FOR THE TRANSPORTATION SYSTEM OF THE NATIONAL SERVICE OF MALARIA ERADICATION INTO THE MOH.

\*\* A CONTRACT MODIFICATION IS IN PROCESS AT THIS TIME TO CHANGE 1.c.1.d. TO READ:  
PREPARATION OF AN OUTLINE AND PROCEDURES FOR A NATIONAL HEALTH PLAN FOR HAITI.

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## OUTLINE OF REVISED NATIONAL HEALTH PLAN

### INTRODUCTION

The following material reflects a series of technical activities focused on the development of a Revised National Health Plan outline for Haiti.

The Health Planning Process was renewed at the commencement of the Westinghouse project in 1977, when the team assembled and reviewed documents on previous health planning in Haiti, including the 1975 National Health Plan. Discussions were held with Dr. Evariste Midy, Director, Bureau of Health Planning/Evaluation (BHP/E), concerning the general approach to health planning during the Westinghouse technical assistance. As indicated in other reports, primary efforts were focused on strengthening the BHP/E professional staff, establishing the role of the BHP/E as a legitimate planning unit with the DSPP, and implementing substantial revisions and improvements to Haiti's health information system.

In the spring of 1978, Dr. Midy and Dr. D.K. Freedman, Westinghouse Health Systems, Chief of Party, began specific discussions concerning revision of the National Health Plan document. By June, Drs. Midy and Freedman, working jointly, developed separate outlines for a revised National Health Plan. The format for Dr. Midy's outline was based on the 1975 Plan. Dr. Freedman's outline was based on a broad overview of Haiti's health sector. At this point, the outlines were referred to Ms. S. S. Russell, Project Director and Manpower Specialist, and Mr. N. S. Fusco, Project Manager and Health Planner, for comment and assistance in combining the two outlines into one.

By August 1978, it became apparent that the time constraints on Dr. Midy's, the BHP/E staff's, and the Secretary of State's schedules would require postponing production of a final National Health Plan until spring 1979 when, in addition, it is anticipated that outputs from the revised information system will be available. As a consequence, Westinghouse requested that the contract deliverable be changed from a "Plan" to an "Outline and Process for a Plan".

In October, Mr. Fusco worked with Drs. Midy and Freedman in Haiti in order to reschedule the technical activities and process of the BHP/E and the Westinghouse team toward production of the revised National Health Plan outline. A general outline scope was agreed upon, specific workloads were assigned, and a schedule was developed.

In November, Ms. Russell and Mr. Fusco worked with Drs. Midy, Freedman, J. Saint-Surin, and the BHP/E staff to finalize the outline for the plan document and to detail the process for plan approval within Haiti's system. Finally, the Westinghouse team, at Dr. Midy's request, made one last formulation of the outline before their departure.

That last formulation, contained in this report, was presented to the BHP/E as a working document. It was scheduled for review by the BHP/E Advisory Council. Ultimately, the BHP/E staff will be making further changes and refinements toward the production of the revised National Health Plan expected in 1979.

## OUTLINE OF THE NATIONAL HEALTH PLAN REVISION

### i) Preface (Executive Summary)

#### A. Purpose of the National Health Plan

- Overall objective of the Plan: Provision of national level guidance for several years of expenditures in the health sector.
- Necessity of the Plan at this time: Provision of revised national information and outlook subsequent to the 1975 Plan. (Use historical point-of-view with references to earlier plans and interim planning activities)

#### B. Explanation of what is contained in the Plan.

- A brief summary of the major impact or finding in each section of the Plan.

### ii) A. Table of Contents

#### B. List of Tables and Illustrations

### I. The Setting: Republic of Haiti

(Updated (from the 1975 Plan Document) and new information.)

#### A. The Physical Environment

Size of Haiti

Geography

Forest and Rivers

Climate

Roads

Power (Electricity generation; Oil importation; Wood resources)

Ethnicity

Political Sub-Divisions

#### B. Demography (Summary Tables from '71 census Haitian Institute of Statistics)

Department

Population tables

Urban/Rural

" "

Density

" "

Localities

" "

Number of Households

" "

Age Groups/Sex

by Department (State)

Births and Deaths, (Fertility), and National Growth rates

C. Economic and Social Characteristics  
(Possibly with separate divisions under each topic for urban and rural conditions)

Education Enrollment (Literacy Rate, Attainment, each level)

Housing (General Conditions: e.g. latrines, running potable water, electricity)

Water (potable)

Sewage (Sanitation)

Food: inspection Bureau of Nutrition Data.

availability " " " "

consumption " " " "

caloric intake " " " "

Animal Population Ministry of Agriculture Data

Labor Force (Distribution by sector; income-per capita; average salary; GNP)

D. Health Status of the Population\*

(Possibly start with discussion of "Reported" versus "Non-Reported" information)

1. Life Expectancy

- Data showing National trends

2. Mortality Rates

• rates for specific major diseases  
-include accidents

• rates by age group (especially under 5 years old)

3. Morbidity Rates

• communicable diseases

- include accidents

• hospital discharges

4. Fertility

• birth rate

• fertility rate

5. Discussion of the significant findings among any of the above data. For example, explain rate inconsistencies between urban and rural data.

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\* These data may be separated into urban and rural areas.

## II. The Existing Health System: Haiti

### A. Organization of the Health Services

#### 1. Role of the Government

Provide brief narrative descriptions of the role in delivery of health services of each of the following:

- Ministry of Public Health and Population (DSPP)
- Ministry of Social Affairs,
- Ministry of Public Works,
- Armed Forces of Haiti, (F.A.d'H)
- Ministry of Agriculture

This could be followed by a Narrative explaining the following matrix:

	DSPP	Social Affairs	Public Works	F.A. d'H	Agric.
1. Major Services					
2. Annual Budget					
3. Units of Service (Visits; Wells; Etc.)					
4. Per Cent Population Reached					
5. Cost/Unit					

A detailed discussion of the DSPP comes next. It will use the following outline:

- a. Organization of Health Services in DSPP
- b. Administration to support Health Services
  - Regionalization
  - Program Coordination
- c. Planning for Services

d. Role of "Traditional Practitioners" working with the DSPP system.

- Sage Femme
- Charlatan
- Doctor Feuille
- Hougan/Bokor

2. Role of Bilateral and International Assistance

Present a Narrative explaining the information in the following Matrix:

	USAID	CIDA	RED CROSS	UNFPA	UNICEF	PAHO/WHO	IDB	IBRD	ETC.
1. Major Services Delivered									
2. Major Sites (Locations)									
3. Annual Budget									
4. Units of Service (Visits, Wells, Etc.)									
5. Percent of Population Reached									
6. Cost Per Unit (of Service/of Persons)									

3. ROLE OF THE PRIVATE VOLUNTARY ORGANIZATIONS (PVO's)

Present a narrative explaining the information in the following Matrix of the Major PVO's (see the Yearly Reports by TAICH -- "The Technical Assistance International Clearing House"-- McLean, Va. USA -- see USAID)

	List Major PVO's						
1. Major Services Delivered							
2. Major Sites (Locations)							
3. Annual Budget							
4. Units of Service							
5. Percent of Population Reached							
6. Cost Per Unit (Of Service/Of Persons)							

B. Resources (Government, Mixed, & Private)

1. Manpower (Human Resources)

a. Existing

	List All Positions
List all types of Health Facilities	(Like that currently being prepared by Mdm. Beaulieu)
b. In-Training	List All Types of Students
List All Types OF Schools	Add Column Showing Date of Graduation or Completion

A Narrative (short) will follow which will discuss the interaction between the existing personnel system and those persons in training. Include in the discussion such things as:

- Rate of Retirement
- Rate of Drop-outs from schools
- Rate of Persons Quitting
- Independently funded positions (Donors)

2. Health Establishments

a. Existing

Region*	Control			Total Number	Beds	Exam Rooms	X-ray	Laboratory	Pharmacy	Doctors' /Nurses Residence	Etc.
	DSP	Mixed	Private								
- Hospital											
- Health Center w/ Beds											
- Health Center w/o Beds											
- Dispensary											
- Asylum											

\* Different Matrix for each region

b. In-Construction

Region*	Control			Total Number	Beds	Exam Rooms	X-ray	Laboratory	Pharmacy	Doctors' /Nurses Residence	Expected Date of Completion
	DSP	Mixed	Private								
- Hospital											
- Health Center w/Beds											
- Health Center w/o Beds											
- Dispensary											
- Asylum											

\*Different Matrix for each region.

3. Supplies and Inventories

a. Major Equipment

Explanation of the role of major medical equipment (eg. radiograph machine, surgical suite, vehicles, etc.) in the delivery of Health Services.

REGION*	Radiography	Surgical Tables	Dental Chairs	Electric Generators	Vehicles				Etc.
					Ambulance	Small Truck	Jeep	Sedan	
- Hospital									
- Health Center w/beds									
- Health Center w/o beds									
- Dispensary									
- Asylum									

\* A different Matrix for each region.

b. Expendable Supplies

Explanation of the system for supplies:

Purchasing, warehousing, distribution, and storage. If possible, provide some details of the amount of money spent each month and the value of the supplies in inventory (storage) each month.

4. Financial

a. Government

	Salaries	Training Costs	Construction Costs	New Equipment	Operating Expenses	Total Budget
1. DSPP						
Operational Development						
2. Other Ministries						
Operational Development						

b. International and Bilateral Organizations

(The same matrix as above with the organizations on the left instead of the Government.)

c. Private Voluntary Organizations

(The same matrix as above with the major PVO's on the left, instead of the Government.)

d. Private Medical Sector

Since it will probably not be possible to get accurate financial information on the private medical sector, a matrix is not useful. However, a short narrative can explain the private sector and estimate the total expenditures for Health Services.

C. Description of Health Care Services and Health Policy.

1. PROGRAMS

For each Division & each program of the DSPP the following chart would be completed:

(Division)		Budget		Unit of Service	% of Population	Cost per Unit
(Program)	Regions	DSPP	Donor			
<u>Services</u>	I.					
1.	II.					
2.	III.					
Etc.	IV.					
	V.					
	VI.					
TOTALS						

The total of all these charts for the DSPP should equal the amounts shown in the matrix under II. A.1. & 2. In some cases a Division may need only one such chart, other divisions may need several charts.

## 2. PROJECTS

In addition, any major projects which do not have DSPP funds involved should also be charted on the same form as above.

## D. Detailed Health Statistics

### 1. Health Status of the Population

Tables should be done, as below, for each major disease (including accidents) in Haiti. There should follow a discussion of the most notable factors indicated in the data.\*

DISEASE	REGION I						REGION II					
	Female			Male								
	Age Groups			Age Groups								
Morbidity Incidence							Repeated horizontally for six Regions and totalled on the right.					
Prevalence												
Mortality Incidence												
Prevalence												

A similar table needs to be done for fertility rates in Haiti by female, age group by Region.

	REGION I	REGION II
	Age Groups	Age Groups
Fertility		
Total births		
Live births		

Repeated horizontally for six Regions and totalled on the right.

## 2. Output of Statistical Analyses

This section of the plan is critical. Here the major trends and projections will be observed and discussed. Particularly important are the observed rates of change in any specific areas: Diseases, Fertility, or services.

- a. Graphs could be done showing the past trends and future projections of major diseases, as well as services and expenditures.
- b. Cost per unit of service or per person should be discussed and graphed by Region.

## 3. Definition of the Problem

Following the observations in the previous section, this section should identify the specific problems in the health sector. The discussion might extend into the impact of these problems on Haiti and its development. Recognition must be made that not all the problems will be identified by the data, but must be sought from informal sources.

## 4. Establishment of Priorities for the Health Sector

This section should summarize the problems from the previous section into a prioritized list - discarding those not relevant or soluable. The criteria for prioritization should be explained. The criteria will probably be drawn from the overall objective of the DSPP.

### III. HEALTH POLICY

#### A. Goals and Objectives

##### 1. Major goals:

A list of statements of major goals should follow. "Major Goals" are those goals mandated by law, presidential decree, or ministerial order. Wherever possible, indicate the measures of achievement for each goal.

##### Example:

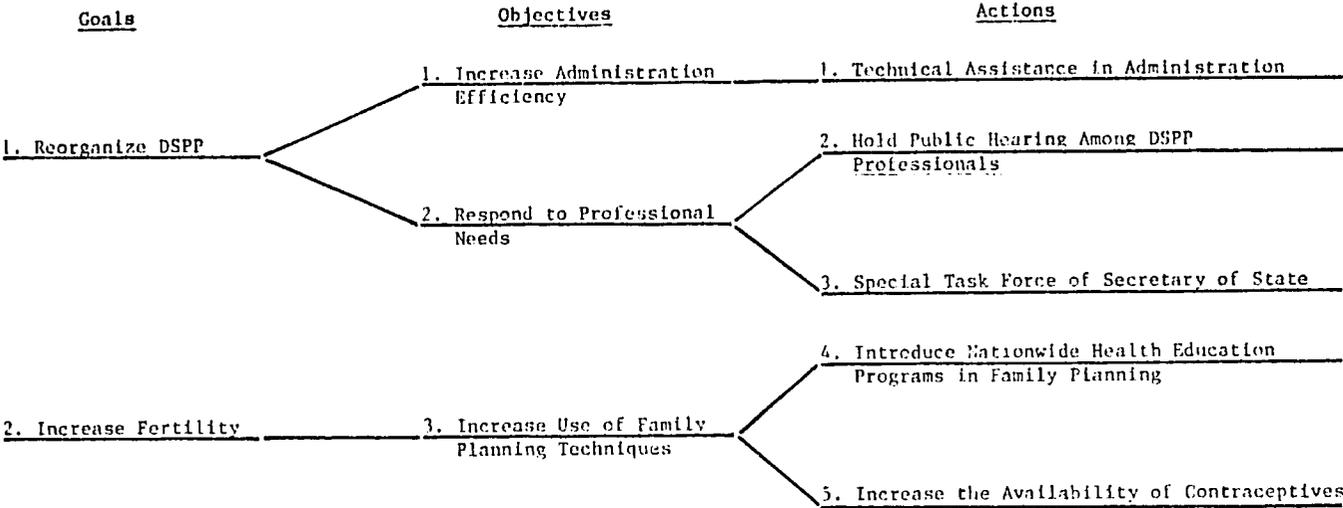
GOAL: The DSPP shall provide health care services to all rural areas. This can be measured by identifying new rural families enrolled in the DSPP system.

##### 2. Objectives:

The objectives should flow directly from the goals. Objectives will be specific statements of desired achievements. A goal sub-category (above) can generate one or more objectives. The accomplishment of specific objectives will be combined to demonstrate achievement of goals. A measure of achievement and an estimated time frame for implementation should accompany each objective. Likewise, each objective can lead to one or more "actions". The actions are specific technical and administrative activities usually leading to discreet outputs. For example, any objective could produce action in each or any of the following categories:

- Administration
- Planning
- Education and Training
- Delivery of Health Services
- Development of Health Services
- Donor Projects

The following branch diagram illustrates a simplified possible array of goals, objectives and actions:



### 3. Action Plan

(There will be at least one program under the "Action Plan" for each objective. However, an objective may generate several programs in the "Action Plan.")

- a. Continuing Programs (include programs to be integrated or reduced). For each program, there should be an "a, b, and c."
  - i. Policy impact
  - ii. Changes in output (production)
  - iii. Budget implications
- b. Plans for New Short-Range Programs (for example, less than five years)
  - i. Policy source (policy reason)
  - ii. Methodology and techniques
  - iii. Projected outputs and accomplishments
  - iv. Schedule of implementation
  - v. Budget implications
- c. Plans for New Long-Range Programs (more than five years)
  - i. Policy source (policy reason)
  - ii. Methodology and techniques
  - iii. Projected outputs and accomplishments
  - iv. Schedule of implementation
  - v. Budget implications

#### IV. Proposed Health Budgets

##### A. Proposed total National Health budgets

The information in this section is a direct summary of all of the budget items in the "Action Plan" Section plus any other budget items not mentioned specifically in the "Action Plan" Section. There should not be any major programs omitted from the "Action Plan" Section. The budgets shown below can cover several years, or for as much time as there can be made reliable budget estimates.

##### 1. National Operating Health Budgets

These should be shown yearly and consist of the information under 3.A. from the "Action Plan" Section. Additional non-program items such as "Administration of the DSPP" should be shown as if it is a program too.

##### 2. National Developmental Health Budgets

These should also be shown yearly and consist of the information under 3.B. and C. from the "Action Plan" Section.

##### 3. External Budgets

This section contains the estimates of major program funding needed or expected from donors. This section might show which funds are already committed and which are speculative. There should also be a differentiation of "grants" from "loans."

##### B. Budget Analyses

There should be an analysis here for each "Action Plan" item. This is especially true of new programs. Programs previously analyzed and not changed significantly can be skipped. This section could be moved to appear under each "Action Plan" item as an additional sub-heading following "Budget Implications."

##### 1. Cost per unit

This can be done as either the cost per major unit of service (such as: patient visits, patient bed-days, inoculations, wells dug, etc.) or as cost per population covered. Using a consistent analysis base over all programs allows the planners to compare program effectiveness in service to the population, and therefore to make recommendations for budget or service changes when they are needed.

2. Cost per region or locality

Programs that are collecting regional data can be analyzed for differences in expenditures or services. This analysis is especially helpful in balancing pilot projects and regional health differences.

3. Cost/benefit analyses or cost/effectiveness analyses

While this is a particularly important section, it is also one of the most difficult to do. It is a politically sensitive section since the analyses can threaten some programs which appear ineffective. However, there is one aspect of these analyses that is important to Haiti. The "Future Costs" of each new program should be examined. "Future Costs" are those operating costs the DSPP will incur in future years because of the operation of a project now. This type of analysis is especially needed to examine the impact of repaying "loans" or of supporting projects previously funded by a donor.

C. Proposed Budget Alternatives

This section will grow from the analyses in Section B. above. These analyses will indicate possible alternative approaches to funding where problems have been demonstrated in Section B. It is possible that this section is not needed, or the "alternatives" would be resolved during the plan development.

V. Summary

A. Concise Statement of Problems and Issues

B. Concise Statement of Policy and Program Alternatives

C. Outline of Actions

This section should contain a summary of the actions that are needed by the leaders in the DSPP to implement this plan.

VI. Appendices

The Appendices would contain tables, data, and other information needed to support the Plan. Such fundamental items as the following would be likely inclusions:

- Map of the country, showing the DSPP regions.
- Organization chart of the government and of the DSPP.

The project 086, the second phase, continued the assistance to DSPP to develop its capability to manage and administer a rural health delivery system. The agreement calls for financing \$1,100,000 of the DSPP's 1978 and 1979 costs for personnel, training, equipment, materials and other costs. The project also provides \$6,000,000 to partly support SNEM's operating costs through fiscal year 1982.

The purpose of AID projects 071 and 087 with the Division of Family Hygiene (DHF) is to stabilize the rate of population growth by extending voluntary family planning services throughout Haiti. About 90 percent of the population will have free and easy access to these services by the end of 1980 and the numbers of contraceptive users should increase to approximately 20 percent of Haitian couples of child bearing age. The project agreements provided \$999,000 to procure commodities and for renovations of clinics/dispensaries, equipment, training and other operational costs.

The Nutrition Improvement project 075 with the Bureau of Nutrition (BON) provides funds to pay operational costs for centers where severely malnourished babies and children are restored to good health through a 3 month feeding program while their mothers are taught sound nutrition patterns. The project's goal is to improve the nutritional pattern of about 30,000 lower income families. The agreement provides through CY 1980 \$990,000, for contract services (\$15,000), procurement of commodities (\$162,000) and other costs (\$813,000).

The USAID plans to continue assistance to improve the health of the Haitian people and has recommended a 5 year project (521-091) costing about \$33 million with AID contributing \$16 million to pay for technical assistance, construction/renovation of buildings, drugs, equipment, supplies, vehicles, personnel and other costs. The GOH contribution is estimated at \$17 million for the 5 year project.

For the audit period the USAID had obligated \$14.3 million and disbursed \$7.8 million. The status of the health sector projects are presented in Exhibit A.

The contents of the report were discussed with USAID/H and GOH officials who generally agreed with its contents. We have included the USAID and GOH's comments and observations in the text of the report.

## II SUMMARY

### Ministry of Health

Progress has been made to strengthen the planning and administrative structure of the Ministry of Health. A Bureau of Planning and a Statistical Section were created at the Central Office, a Chief of Administration was designated, and a Regional Office established at Cap-Haitien. The GOH is moving ahead to increase the number of new acceptors

for family planning, although the GOH has not issued an explicit population policy statement. The Bureau of Nutrition's efforts have resulted in reducing the level of malnutrition in several communities.

We have identified conditions requiring improvements in the Ministry of Health's organizational and administrative structure and operating procedures and made recommendations which, in our opinion, will assist management in effectively utilizing AID assistance under the present and future grants.

Our findings are summarized below and are detailed in the balance of the report:

The Ministry of Health does not have at present the capability to administer and manage the proposed development of a Rural Health Delivery System that will cost about \$33 million with AID contributing \$16 million over a 5 year period. The project is regarded as complex and difficult to administer and manage. The Ministry of Health has not implemented administrative reforms that are designed to improve the DSPP institutional capabilities to supervise and control public health activities.

Renovations to buildings and purchases of commodities were made without soliciting bids to assure the costs were reasonable. Neither USAID nor DSPP officers maintained adequate records to identify the cost and the renovations made to buildings or the cost and location of commodities purchased in Haiti. The construction of a statistics building has been delayed over 6 months due to DSPP's inability to comply with AID procurement regulations.

Communication radio equipment that was prepaid had not been completely installed over a year later. We question if the award for the communication equipment was made to the low qualified bidder. The selection of the contractor was made by the USAID's Office of the Public Health Sector instead of by the Ministry of Health.

The DSPP's supply warehouse procedures need to be improved to provide for periodic physical inventories, better maintenance of stock records, warehousing and storage procedures and training of personnel.

The DSPP's Central Garage is not capable of maintaining and servicing vehicles because of inadequate shop facilities, antiquated shop equipment and tools, no spare parts in stock and lack of organizational, administrative and operational procedures.

The Northern Regional Office's progress to organize health centers, clinics and dispensaries has been slow due to the lack of administrative and logistical support from the Central Office of Port-au-Prince.

Procedures need to be established that provide for monthly accounting of the \$85,000 cash advance to the DSPP, maintaining current records and reconciling the bank records to the cash advance.

An evaluation plan has not been submitted by the DSPP as required by grant agreement No. 521-086.

### National Society for Endemic Diseases

Progress by SNEM to reduce the incidence of malaria in Haiti has not been successful because of administrative, financial and technical problems, heavy rains and flooding, inhabitants refusing to accept drugs, and vector resistance to DDT insecticide. Another reason that hinders progress is the USAID's inability to provide technical direction to SNEM because the technical assistance aspects of the program are the sole responsibility of the Pan-American Health Organization (PAHO). Also PAHO does not coordinate the technical aspects with USAID personnel or report to USAID the results of the technical assistance.

The incidence of malaria in Haiti has increased from a low positivity rate of .2 percent in 1968 to a high of 20.9 percent in August 1978.

The SNEM Executive Committee, responsible for monitoring the anti-malaria program, has not been meeting regularly to review the progress to reduce malaria. A more active role should be taken by the Executive Committee to monitor the program.

Neither the annual Action Plan nor Calendar Year Budgets have been used by SNEM officials as management tools to help administer and manage the anti-malaria program. Both documents were prepared only to meet USAID documentation requirements and once approved were filed.

A technical report on the malaria program that was prepared in March 1978 by a Washington team, an AID expert, PAHO technician and an AID consultant, had not been reviewed by SNEM officers. The report contains recommendations to improve the technical operations of the program.

SNEM has no formal training program and needs to designate a training section, prepare and update training manuals and schedule personnel training.

Source reduction procedures need to be established to provide for realistic programming and budgeting of projects, reporting on physical progress, determining costs of each project, maintaining records for each project and documenting the mosquito and malaria problem before and after the project.

The SNEM's Internal Auditor was assigned to doing physical inventories instead of reviewing activities that require management's attention.

SNEM's Central Garage operations should be improved to eliminate old records and files that take up office and file space, maintain up-to-date

vehicle records (Dossier du Véhicule), establish minimum and maximum quantities and reorder levels for spare parts, remove obsolete spares from the stockroom, and inspect and repair used parts.

The 3 SNEM mobile maintenance vehicles were not equipped with an adequate supply of critical and high usage spare parts for maintaining and making minor repairs.

Zone garages do not have an adequate supply of spare parts resulting in delays in the repair and maintenance of vehicles. Stock records do not show the minimum, maximum and reorder levels of spare parts.

#### Maternal Child/Health Family Planning

In the Maternal Child Health/Family Planning project USAID officers were not routinely informed about the arrival of commodities, the commodities that were locally produced or purchased and the location of the items. No inventory had been made of contraceptives stored and warehoused at different locations and accurate inventory records were not being maintained.

#### General

No project evaluation had been made of the health sector projects. The Nutrition Improvement project evaluation was scheduled for December 1978, while the other projects are planned for evaluation no later than June 1979.

At the end of November 1978 the contractor Westinghouse Health Systems had not finalized draft reports required by the contract. A work plan that was prepared and revised 5 times by the contractor was not reviewed and approved by AID. The contractor had not been successful in helping the DSPP to design and implement an improved finance system or influencing the DSPP to establish a workable supply system, including purchasing, distributing and controlling of supplies. Training of DSPP personnel was limited to the statistical section.

No contractor performance evaluation reports have been prepared by USAID/H officials.

USAID/H officials acknowledged they were not aware of some of the problem areas pointed out in the report because a major share of technicians' time was applied to program planning and preparing project papers. This resulted in USAID officials not periodically monitoring and evaluating the health sector projects' progress and identifying potential problem areas. USAID officials also explained the Ministry of Health does not have sufficient trained personnel to manage and control all aspects of program and project execution.

We believe USAID management should place more emphasis on improving program execution and management of the health projects' activities. USAID management should consider reducing the scope of proposed

health projects until the GOH has sufficient trained human resources to carry out efficiently and effectively health sector activities.

### III STATEMENT OF FINDINGS AND RECOMMENDATIONS

#### A. Strengthening Health Services

##### 1. Administrative Reforms

Project 521-070 provided \$2,400 to pay the costs of members of a Commission that was organized by DSPP in 1977 to study the Ministry's administrative procedures. The Commission was to establish the administrative norms and guidelines that were needed to improve DSPP's administration. Commission members (4) received advice and information from DSPP and PAHO personnel who participated at the work sessions. On May 5, 1978 the Commission submitted to the Minister of Health a 79 page report. The report outlines the duties and responsibilities for each office in the Ministry and establishes a clear line of authority which now does not exist within the Ministry of Health. An organizational chart was included in the report which supports the indicated lines of authority. The proposed administrative reforms are designed to improve the DSPP's institutional capabilities to supervise and control all the activities related to public health.

We found in November 1978, over six months after the report was submitted, the Minister of Health had not taken any action to carry out the Commission's proposed administrative reforms. DSPP officials were unable to tell us why the Minister of Health had not taken any action on the proposals.

USAID personnel were not aware of the Commission report's contents because a copy was not submitted to the USAID by either the Commission or the Minister of Health. USAID officials did not request a copy of the report. The AG Auditor furnished a copy of the report to the Project Manager. The Project Manager believes the Commission report's administrative guidelines can be used as a basis to improve the DSPP's management and administrative structure. However, the USAID's Chief of the Health Sector, who had not read the report, regarded the report as a draft because the Ministry had not officially sent a copy to the USAID. The Chief of the Health Sector commented that the report was discussed with the DSPP Chief of Planning, and felt that perhaps for political reasons no decision had been made by the Minister of Health to implement the administrative reforms. However, now that political uncertainties no longer exist, he felt a decision could be made by the close of December 1978 on the DSPP's organization.

We discussed with PAHO and Westinghouse personnel the Commission's report on administrative reforms. Both PAHO and the Westinghouse contractor personnel said the report was sound and contained

the basic guidelines that are needed to proceed with preparing manuals containing for each DSPP office specific instructions and forms for carrying out duties and responsibilities. Since there were no other administrative guidelines, PAHO technicians were using the report as a basis to prepare the Division of Administration's procedures, manuals and forms. PAHO and Westinghouse personnel said they had to proceed with their work on the assumption the Minister would approve the report. None of the PAHO or Westinghouse technicians could tell us why the Minister had not made a decision on the Commission's report.

Westinghouse contractor personnel informed us the report was being translated from French to English and would be one of the reports to be submitted under the contract. Westinghouse personnel said that through their DSPP counterpart Westinghouse had also contributed to the Commission's report.

DSPP personnel want to make administrative improvements, but lack the authority to implement administrative changes. For instance, on November 14, 1977 the DSPP Chief of Administration reported to the DSPP Director General that administrative improvements were needed and proposed a plan of action. Among the administrative recommendations, the Chief of Administration recommended making a complete physical inventory at the Central Warehouse, training the warehouse personnel, storing like items in the same general area; cleaning up the warehouse and making warehouse repairs. to assure better security of commodities. No response was received by the Chief of Administration on his observation and recommendations.

During our visits to the DSPP's garage, warehouse and offices we noted the complete lack of line authority that prevails in the Ministry of Health.

At the Central Warehouse the Chief of the Warehouse receives direct instructions from at least three DSPP officials, the Minister of Health, the Director General and the Chief of Administration. We believe that the chaotic conditions existing at the Central Warehouse are partly the result of receiving instructions from three supervisors.

The Central Garage's Administrator informed the AG Auditor and the Chief of Administration that as Garage Administrator he accepted only direct orders from the Minister of Health. The results of by passing the Bureau of Administration are disclosed in another section of the report.

The DSPP Chief of the Accounting Section regards himself as independent of the Division of Administration and does not inform the Chief of Administration about financial matters. We found the Accountant does not prepare any financial reports showing the DSPP budget, expenditures charged to the budget or the amounts available. No reports are prepared on the USAID project. The Accountant said he does not prepare periodic financial reports because no one has asked him to submit reports. The Accountant occasionally meets with the Director General or the Minister of Health and informally informs them about the financial status of the DSPP.

We discussed with the Chiefs of Administration and Planning the progress made since January 1977 to improve DSPP's administration. The Chief of Administration, who has been with DSPP about a year, said little or no progress had occurred. The Chief of Planning commented that progress was "extremely slow" and pointed out that a Chief of Administration had been designated, a position which had not existed before. However, it was not clear what are the Chief of Administration's duties and responsibilities.

The Grant project No. 521-091 proposes to grant the GOH \$16 million to help pay the costs of a 5-year Rural Health Delivery System. USAID management recognizes there is a risk of over-loading a frail system by injecting a high volume of supplies, construction and other commodities before the administrative apparatus is in place to handle it effectively. Therefore, it is planned to emphasize technical assistance and training in the early stage of the project. Providing technical assistance at the early stages to implement a complex and difficult project may be helpful. However, the DSPP is now receiving considerable technical assistance from PAHO and AID, but due to DSPP's inability to implement administrative reforms PAHO and AID have not been able to help the DSPP to develop its capability to administer and manage the proposed project.

We believe that the Ministry of Health should implement the administrative reforms proposed by the Commission on Administration Reform. If these reforms are not made, we do not see how the DSPP can begin to administratively account for and control commodities, cost for construction/renovations of buildings, and assure that funds will be spent effectively and efficiently for project purposes.

#### Recommendation No. 1

USAID/H request the DSPP to approve the Commission on Administration Reform's report and implement the report's administrative reforms. If the Minister of Health does not want to initiate the administrative reforms, USAID management should evaluate the present DSPP administrative structure, determine the extent of DSPP's capability to administer the 521-091 project under the present conditions and reduce accordingly the scope and funding of the proposed project.

#### 2. Renovations and Equipment for Buildings

Renovations to DSPP buildings were made by administration (force account) instead of soliciting bids to assure that the costs were reasonable. USAID/H personnel do not know the renovations that were made to DSPP buildings or the cost of the materials and labor that was expended on some buildings. The USAID's project files do not contain information on the work that was actually performed, when work was started and completed and the cost of the improvement. The information is not available because USAID officials did not request progress reports on the work. The

construction of a statistics building approved in project 086 has been delayed because the DSPP has not signed a construction contract.

In project No. 070 the authorized expenditures for renovations and equipment under the agreements, 76-5 and 77-5, were approximately \$223,000:

<u>Agreement Number</u>	<u>Project Amount</u>	<u>Actual Expenditures</u>	
76-5	\$ 97,000	\$ 99,303	Renovate DSPP offices.
76-5 *	50,000	46,392	Renovate 3 health centers and equipment for 5 health centers.
77-5	35,000	36,989	Renovation and equipping of 5 dispensaries (\$20,000) and 3 health centers (\$15,000).
77-5	37,824	40,359	Rehabilitation of training center.

We were informed by DSPP personnel that the renovation work was done by administration and the supervision by DSPP engineers. DSPP officials did not solicit bids for the renovations to the DSPP office and the training center building because it was felt the DSPP had the engineering personnel to carry out the work. DSPP officers could not recall that USAID officials requested DSPP personnel to solicit bids for the renovation work.

USAID records show the DSPP submitted plans and a cost estimate of \$87,152, including supervision costs of \$7,386, to renovate the DSPP offices. When we questioned the actual costs of \$99,303 that were incurred, we were informed by DSPP officials that the increase in costs was due to DSPP doing considerably more work than was in the estimate submitted to USAID. However, DSPP officials were not able to identify the extra work that was performed. Since USAID officials did not receive progress reports, they were not aware that the expenditures approved in reimbursement requests included additional work.

We visited one of the health centers that was reported renovated at L'Estere to determine, among other things, the extent of the renovations. Health center personnel were unable to tell us what improvements had been made to the building. One auxiliary nurse recalled that some repairs were made to the buildings, but could not remember when or what repairs were made. USAID personnel were also unable to tell us what

\* The agreement did not specify the amounts available for renovations and equipment separately.

improvements were made to the center. A selective examination of two vouchers disclosed that DSPP requested the USAID to reimburse \$2,150 for work performed at L'Estere. We did not determine if other costs were incurred for improvements at L'Estere.

USAID Engineering personnel informed us that Health Sector officials did not coordinate or request assistance on the renovations made under project 521-070. In March 1978 Engineering personnel were given the responsibility for assuring that AID procurement regulations are followed for all future renovations and construction.

The construction of a statistics building has been delayed because DSPP has been unable to comply with AID procurement regulations requiring competitive bidding, justification for selection of a contractor and a formal contract. On March 11, 1978 the USAID informed the DSPP that the statistics section work could proceed. The DSPP was instructed to prepare and submit plans and a budget for review and approval and the Minister was reminded that AID must also approve the DSPP's selection of the contractor.

On August 30, 1978 the USAID's Engineer informed the Chief of the Health Sector that the plans and costs for the statistics building were acceptable and that a contract, subject to AID approval, could be signed with the contractor.

We found that USAID's personnel had not formally informed the Minister of Health that the plans and costs were approved and to submit a contract for AID's review. The Chief of the USAID's Health Sector said he had assumed a letter informing the DSPP of AID's action was prepared by the project manager.

USAID's Engineering personnel said that, contrary to USAID instructions, no competitive bids were requested by DSPP on the statistics section work. The contractor that prepared the plans and specifications had been awarded the construction contract by the Ministry of Health. USAID's Engineering staff, however, had reviewed the cost estimates and felt the amounts were reasonable. The staff had recommended to the USAID Director that once the contract is submitted that it be approved.

DSPP officials did not maintain separate controls on the costs that were spent for renovation and equipment purchases. DSPP's accountant informed us that no accounting records are maintained that would readily identify the costs charged to each health center and dispensary. No cost records were kept because neither USAID nor DSPP officials requested a detailed accounting of amounts spent on the health centers and dispensaries. We believe that the DSPP Accounting Office should maintain books and records that clearly show the costs incurred for the construction/renovation and the equipment. These records will be essential to control the cost of constructing/renovating and equipping over 200 buildings costing about \$5.3 million under the proposed project, Rural Health Delivery System.

USAID personnel said to obtain information on equipment purchases would require an analysis of the DSPP billings. USAID officials had a general knowledge of what equipment was purchased, but did not know to which health centers or dispensaries the equipment was sent. Equipment purchased for the health centers and dispensaries was not entered on the DSPP property controls because the administrative property control section, under the Chief of Administration, was not informed of the purchases. The DSPP Chief of Administration was not aware of the equipment purchases and where the property was placed. Since the Chief of Administration did not know what equipment was purchased, he could not tell us if reasonable prices were paid for the purchases. We were informed by the DSPP accountant that the purchases were made by a special assistant to the Minister of Health.

#### Recommendation No. 2

USAID/H, in conjunction with DSPP, identify the sites where the renovations were made and for each site determine the cost and the work that was performed; identify the equipment purchases and assure reasonable prices were paid and the items are entered on the DSPP property records.

#### Recommendation No. 3

USAID/H establish procedures to assure that the DSPP notifies USAID personnel about completed construction/renovation to buildings and the receipt of all commodities.

### 3. Communication Equipment

Communication radio equipment costing \$49,880 and paid for on September 27, 1977 had not all been installed over a year later at different locations in the country. The radio equipment is designed to provide long distance communications service between the DSPP central office and 10 major hospitals located throughout Haiti. Presently there is no operable telecommunication system connecting the various DSPP health units outside the metropolitan area of Port-au-Prince. The contract between the supplier and the Department of Public Health required the delivery and installation of 11 single sideband radio telephones at 11 locations in Haiti. The equipment was to be installed no later than four months from the date of payment. We were informed by the contractor that 10 radio units had been installed, but the radio unit at the Department of Public Health Central Office was not operative because a special roof antenna was required. The contractor said the antenna was stored at the Haiti customs warehouse. Once the customs clearances are obtained the antenna will be taken out of customs and installed on the roof.

The contractor said the 10 installed radio units were operative and communicate with each other. Once the radio unit is installed at the Central Office, the entire communication network would be checked out by the contractor to assure the system works.

The contractor attributed the delay in delivery and installation of the communication equipment to several factors. At the time the order was placed with the U.S. supplier, it was learned that the radio frequency crystals in the radios had to be changed. The frequency change resulted in delaying delivery because the radio equipment had to be modified to the new frequencies. Other delays were caused by the American air carrier making partial shipments of the radio equipment. The contractor had to wait for all the equipment to be in the GOH custom's warehouse before proceeding with free entry procedures.

Our selective inspection and testing of the radios at five locations, other than the Central Office, disclosed three units were operative and code calls had been assigned. However, the local radio operators were unable to communicate with each other although several attempts were made. We were unable to determine if the lack of radio communications between the three stations was due to technical/mechanical problems or because the personnel did not know how to operate the radios. There were no operational instructions available at the three sites.

At Hinche the radio unit had not been installed because building improvements were being made where the radio was to be located. The contractor said that upon completion of the alterations another trip would be made to Hinche to make the necessary electrical connections. At Belladere the radio was inoperative because of the lack of electricity during the day. The community's diesel-powered generator operates only at night. Hospital officials said arrangements were being made with community officials to operate the generator in the morning for two hours. The radio would be used at that time.

None of the radio units are marked/identified that they were AID procured. The supplier said he was not aware that the shipping containers and commodities were required to carry the official AID emblem.

USAID/H project personnel were not aware that the radio communications system was not functioning or that the contractor had not completed installing the 11 radio units.

#### Recommendation No. 4

USAID/H assure that the radio communication equipment is completely installed and is operative.

The DSPP did not comply with AID procurement regulations in the purchase of the radio equipment. AID procurement regulations (Regulation 1) call for submitting a synopsis of procurement needs for AID approval and publication in the United States, issuance of bid invitations,

selection of a successful bidder and execution of a satisfactory contract. DSPP officials said they were not aware of the project agreement's standard provisions annex requirement that commodities financed with AID funds were subject to the provisions of Regulation 1. Further, they were not informed by AID officers about the Regulation 1 commodity procurement procedures. It was the DSPP official's understanding that only three informal quotations were needed to satisfy AID procurement procedures.

The DSPP Chief of Planning, who handled the procurement transaction, said the selection of the supplier was not made by DSPP personnel. The three quotations were reviewed by USAID/H's former Chief of the Health Sector who selected the supplier. It was the Chief of Planning's understanding the selection of the supplier was made on the basis that the USAID/H officer was knowledgeable about the radio equipment offered by the supplier.

The DSPP Chief of Planning did not know the cost of the radio equipment had been increased by over \$4,000 from the bid price. He did not have any documents supporting the price increase. We also discussed with DSPP administrative personnel the procurement of the radios and need for documentation. They informed us that the DSPP purchasing/supply section had not been involved in the purchase and had no information on the procurement. Subsequently, administrative personnel had learned the supplier was planning to submit another billing for other costs.

The contract between the supplier and the Ministry of Health does not contain provisions for administrative or legal remedies in the event the contractor breaches the contract, and provide that U.S. Government representatives shall have access to the contractors books and records directly pertinent to the communications equipment procurement. Future grant contracts should include provisions to assure contractor performance and for adequate and timely follow-up of procurement.

There were three quotations found in the USAID/H files:

<u>Supplier</u>	<u>Amount</u>
Electronic General 11 units	\$ 45,411.85
Telecommunications d'Haiti S. A. 12 units	41,226.00
Fritz Electronic Communications 10 units	61,453.50

On September 17, 1977, the supplier, Electronic General signed a contract with the Ministry of Health for \$49,880 which was an increase of \$4,468 over the quotation price. The increase in cost was due to a price adjustment of \$4,068 plus \$400 for transportation of the units in

Haiti and other costs. No documents were submitted by the Ministry of Health to support the increase in price. USAID officials did not question or determine if the U.S. supplier had increased the price of the radio equipment. Revision No. 3 to grant agreement No. 77-5 dated August 30, 1977 provided in the category, Other Costs, \$50,411 for a radio system.

One of the local suppliers informed us that he had submitted on July 1, 1977 a formal quotation to USAID/H. He believes his bid was not considered because he was not advised when the opening of bids was to be held or if a contract was awarded. The supplier attempted twice, without success, to meet and discuss with Ministry officers his proposal to furnish 12 radio units at a cost of \$41,226.

On July 27, 1977 the local supplier again wrote to a USAID/H technician and made reference to his quotation of July 1, 1977. He asked to be informed about any decision made by the USAID on his quotation of July 1, 1977. The supplier said no response was received on his July 27, 1977 request.

The supplier said his communication equipment would have provided the DSPP with an adequate communication system at a considerable saving.

USAID/H files do not contain information to support the action that was taken by USAID personnel in the procurement of the radio equipment. We only found a copy of the three quotations. A procurement file should contain the complete history of the transaction.

#### Recommendation No. 5

USAID/H establish procurement procedures to review and approve contracts prior to signing and assure record files contain information to support the selection and awarding of contracts.

#### 4. DSPP Supply Warehouse

Warehousing, storage and maintenance of records procedures need to be improved to provide for better control and accounting of commodities in the warehouse. The personnel require training on warehousing procedures including the receiving, storage and issuance of commodities. Warehouse personnel are not being adequately supervised.

Periodic physical inventories have not been made by warehouse personnel to verify actual quantities against the stock record balances. A partial inventory of medical supplies was made in June 1978. The value of the physical count was \$9,000. The DSPP Chief of Administration said the warehouse personnel were given written instructions on warehouse procedures, including making periodic physical counts of commodities. The Chief of the warehouse was unable to give reasons why he did not follow the instructions.

Stock record cards do not show the location of the commodities although supply bins are identified. Reorder levels have not been established for each type of supply. The instructions given to the Chief of the warehouse did not provide for establishing minimum, maximum and reorder levels.

There are large quantities of commodities, including medical equipment, 37 motorcycles, and unidentified items in cartons, that are stored at the warehouse and are not posted to the property records. The commodities were donated by other foreign donors, including UNICEF, Canada, Catholic Relief Services, and others. The warehouse personnel have never received documentation on these commodities from the DSPP Central Office. Most of the commodities have been in the warehouse six or more months and no one knows what all of the cartons contain or the final disposition to be made of the items. We were informed that Central Office personnel had ordered warehouse personnel not to record the commodities in the property records - a very unusual procedure to say the least. We believe these commodities should be identified and recorded in the stock records. Once a decision is made as to their use, the property can be issued like other DSPP commodities.

We found that generally the posting to stock record cards was current. However, the records did not show as issued commodities that were waiting to be transported to health facilities. These commodities had already been taken out of stock. This procedure makes it difficult to reconcile the physical inventory against the stock record balance.

There is no information on the value of the commodities that are stored at the warehouse. The Chief of the warehouse said he has no cost information and that no one had requested the value of the commodities.

There are no orderly procedures for storing the different kinds of commodities. We found medical supplies stored with equipment. Different supplies are inter-mixed instead of placing the same kind of items together or at one location. Our selective checks disclosed the same type of supplies being at four different locations. Wooden crates and cartons were found scattered throughout the warehouse and were placed or stacked in a disorganized manner. No wooden pallets are used under the crates and cartons on the concrete floor. Written instructions on storage of commodities were given by the Chief of Administration to the Chief of the warehouse. The Chief of the warehouse was unable to give valid reasons for not following the storage instructions.

There are some supplies and materials occupying space that are no longer usable. Some of the supplies and materials are obsolete while other items have been damaged by rodents or by non-use. The Chief of the warehouse was aware of these items and said authorization to destroy or dispose of the commodities would have to be given by the DSPP Central Office. He had not informed the Central Office about the obsolete and damaged items.

The warehouse was found to be cluttered with all kind of debris. Dirt and dust were everywhere. There was evidence of rodent damage to supplies. There are some roof leaks, but we were not able to determine the extent of the water entering the building. It is quite evident there is little or no effort made to maintain a clean, neat and orderly warehouse. The Chief of the warehouse said his personnel clean the working areas, but due to the location of the building being adjacent to a public market, it is difficult to maintain the building clean.

The personnel have little or no knowledge on how to operate and maintain a supply warehouse. Because the Chief of the warehouse does not know warehouse procedures, there is no on-the-job training given to warehouse personnel. Warehouse duties and responsibilities are not clearly defined. This results in the present personnel (24) not being used effectively in the maintenance and operation of the warehouse.

Under the phase III project No. 521-091 USAID/H plans to procure a large quantity of medical supplies and other commodities. We believe that before any procurement is initiated for these commodities that USAID/H should make sure the DSPP warehouse procedures and control records have been established to safeguard and control the commodities.

We discussed with the DSPP Chief of Administration the warehouse problems. He said that in November 1977 the DSPP Director General was informed the warehouse operations should be improved and requested authorization to make the improvements. No response was received by the Chief of Administration on his request to improve the warehouse operational procedures.

#### Recommendation No. 6

USAID/H assure the DSPP establishes adequate warehouse supply procedures and practices, including making periodic physical inventories and reconciling the quantities to the stock records, setting minimum, maximum and reorder levels, recording in the stock records all commodities received regardless of source, storing of commodities, maintaining the warehouse, and training of warehouse personnel.

#### 5. Garage Facilities

It is doubtful that the DSPP Central Garage located in downtown Port-au-Prince is properly maintaining and servicing vehicles because of the inadequate shop facilities, antiquated shop equipment and tools, unavailability of spare parts, and lack of organizational, administrative and operational procedures.

The maintenance and repair operations are housed in an old building designed to hold several repair shops. The building has not been

maintained and has deteriorated to where it may not be economically repairable. The shops are cluttered with junk and other debris. There were a few old shop tools that were regarded as operable. A limited quantity of hand tools was observed. Some of the small tools belong to the employees.

The room regarded as the storeroom for spares is full of junk. Spare parts taken off vehicles are kept because sometimes a part can be repaired when there are no parts available at local suppliers. However, no effort is made to determine if a used part can be repaired before placing it in the storeroom/junk room. The result is a room full of junk. Access to the junkroom is controlled by the Garage Administrator who has the only key to the locked door. This has created problems because many times the Garage Administrator is not available. We were informed that spares are usually procured directly from local suppliers.

There are no stock records identifying the spare parts, new or used, that may be stored at the Garage. There is no information on the kind or quantity of spare parts that are received and issued, and the identity of the vehicles receiving the spare parts.

Garage personnel do not maintain records showing the vehicles that are maintained and repaired. No cost information exists on the repairs and maintenance made to DSPP or other vehicles. We noted in our visit to the Garage there was a vehicle being repaired that was not a government vehicle.

There is no preventive maintenance given vehicles on a scheduled basis. We were told vehicles receive maintenance. However, we were not able to determine the extent of the preventive maintenance given DSPP vehicles by the Central Garage because no recorded information is available. We could not obtain statistical and other administrative information from the Garage Administrator because the information was not available or there was a reluctance to provide the information. For example, we requested the Garage Administrator to give us by category the number of garage employees. The Garage Administrator said he did not know the number of garage employees. We requested a list of the DSPP vehicles that are repaired and maintained at the garage. The Garage Administrator was unable to furnish us with the vehicle information. He said it would require about eight working days to produce the personnel and vehicle information.

No recommendations are made to improve the DSPP garage administrative and operational procedures because under project 521-091 USAID/H and GOH officials are planning to transfer the repair and maintenance of DSPP vehicles to SNEM.

## 6. Regional Office-Nortin

Since its establishment in mid-1977 the Regional Office organization at Cap-Haitien has had administrative and operational problems. Regional Office personnel had organized only 7 of 30 planned dispensaries.

They provide supervision and technical guidance to the dispensaries. A regional warehouse had been established and was functioning.

The Regional Director explained that the lack of progress in organizing more health centers and dispensaries is because the Regional Office does not receive from the Central Office in Port-au-Prince administrative or technical guidance, supplies and approval for an adequate staff. The Regional Director has not received from DSPP's Central Office instructions defining the organizational structure and the operating procedures. Presently the Regional Director is not responsible for planning and budgeting rural health services in his area or selecting employees that are assigned to the Regional Office.

No periodic physical inventories have been made by the Regional Office stockroom personnel to determine if the quantities on hand agree with the stock records. Stockroom personnel said physical inventories are not made because no one has instructed them or asked them to perform the work.

Regional warehousing procedures need to be improved to provide for better arrangement of the medical supplies, equipment, food commodities and family planning supplies. Commodities are stored in the space that is available at the time of arrival and like items may be located at several places in the warehouse. Cartons containing condoms are being used as pallets because wooden pallets are not available. A large shipment of family planning commodities that had been received from the Central Office at Port-au-Prince was stored outside the warehouse area because of the lack of space. Obsolete medical supplies are occupying space and should be destroyed.

There are 6 new Japanese motorcycles in the warehouse that arrived about 7 months before our visit. The motorcycles have to be licensed and insured before they can be used. The Regional Director had asked the Central Office 4 or 5 months before to secure the motorcycle licenses and insurance. If the licenses and insurance are obtained the Regional Director plans to assign the motorcycles to auxiliary or sanitary agents.

Vehicles are inoperative for long periods of time due to the lack of spare parts. Requests for spares are made to the DSPP Central Office at Port-au-Prince but it takes about a month or more to receive the parts. The DSPP Central Office officials refuse to authorize maintaining a small stock of critical and high usage spare parts. Two mechanics repair and maintain the five vehicles assigned to the Regional Office. Two of the vehicles are over six years old and require constant repairs and maintenance.

a. Dispensaries

At the dispensary level we found there were no inventory records. Dispensary personnel had no knowledge about maintaining stock records. There were little or no medicines and medical supplies at the dispensaries we visited. Family planning commodities were available in adequate quantities.

Dispensary personnel were gathering statistical information and preparing periodic reports. The reports are sent to the Regional Office.

b. Health Centers

In general the health centers/clinics do not have an adequate supply of medicines. Property records are not always maintained.

The health clinic at L'Estere had not accepted patients for three weeks because the doctor had left without saying where he was going and when he would return. The 7 employees report to the clinic for work, but without a doctor cannot treat patients. The patients are referred to a hospital in the next town. The L'Estere clinic personnel said no medical supplies had been available for 6 or more months. The clinic's roof leaks in several places. There is no water or electricity. Water is carried from a nearby river.

USAID personnel are aware of the administrative and operational problems that exist in the rural areas. Recommendations made elsewhere in the report to improve management and administration should also be applied to the rural areas.

7. Cash Advance

The DSPP Procedures to account for the AID advance of \$85,000 need to be improved to provide for maintaining current records and monthly reporting and reconciliation with the cash advance. The cash advance was made to the DSPP to establish a revolving fund to pay project operational costs.

The cash advance of \$85,000 was deposited with other DSPP Bank funds. Periodically the DSPP deposits counterpart funds to pay for expenses that are not eligible for AID financing. For 1978, \$30,500 of DSPP funds were deposited in the bank account.

We found the DSPP's Accountant had the records at his home. The Accountant explained the bank records were kept at his home because it was easier to do the work there instead of at the office. The posting to the DSPP bank records were two and a half months in arrears. The accountant said postings were not current due to other work priorities.

The Accountant does not account for the money in the bank to either the USAID or DSPP. The Accountant said no reports are prepared because no one has requested that he account for the AID and DSPP funds. However, he had no objection to preparing a report that would give an accounting of the funds at the end of each month.

At the end of August 1978, there was about \$83,000 that could be accounted for by the bank balance (\$43,373) and two pending requests for

reimbursement (\$39,653). The DSPP's accountant should account for the differences of \$2,000 when he prepares the monthly reconciliation.

Recommendation No. 7

USAID/H request DSPP to prepare monthly reports on the status of the cash advance, including reconciling the bank account to the advance and accounting for any cash difference.

8. Evaluation Plan

The DSPP has not submitted to the USAID an evaluation plan as required by section 5.1 of grant agreement No. 521-086, Strengthening Health Services, Phase II. The plan was to include during the implementation of the project and at one or more points thereafter: (a) evaluation of progress toward attainment of the objectives of the projects; (b) identification and evaluation of problem areas; (c) and evaluation of the overall impact of the project.

Recommendation No. 8

USAID/H obtain from the DSPP the required evaluation plan.

B. National Society for Endemic Diseases

1. Project Goal

There is a lack of progress toward the project's goal of strengthening SNEM's institutional capabilities for reducing the incidence of malaria to less than 500 cases per 1,000,000 inhabitants. From a low slide positivity rate of .2 percent in 1968, the rate has increased to a high of 20.9 percent in August 1978. The costs to reduce malaria in Haiti since 1960 to the end of CY 1978 are about \$32,282,000:

<u>Donors</u>	<u>Amount</u>	<u>Percent</u>
AID	\$ 23,599,000	73.1
GOH	3,067,000	9.5
UNICEF *	3,312,000	10.3
PAHO	2,304,000	7.1

\*Stopped contributing in 1974.

SNEM officials attribute the lack of progress to administrative and financial problems, including their inability to purchase supplies and equipment on a timely basis. Other reasons given for the high malaria rate are heavy rains and flooding, inhabitants refusing to accept preventive drugs and vector resistance to the DDT insecticide.

The malaria advisor contracted by AID as the administrative advisor to SNEM, who serves as the USAID representative on technical matters concerning the malaria program, does not entirely agree with SNEM officials that the lack of progress in reducing malaria is due solely to administrative and financial problems. He attributes the lack of success to the poor timing of spraying and drug distribution operations plus other control activities or on the poor implementation of the work activities, or possibly the combination of both.

We agree in substance with the malaria advisor that the lack of progress to reduce malaria is not completely due to administrative and financial reasons, but also is due to the technical direction provided by Pan American Health Organization (PAHO) technicians and others and to the many program changes that have been made since the malaria program was initiated in 1958. PAHO malaria advisors have been working with the program since 1958. In April 1975 an AID consultant/technician reported that since the beginning confusion as to technical responsibility was practically built into the program and that constant technical disagreements have played a major role in the failures of SNEM. This technician also reported that series of recommendations made by evaluation groups have been modified, ignored or found not needed; experts have often come up with strongly held but often contradictory views and suggestions were made of vector resistance, but no definite proof was established.

We found that PAHO and SNEM officials continue not to consider and carry out consultant/expert recommendations. A technical report prepared by AID and PAHO officials in early 1978 and containing recommendations to improve the technical aspects of the program had been ignored by both PAHO and SNEM officials.

We believe that other reasons for the lack of progress are the USAID's inability to provide technical direction to the program and their lack of information on the technical aspects of the malaria program.

Since 1975 the USAID has concerned itself only with the administrative integrity of SNEM while PAHO has been responsible for the day-to-day technical aspects of the program. Neither the Memorandum of Understanding nor Project Agreements require PAHO to furnish AID with technical performance reports. The result has been that the USAID has not known since 1975 the extent of the technical assistance progress, technical problems delaying the success of the malaria program or the adverse conditions that have materially affected SNEM's ability to reach program objectives.