

A STUDY OF THE  
AID HEALTH PROGRAM  
IN HAITI

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## I. INTRODUCTION

This study was undertaken at the request of the United States AID Mission to the Republic of Haiti in order to assist in the reassessment of its health program. The new emphasis being placed on economic development and social progress throughout Latin America by the United States in its foreign assistance programs requires a reappraisal of its current technical and economic projects. The objectives of speeding up development to meet the legitimate aspirations of the people of these developing countries for a better life particularly involves the control of disease and improvement of community health services. The United States has rendered technical and economic assistance in health to Haiti over the past nineteen years on a continuous basis. Accomplishments have been considerable as attested by the numerous reports and evaluations that have been made and are a matter of record. The question now is: What further actions, if any, should be taken in the field of health in order that Haiti may move forward in economic and social progress and fully participate in the "Alianza para Progreso".

## II. RECOMMENDATIONS

### A. GENERAL

In view of the recognition given to the importance of health to economic development and social progress of countries by the Act of Bogota and the Charter of Punta del Este and since the Alliance for Progress was justified largely to our Congress on the basis of education and health, we recommend that health activities be included as part of the United States foreign assistance program to Haiti. We further recommend that the type of health programs and the levels of financing be determined in relation to total country priority needs for economic and social progress and United States criteria and objectives for providing assistance to the country. We believe that appropriate U.S. technical assistance should accompany U.S. economic assistance in order to assure proper usage of U.S. funds and to give identity and presence in the country of U.S. participation in the Alliance for Progress. We do not believe that all technical assistance should be provided by multilateral health agencies when programs are largely financed with U.S. funds.

There are three general areas in the health field in which Haiti needs assistance if the existing poor health conditions are to be alleviated and progress made in the development of a national health service which can provide at least minimum health and medical services for the population. These general areas are:

1. Assistance in the organization, development, and administration of a countrywide health service based on long range plans over the next decade. This would include the development and strengthening of the Ministry of Public Health and its various subdivisions at both national and local levels and other institutions which function in the public health and medical care field.
2. Support to institutions of higher learning in the health field such as the Medical, Nursing, and Engineering Schools.
3. Assistance in the training of Haitian health personnel both professional and non-professional. This would include participant training, in-country post graduate refresher training of professional personnel and the training of non-professional and auxiliary health personnel through in-service and other types of training as required for programs.

In respect to these three areas of needed assistance in health, the following are specific activities which we suggest may meet the criteria and objectives of United States assistance to Haiti in the field of health. These recommended health activities are conditioned by existing economic, political and other conditions in the country and their implementation will be further conditioned upon the availability of financial resources and other factors to be determined later. Therefore, we have listed the proposed health activities in a priority list of projects with estimated levels of financing.

B. PRIORITY HEALTH ACTIVITIES

Priority I. - Continuation of the Health Division of USAID/H.

We were informed that current plans provide for the phasing out of the SCISP by the end of calendar year 1962, and that cooperative project activities would be carried out under program agreements between GOH and USAID/H. If health is to be considered part of the USAID/H total country program, then it is imperative that a Health Division be continued in USAID/H. We recommend that the absolute minimum staff for this Division be a public health physician whose responsibility would be to serve as advisor on all health and medical matters. The many U.S. professional groups, voluntary health agencies and religious organizations which are engaged in health and medical programs in Haiti require a U.S. physician on the USAID staff to coordinate, orient, and assist them with GOH in their activities. He should serve as Chief Public Health Advisor for all USAID health projects.

Additional health staff requirements have been discussed under the individual health projects recommended in this report. We strongly recommend that an appropriate administrative organization be established to assume all responsibilities which are now carried out by the SCISP before the SCISP is phased out. This is particularly important in the malaria eradication program.

Funds required for the continuation of a Health Division in the USAID/H at a minimum level would be approximately \$25,000 per year which includes the salary, allowances, and travel of a U.S. public health physician and the salary of a Haitian secretary.

Priority II. - Participant training in health and related fields.

In view of the need for more adequately trained health personnel in Haiti who can become leaders and teachers and because of the benefits obtained by Haitian professionals from the training, personal observations and associations while they are in the United States, we recommend that funds be provided in the USAID/H country program for participant training in health and related fields. Criteria and objectives should be carefully established for the selection of candidates. Annual costs per year are estimated at \$30,000.

Priority III. - Malaria Eradication Program.

The United States Government is now participating in the national malaria eradication program and \$740,000 of budget support and special assistance funds were allocated in FY 1961. Proposed levels of future financing have been submitted on E-1 forms which include for FY 62 \$945,000; for FY 63 \$1.4 million, and an estimated total over a seven year period of \$8.7 million. We recommend continued support of this program but conditioned upon strong effective U.S. administrative control, including at least two U.S. Business Managers, one for the central office and one for field auditing. Also, an appropriate number of U.S. Malaria Specialists should be assigned to the project to assure its orderly progress.

Priority IV. - Assistance to the Services Hydrauliques.

The United States Government is now participating in the development of the Services Hydrauliques which is an autonomous organization established by law for the development and management of community

water supply systems throughout the country. In FY 61 a total of \$75,000 U.S. funds was allotted to provide assistance in the development of the Services Hydrauliques. In view of the importance of community water supplies to alleviate the extremely high incidence of enteric diseases among the people and the urgent need to establish a sound national agency which can develop and manage community water supply systems on a self-supporting basis, we recommend continued U.S. support to the strengthening of the Services Hydrauliques from FY 62 funds at the same financial level as for FY 1961. We further recommend that the E-1 which has been submitted for increasing this support be reviewed and revised with levels of financing at approximately \$150,000 for FY 63 grant funds, and a total of \$1.2 million over a period of six years with consideration given to partial financing by D.L.F. for the actual construction of water supply systems. IDB is now considering a loan of approximately \$6.9 million for the improvement of the Port-au-Prince water supply system.

Priority V. - Development of local health services as part of the Artibonite and Poté Cole' area development.

The United States Government is now participating in health activities in the Pote Cole area development. Funds allocated to the area project for health in FY 61 were approximately \$300,000. In addition, the SCISP contributed to health activities in this area in the amount of \$28,000 in calendar year 1961. Since health plays an important role in any area development, we recommend continued U.S. support for health in the Poté Cole' project and we further recommend realignment of health program activities to provide more

effective collaboration with efforts in education, public works, and agriculture, and emphasis given to community action programs for health (see recommended activities in this report). Environmental sanitation, health education, and preventive and curative health services should be stressed.

In respect to the Artibonite area development project, we recommend U.S. support to develop local health services with community action, including a study of the possibilities of establishing a system of prepaid medical care. Further, we recommend that the staff of the SCISP health center at Pont de l'Estère be reduced to two full-time nurse auxiliaries and the services of a physician only on market days. The present personnel should be relocated in the Artibonite Valley near the current and planned future development activities. They should provide basic health services to the people in the community of the development area.

The proposed level of financing for health activities in the Poté Cole' area project for FY 62 is \$170,800. Budget estimates are shown in Appendix A. In addition SCISP has budgeted about \$22,000 for CY 1962.

Proposed financing for health activities in the Artibonite project for FY 63 is \$121,500, as shown in Appendix B.

Future years financing will be conditioned upon progress of the overall project development in both areas. However, assessment at the present time suggests continuation over a period of five years at about the same financial level annually as programmed for FY 62 in the Poté Cole' area and for FY 63 in the Artibonite area.

Priority VI. -- Assistance to the School of Medicine.

The United States Government has provided in the past a small amount of assistance to the School of Medicine in the form of short term consultants, provision of English teachers, and a few supplies. In view of the urgent need for more and better trained physicians in the country, and because the medical profession plays an important role in the political and social progress of the country, we recommend that U.S. assistance be provided to this School when it is considered feasible and advisable. We further recommend that assistance be provided in a manner which will achieve established objectives and targets and serve the best interests of Haiti and the United States. In this connection, we recommend that USAID/H give consideration to a contract arrangement with a medical school in the United States to provide technical and economic assistance. Such contracts have been very successful in other countries in the Latin American area. Financing of the contract should be over a period of at least three to four years at a level of approximately \$75,000 per year. Before such a contract is negotiated, a study should be made by a U.S. Medical Education consultant to determine with the School the objectives, target dates, and economic resources required. There is an urgent need for new facilities for the teaching of the basic sciences not only for the medical students but also for the dental, pharmacy and nursing students. This should be considered in any planning of assistance to the Medical School.

Priority VII. - Assistance to the Schools of Nursing.

In view of the extreme shortage of nurses and the low level of nursing service in the hospitals and public health facilities, we recommend that U.S. assistance be provided to the three Schools of Nursing in Haiti located in Port-au-Prince, les Cayes and Cap-Haitien. However, any assistance provided should depend upon the desire and willingness of the Schools to bring about needed changes in nursing instruction and assurances by GOH that proper job opportunities and security will be available for nurses graduating from the Schools. To provide such assistance, we recommend that consideration be given to the assignment of a U.S. Nurse Education Advisor to the USAID/H staff and to the provision of economic support for teaching aids and facilities. In addition, we recommend as part of the training of nurses and for improvement of nursing services that consideration be given to the assignment of a U.S. Nurse Advisor in hospital nursing services. However, such assistance should be conditioned upon the willingness of GOH to make the changes and improvements now urgently needed in hospital nursing services including proper salaries, supervision, and adequate supplies and materials. Funds per year for a U.S. Nurse Educator and some economic support to the Schools would be approximately \$25,000 and for a U.S. Nurse Advisor in Hospital Nursing Services approximately \$15,000.

Priority VIII. - Assistance to in-country training of Haitian health personnel.

This proposed project activity is so placed in the priority relationships because a relatively large number of non-professional

health personnel have received some training and are not being used effectively at the present time. Reference is made particularly to sanitarians, nurse auxiliaries and nurse aids. It should be noted, however, that training of health personnel should be considered of high priority if such training is project related and the personnel so trained will be utilized effectively. Lack of adequate supervision, low salaries, and inadequate supplies and materials tend to neutralize the effectiveness of trained personnel in Ministry of Public Health operations.

Assessment of the situation in the country leads us to believe that training for specific project activities is needed particularly in such programs as in-service training of various health personnel, both professional and non-professional, and the organization of workshops for program planning implementation and evaluation. Therefore, we recommend that a project of in-country training be developed at an estimated annual cost of \$20,000 for a period of three years.

In respect to assistance in the organization, development, and administration of a national health service based on sound long range plans over the next decade, we believe it would be difficult to strengthen the Ministry of Public Health and its various sub-divisions under the present situations. Attempts made to encourage the preparation of a long range national health plan have had relatively little success. Also, the lack of supervision of health personnel, inadequate salaries, very limited supplies and materials and other factors have and will continue to impede orderly progress in the development of a national health service. Therefore, we do not recommend at this time U.S. support for these activities other than those included in the above priority list.

### Other Recommendations

The following recommendations which we believe may be useful to the USAID/H health program activities are submitted for consideration:

1. U.S. economic support to health programs should be direct allocations to USAID/H rather than as budget support funds to GOH.
2. Consideration should be given to an administrative device to replace SCISP present administration if it is to be phased out. This should provide for all administrative services required for project activities and for receiving and administering funds and other resources for community action programs for health.
3. Effort should be made to have better identity of U.S. participation in the malaria eradication program in the country.
4. A Haitian public health physician should be nominated to serve as counterpart to the U.S. Chief Public Health Advisor.
5. Efforts should be continued to develop closer working relationship with the Minister of Public Health and Chiefs of the various divisions in the Ministry.
6. A list and brief description of health activities carried on in Haiti by U.S. and other foreign agencies other than by the U.S. Government should be prepared. These agencies would include the UN, WHO, PAHO, UNICEF, CARE, religious organizations, voluntary health groups (MEDICO, FOCUSO), welfare agencies, foreign cultural exchange groups (France), etc. It would be interesting also to know the extent of the total United States effort to health in Haiti.

7. Utilizing the above list, effort should be made to collaborate and coordinate health activities for maximum benefit to the country. If a long range national health plan was prepared, many of these activities by outside agencies could be coordinated with and be a part of such a plan.

C. RECOMMENDATIONS ON SCISP ACTIVE PROJECTS

1. Project 1-57 - Administration and Transportation, could be
  - a. Because of the relative high number of Haitian personnel employed under this project and the high percentage of the total SCISP budget allotted to administration, we recommend a reduction of personnel. Further, we recommend that the Malaria Eradication project pay for all its administrative services rather than SCISP use some of its funds for such expenses.
  - b. Effort should be continued to terminate the agreement to repair and service Ministry of Public Health vehicles.
  - c. If SCISP is to be phased out, the garage should be the responsibility of SNEM. We recommend strong administrative control over the garage by USAID/H.
  - d. UNICEF should provide repair parts for its vehicles and those of PAHO.
  - e. The number and use of SCISP vehicles should be carefully studied with the objective of reducing the number and their official use.
2. Project 2-57 - General Public Health Operation.
  - a. We recommend that sub-project agreements be prepared for all activities carried on under this project and the accounting system reflect the expenses of each sub-project.

- b. Continued effort should be made to transfer the health center at Pont de l'Estère to Ministry of Public Health control. If this is not possible, we recommend reduction of the number of personnel at the center and their utilization in the Artibonite area. (See recommendations for public health activities in the Artibonite area.)
  - c. Other SCISP personnel employed under this project should be transferred to the proposed Artibonite project.
  - d. We recommend that all health assistance provided under this project or by special funds be directed toward project activities rather than to scatter assistance in non-project related activities. Examples: vehicles for the Ministry of Public Health, assistance to U.S. voluntary health agencies, etc.
  - e. In reference to the assistance in health under this project to the Pote' Cole' and Artibonite projects now provided by SCISP, we recommend that this be gradually phased out and that all health activities be funded by the area development projects. (See recommendations for health activities in the area development projects.)
3. Project No. 4-57 - Training Program

We understand that this project provides English courses for students at the Medical School on a voluntary basis. We recommend review of the project to determine if it is accomplishing its objectives. We agree that the learning of English by medical students is very important and suggest that the School make English a required course.

### III. BACKGROUND DATA

Reference is made to the various reports listed in the Appendix which covers in detail the descriptive features of the country. No attempt is made in this report to include a repetition of this information. It is deemed advisable, however, to point out a number of salient features and conditions which have a particular bearing on current health development.

A. PHYSICAL FEATURES: The Republic of Haiti is a small, mountainous, tropical country occupying the western third of the island of Hispaniola, the second largest island in the West Indies and situated in the Caribbean between Cuba and Puerto Rico. (See Appendix C - Map of Haiti). Haiti has an area of 10,700 square miles and is about the size of the State of Maryland. Sixty to seventy-five per cent of the country is dominated by mountains interspersed with highlands and valleys. The rugged mountainous terrain has been a significant factor in the development of roads that provide access to the rural areas of the country. Lack of transportation facilities in some regions isolates communities, handicaps agricultural activities and education, and creates vast public health problems.

The largest river in the country is the Artibonite which flows into the Gulf of Gonave through the Artibonite Valley in the Central part of the country. The development of hydroelectric power, expansion of the irrigation system, and the introduction of intensive large scale agriculture production in the Artibonite Valley as a joint project of the Government of Haiti and USAID/H will have an increasing impact on the development and economy of a large sector of the country. Other rivers and streams of Haiti are short and their flows are erratic varying from flash floods during the rainy seasons to periods of greatly reduced or no flow during dry seasons.

As a result of Haiti's tropical location and mountainous terrain, temperatures range from the extreme heat of the seaports and coastal plains to the mild cool air of the mountains. The temperature averages 86° F. in the summer and 70° in the winter with as low as 53° in the mountains. Some coastal cities, such as Cayes, Jacmel, and Port-au-Prince have temperatures as high as 107° in the summer with trade winds fortunately tempering the heat. The amount of rainfall and seasonal occurrence vary tremendously over the country. The mean annual rainfall ranges from approximately 25 inches in an area of the northwest to about 90 inches in the upper Artibonite Valley in the Central Eastern part of the country. There are two distinct rainy seasons occurring in the spring and fall. Hurricanes occur, but not as frequently as in other islands of the Caribbean. Port-au-Prince and other cities are protected in some way by the mountains from the severe damaging effects of hurricanes.

B. GOVERNMENT: Haiti is characterized by strong centralization of government at the national level. There is a national Legislature (House of Deputies) and the country is divided into five Departments. Government administration is by nationally enacted law and presidential decree with ever increasing recourse to the latter by the present government.

Departments, municipalities, and particularly the citizens have relatively little voice or action in national or local governmental affairs except as directed by the national leaders.

C. THE ECONOMY: Haiti has the poorest economy in the Western Hemisphere with an annual per capita income of slightly more than \$60. The economy is predominantly agricultural, but only about 31 per cent of the land can be utilized for agricultural purposes. Eighty-five per cent of the population eke out their livelihood through agricultural pursuits

with unemployment becoming a growing problem. Coffee (53.8 per cent of total export), sisal (11.5 percent), and sugar (9.4 per cent) are principal export crops. Other vegetables and all kinds of fruits are grown primarily for domestic consumption. Fish, crabs, and lobsters are found in the waters around Haiti but for some reason are difficult to catch. Consequently, there has been no development of the fishing industry.

The mining of bauxite by the Reynolds Mining Company represents the principal industrial activity in the country. Heavy special taxation by the government is reported to have caused the curtailment of soap and textile manufacture and the relocation of national beer production to another country. Tourism and the associated manufacture of native craft products are important sources of income. Other minor industrial activities include copper mining, floor milling, and cement production.

Illiteracy, malnutrition, disease, low agricultural productivity, and government policies affecting the establishment and growth of industrial activity are the principal factors responsible for the poor economy of the country. United States financial assistance has been significant in balancing international payments and in providing budgetary support to the country. This assistance in FY 1960-61 amounted to 9.6 millions of dollars.

D. POPULATION: The present population of Haiti has been estimated to be from 3,500,000 to 4,500,000 projected on the basis of the last census in 1950. Most of the population is composed of Negroes. The population averages about 350 people per square mile and is increasing at an annual rate of 1.3 per cent. Except for the capital city of Port-au-Prince, which has a population of about 145,000, and some half dozen or more provincial towns, the population is mostly rural. Rural people live in primitive housing consisting of adobe huts with thatched roofs and dirt floors. Usually 8 to 12 people sleep crowded in an 8 by 12 feet room.

E. CULTURAL ASPECTS: French and Creole are the spoken languages of the country, but the way of life in the country is said to be neither European nor African, but truly-Haitian. The illiteracy rate is very high, up to 90 per cent.

The Roman Catholic religion predominates in Haiti with a membership of 90 per cent of the population. The remaining population generally are members of the Baptist Church, Episcopalian Church, or Church of God. A high percentage of the people believe in and practice VODOO along with the other Christian religions. VODOO may be called a family cult. Local superstition, folk beliefs, customs, and practices often adversely affect the public health and serve as barriers to the introduction and carrying out of modern preventive medical practices.

F. FACTORS INVOLVED IN THE PRESENT HEALTH ACTIVITIES OF THE COUNTRY:

As in other governmental activities, the medical and public health organization and administration in Haiti is highly centralized and little local autonomy exists. The Ministry of Public Health operates hospitals, outpatient clinics, and nursing homes, and oversees all public health work. (See Appendix D. - Organization Chart of Ministry of Public Health.) The total number of hospital beds in Haiti is reported to be between 1,400 and 1,600. Hospital and health center drug supplies are often in short supply because of budgetary limitations.

For purposes of health administration, the country is divided into 11 districts each of which has a general hospital under the charge of a health administrator. He is administratively responsible to the Director General of Public Health and is in charge of both medical care and preventive medical services in his district. Most of these administrators are surgeons or clinicians who are primarily concerned with

medical care and have not had public health training. In spite of regular increases in the national public health budget, hospital services absorb over two-thirds of the funds. Under these situations and with the lack of trained personnel, public health work in the country, particularly in rural areas, is greatly handicapped.

The Ministry of Public Health is also responsible for education in medicine, pharmacy, dentistry, nursing, and auxiliary medical and health personnel. There is, however, a shortage of all types of public health personnel, especially in governmental health services. Physicians, nurses, dentists, and engineers are poorly paid, and it is necessary for many of them to supplement their income through other work.

There are approximately 300 resident physicians in Haiti about half of whom reside in Port-au-Prince and the neighboring city of Petion-Ville. Thirty-two additional doctors are reported to be working in the general hospital in Port-au-Prince and about 100 in the other main provincial towns of the country, leaving very few for the rural areas. The only medical school, located in Port-au-Prince, graduates about 35 doctors of medicine each year. A number of physicians, however, after completing their basic medical training in Haiti, leave the country for post graduate work or to practice elsewhere and do not return. This is also true for other trained professional public health personnel and is an important factor contributing to the shortage of personnel in the country.

Deficiency diseases and malnutrition are serious problems in Haiti. Kwashiorkor is common, particularly in the 0 to 4 - year age groups. Although communicable diseases are reported from hospital and health centers, these records are not complete. Malaria is one of the greatest health problems in the country. The National Malaria Eradication Program,

initiated in 1958 but interrupted in January 1959, has again been activated. Tuberculosis, and the enteric infections, including typhoid fever, dysentery, diarrhea, and helminthiasis, are also important disease problems in Haiti. Tetanus is wide spread and tetanus neonatorum is one of the causes of the high mortality rates in the newborn.

Private and voluntary agencies, including Medico, CARE, a number of Catholic and Protestant Missionary groups, and private foundations are making valuable contributions to medical care and related public health work in Haiti. It is of interest to cite the work of a few of such institutions that were visited.

The Albert Schweitzer Hospital in Deschappelles in the Artibonite Valley area was placed in operation in 1956 by Dr. William Larimer Mellon, who wished to provide medical care services for the populations in this area. The GOH gave Dr. Mellon the land on which the hospital is constructed. The physical structure of the hospital costing about two million dollars is excellent. It has modern equipment, its own electrical power supply and all the various supportive services required for a 120-bed hospital. There were approximately 125 patients in the hospital at the time of our visit, although one wing was closed because there was not sufficient supporting services in terms of staff and facilities for its operation.

There are six North American physicians and several Haitian physicians on the staff. There are eight U.S. nurses, and several Haitian nurses, as well as other supporting national personnel. The hospital provides medical services for both in-patient and out-patient cases. General clinics are held three times a week in which an average of eighteen hundred to two thousand (1,800 - 2,000) patients are seen weekly. Included among the principal illnesses are tetanus in the newborn, tuberculosis, malaria,

dysentery, and some cases of filariasis. Recently the hospital has started immunizations for children such as smallpox, whooping cough, diphtheria, typhoid, and BCG. Also they are beginning to carry out community development work such as experimental raising of hogs, the establishment of a dairy and ice cream plant, and some activities in water supply.

The Baptist Missionary Hospital In Limbe has approximately 30 beds and is operated by Dr. Hodges, a U.S. citizen, with the assistance of a small auxiliary staff of Haitians. There are needs for additional facilities and personnel for his program.

The Memmonite Hospital in Grande Riviere du Nord has approximately 25 beds, although there were 30 to 35 hospitalized patients at the time of our visit. The staff consists of four U.S. physicians, four U.S. nurses, and Haitian medical and nursing personnel. Two Haitian public health nurses are assigned to the hospital as part of their public health program. The out-patient clinic sees about 800 patients a week. Immunizations are given including smallpox, diphtheria, whooping cough, BCG, and tetanus. They also carry out various community action programs in the surrounding areas. Dr. Bolander is the Medical Director, and Dr. Rutt and Laguerre are U.S. physicians. They see a large number of tuberculosis cases. The diarrhoeal diseases with severe anemia is a major cause of illness, particularly in children.

Medico operates the regional hospital in Jeremie, which provides medical and health services for a large part of the Department of the South. Dr. Arthur Dillard, a U.S. physician, is Chief of the Hospital. There are four U.S. physicians and five U.S. nurses and several Haitian physicians and nurses. The Chief Haitian physician is Dr. Willy Venier.

The hospital bed capacity is 120 and approximately 4,000 patients are seen each month in the out-patient services. Under the dynamic leadership of Dr. Dillard the hospital has been greatly improved, although there is still much to be done, such as, improvements to laundry, kitchen, and other facilities. He is trying to obtain military excess medical equipment. The Norfolk Rotary Club is also assisting in providing equipment. A special program is being developed with the North Carolina Tuberculosis Society involving use of B.C.G. vaccine.

#### IV. RESPONDENT DATA AND ANALYSIS

(See Appendix E - Schedule of Conferences and Interviews)

##### A. CONCEPTS PRESENTED BY USAID/H MISSION

In conference with Mr. Finnie, Mr. Keogh, and Mr. Goss, it was pointed out by them that in total country programming it was essential to establish development priorities to meet the most important needs in the country and to meet U.S. objectives for providing assistance. The extent of such assistance depended upon available financial and technical resources. However, there appears to be an attitude in the national government that funds in larger amounts are desired from the United States and that these funds should be administered by GOH. While there is interest on the part of GOH in economic development and social progress as set forth in the Alliance for Progress and the Charter of Punta del Este, there has been little accomplished so far in initiating self-help principles such as improvement in governmental organization and administration or passage of essential laws which will permit orderly development. There is a willingness to accept U.S. technical assistance providing U.S. funds will be made available to carry out programs and projects. Actions or lack of them on the part of GOH impede project activities so that orderly progress is difficult.

The USAID/H Mission has consultants in the field of public administration who have been working with GOH with the objective of improvement of organization and administrative policies and procedures. Efforts after two years indicate that progress has been slow. GOH has agreed to a Bureau of Budget and financial improvements but these have not been implemented as yet. Representatives of OAS, IDB, and ECLA are making studies to assist the GOH

in the improvement of its organization including financial and administrative policies and practices in order that it may fully participate in the Alliance for Progress. Consideration is being given to the establishment of a National Planning Commission.

They pointed out that industries have not progressed in the country, nor is there much incentive for new industries to come into the country. Textile plants, a brewery, and other commercial activities have folded up because of excessive special taxes.

It is their opinion that unless essential changes are made in the GOH organization and administrative practices, the only way the United States can provide assistance to Haiti would be by maintaining control of the funds and administration of project activities. The Mission plans to concentrate assistance in a few major projects that will meet U.S. objectives and which will include agriculture, education, and public works interrelated with the area development activities at Artibonite and Pote' Cole'. They thought that health activities should be concentrated and give support to the area development projects. Since assistance funds in health would be handled directly by USAID/H, it is planned to phase out the Servicio thereby eliminating the use of two administrative devices for this purpose. The national program of malaria eradication will be continued on a countrywide basis.

In conference with Ambassador Raymond L. Thurston, he stated that health should be included as part of the U.S. country program. He was impressed with the work which was being done at the Mellon Hospital and spoke about the malaria eradication program.

In conference with Dr. Wood it was pointed out that a Cooperative Health Program has been in operation in Haiti since 1942. During this time a large number of projects had been carried out and transferred to the Ministry of

Public Health for continuation. (See Appendix F - Summary of SCISP Projects from July 1942 to January 1962.) These projects included the construction, staffing, and operation of health centers, and clinics; construction of small water supply systems; improvement of environmental sanitation; assistance to the nursing school; malaria control, including drainage and use of insecticides; control of communicable diseases, such as venereal diseases, yaws, smallpox, typhoid fever, and others; construction of public markets and public baths; technical assistance to hospitals; construction of the public health laboratory; health education; and training of professional and auxiliary Haitian personnel. There is no doubt that these projects have contributed substantially to the advancement of public health in the country. However, Dr. Wood pointed out that the facilities which were established such as health centers, clinics, water supply systems, and wells have deteriorated greatly due to the lack of support by GOH in providing adequate salaries for and supervision of personnel, funds for materials, equipment and maintenance, and general administrative support. In some instances, the facilities now are not in operation or are functioning ineffectively at a very minimum level. The yaws campaign, in cooperation with WHO, has been successful. Although the disease is near eradication at the present time, it may return if surveillance is not continued.

A large number of the professional personnel sent to the United States or to other countries for training in health and related fields have left Haiti or are employed in other positions outside of the health field. Some do not have positions in public health, because of political reasons. Graduates from the Schools of Medicine and Nursing are trying to get fellowships or employment outside of the country. One example is the class of nurses which graduated in 1960. All left the country, some going to the United States, others to Central American countries, and some to Africa. One may conclude,

therefore, that at the present time there is little opportunity for advancement for professional health personnel in the country. Also there is no job security. There is a feeling of uncertainty and caution among most government employees, because of the many examples of persons losing their job for reasons other than incompetency.

In discussions as to what kinds of activities in the health field might be carried on by the United States to meet its objectives in the country, it was stated that malaria eradication was one of the more important health problems, and that the program probably could be carried out with the technical and administrative competence which now exists among U.S., PAHO, and Haitian personnel, providing that the national government does not interfere with the orderly development of the program. Approximately 900 Haitians will be employed in this program, which is an important employment factor in the country. Dr. Wood believed that U.S. support should be given to assist in the development of the Services Hydrauliques which could be a very important organization in the planning and implementation of a national community water supply development program. He believed that a great deal could be accomplished by working directly with the people in community action programs for health, particularly in the Artibonite and Pote' Cole' areas.

He stated that experiences have indicated the people are willing and ready to contribute their energies and some funds and materials for health programs. He indicated that it would require U.S. technical assistance, however, to mobilize and catalyze available local resources and some U.S. financial support for materials to implement the programs and to assure that they are carried out successfully. It would be necessary to change existing attitudes in the country of "wait and see, if they (US) will do it for us or pay us for our work because they want it done". To effect a change in this attitude

will require in some communities a waiting period for them to observe success in other communities. Such community action programs for health might include small health clinics, environmental sanitation, and health education. Dr. Wood also believed that there was an excellent opportunity to carry out successfully an integrated medical care and public health program in the Artibonite and Pote Cole areas with interrelationships with the agriculture and education programs. He stated that assistance to the Schools of Medicine, Nursing, and Dentistry should be very limited until such time that the Schools have made certain essential improvements themselves. He also stated that the Haitians employed by SCISP had felt quite secure but with the changes being proposed there is real concern for their job security. He believes the Servicio with a joint fund is effective in carrying out health programs. He stated that seven or eight USAID health personnel would be optimum in Haiti excluding the need for U.S. personnel in the Malaria Eradication Program.

Dr. Wood's relationships with Ministry of Public Health officials, professional groups and others are excellent; and he believes that the USAID health program is wanted and needed. However, there are certain handicaps which need resolving at high levels of government.

In conference with the US Nurse Consultant, Miss Irene Martin, she pointed out the need for improvement of nursing services in the country and the scarcity of nursing personnel. The School of Nursing needs technical and financial assistance and many of the existing auxiliary nursing personnel have not had adequate training. However, in view of the very low salaries of nurses, employment insecurity, lack of basic facilities and materials in hospitals and health centers, and inadequate organization and supervision, it is difficult to improve the nursing services. While she has excellent relationships with the nurses, there exists a reluctance on the part of the chief nurses to promote

needed changes.

Miss Martin believes that if a Nursing Committee on a national level could be established it might be able to bring about many of the reforms needed to improve nursing services in the country. She stated that unless basic changes were made on the part of the Ministry of Public Health, the effectiveness of a USAID nurse advisor would be limited at national level although she could be effective at community level if community action health programs are implemented. She felt the nurse auxiliaries, who have been trained and are assigned to districts, could be utilized effectively under adequate supervision in such community action programs for health.

In conference with the Chief Sanitary Engineer, Mr. Scott Brandon, he stated that some progress had been made in the organization of the Services Hydrauliques. He believes that this Service can develop into a sound autonomous agency which will fulfill the requirements of IDB and other loan agencies and at the same time provide for GOH an organization which can carry forward an effective community water supply development program. He also believes that the U.S. Government should make available financial and technical assistance to the Service until it is well established and can continue on its own. There is need to carry out a survey of the country to determine water supply needs, to train Haitian personnel in all aspects of water supply systems such as design, construction, administrative management, and maintenance.

In reference to environmental sanitation, Mr. Brandon believed that the sanitarians who have been trained and are now assigned to districts in the country could be effectively utilized in the development and implementation of community action programs for health. He stated that the training center at Milot should be fully utilized, possibly as a training facility for Haitian

personnel employed in health, education, agriculture, and public works activities in Pote' Cole'.

Mr. Brandon's relationships with officials of the Ministries of Public Health and Public Works are excellent. He believes that one U.S. sanitary engineer and one U.S. water works management advisor are needed to provide technical assistance to the Service Hydrauliques. One U.S. sanitarian is required for the Pote' Cole' area and if a health program is implemented in the Artibonite area, an additional U.S. sanitarian would be needed there.

In conference with Mr. Francis Jones, Co-Director of the Pote' Cole' project, he stated that health had been considered of relative lower priority than projects in education, agriculture, and public works. Because of budget reductions, health might be phased out of the Pote' Cole' project. He also stated that the entire project in Pote' Cole' may be considered as an agricultural project rather than as an area development project. He is in favor of a health program and believes it is an important segment of area development. However, if health is included in the present budget presentation, it would be at the sacrifice of the other activities.

Mr. Jones stated that he plans to give consideration to the utilization of the Milot training school and to administrative policies and practices as they relate to the technical divisions. He hoped that additional funds could be made available for health activities and expressed an interest in developing community action programs for health utilizing the sanitarians and nurse auxiliaries who had been trained for the area. Health education would play an important role in this type of activity. He stated that there were a large number of community councils which had been organized for self-help and community action programs. However, he expressed concern that

increasing political domination over the councils might tend to neutralize the effectiveness of their work in the community.

In conference with Mr. Gérard Jospitre, Haitian Co-Director of the Pote Cole project, he stated that there was need for more action in getting things done and for personnel who would be less critical and get out of their offices and provide leadership to project activities. He was pleased with the nurse auxiliary program but felt that they and the sanitarians assigned to districts could accomplish more. He expressed a need for more budget support particularly for the development of community water supply systems.

Mr. Charles Briggs, Chief of the Education Division, USAID/Haiti, stated that 30 four-classroom school buildings had been completed and it is planned to complete 75 three-classroom school buildings this calendar year. Each classroom accommodates 50 students. The total cost per classroom is approximately \$1,000 including basic equipment such as chairs and tables. A field supervisor is provided to supervise construction of several schools and a mason and a carpenter are provided for each school being constructed. The community participates by providing labor.

GOH, through the Ministry of Education, provides funds for teacher salaries (\$40-\$60 per month) and for materials although the latter is insufficient. The Teachers Normal School graduates 70-75 teachers per year and all are employed. Twenty-five (25) percent of the teachers are graduates of the School. The other teachers are persons with some qualifications to whom in-service training is given.

The program has received enthusiastic support from the communities. Often the classes are overloaded. In one class prepared for 50 students, there were 118. In other cases, the students bought their own chairs and

tables when none were available. The Ministry of Education is requesting budget funds for 400 additional teachers. CARE has provided instructional materials. The program is funded with contributions of GOH and the U.S. Government in a ration of 3 1/2 GOH to 1 U.S. The latter contributed about \$1 million in Fiscal Year 1962.

Mr. Briggs stated that he desired collaboration from USAID/Haiti health personnel in health and hygiene aspects of the program such as construction of latrines, wells, health and nutrition education. He expressed interest in assistance from health personnel including health education for the production of instructional materials for teacher training and in provision of health services and facilities. A larger part of the program is in the Pote' Cole' and Artibonite areas although it is planned to have programs in other parts of the country.

In reference to the Malaria Eradication Program, Dr. William J. Goodwin, Malaria Advisor USAID/Haiti, stated that the program was going well so far but that there is need for continued vigilance over the administrative practices since the U.S. Government was contributing funds for local costs. He indicated that the organization is loaded with political appointees including "tonton macoutes" and that supervision over and adherence to sound administrative practices might become a difficulty and impediment to the program. He stated that it was important to have U.S. personnel in the program to protect U.S. interests and that he recommended a minimum of six persons, as follows: a Chief Medical Officer for the overall health program, 1 Malaria Advisor, 1 Malaria Entomologist, 1 Sanitarian, 1 Vehicle Maintenance Advisor, and 1 Assistant Administrator.

Dr. Goodwin stated that he believes the program has a good chance of success provided there is adequate control of U.S. funding because P. falciparum is the predominant malaria parasite and Anopheles albimanus, the principal vector of malaria, is relatively easy to control with residual insecticides.

#### B. CONCEPTS PRESENTED BY OTHER AGENCIES

Dr. Otto Siebert, a Canadian physician and Chief of the Pan American Health Organization (PAHO) in Haiti, stated that their principal activities included technical advisory services to the Malaria Eradication Program, yaws campaign, nutrition, public health laboratory, department of physiology of the Medical School, and environmental sanitation. They have plans for 1962 to provide assistance in the development of local health services in the south western area of the Department of the West, to provide a health educator for the malaria program, and for some activities in environmental sanitation. There are a total of 16 technical personnel of PAHO in Haiti.

He stated that there were many needs for the improvement of GOH administrative policies and practices and described conditions similar to those stated by others. He believes that since there is a very small middle class of people in Haiti, coupled with the high illiteracy rate, that assistance of his organization and that of the United States should be continued over a long period of time. The transfer of the health centers, clinics, water supply systems, and other facilities which had been established by SCISP and later transferred to GOH for continuation without U.S. support, obviously would deteriorate because GOH was not ready financially or technically to continue them.

He believes that the promotion of medical services in rural areas and the provision of such assistance as possible to the professional schools related to health and to the training of national health personnel are important to health advancement in the country. He stated that in order for these programs to be effective, continued pressure was necessary from multilateral agencies and the U.S. Government directly to high circles in the Haitian Government so that essential changes in policies and administrative procedures would be made. He felt that working with the masses of people in the control of communicable diseases and provision of the medical and health services would eventually bring about needed changes in the national government. However, at the same time, pressure for needed reforms should be placed upon highest levels possible in the national government.

Mr. Albert Reynolds, zone representative of UNICEF, headquartered in Mexico, stated that his organization provides equipment and insecticides for the malaria eradication program and some equipment and materials for the local health service program of PAHO. He hoped that the present arrangements for the malaria eradication program would be successful and he was pleased that the administration was placed in SCISP. He expressed concern of what would happen if SCISP was phased out. He confirmed the need for improvement in GOH policies and administrative practices.

Mr. Dennis H. Morrisey, representative of CARE in Haiti, stated that CARE provided food for Distribution to schools and hospitals valued at \$568,704. This consisted largely of powdered milk, rice and beans. Also they had provided recently basic medical supplies and drugs to the Ministry of Public Health in the amount of \$50,540 for a period of six months. This was done to release for other purposes the funds which the Ministry normally spent for medical supplies and drugs during this period. Equipment was also provided to the Sister Joan S. Vincent School for the handicapped.

Mr. Morrissey gave a number of examples of the need for improvement of GOH administrative practice and of attitudes toward assistance from international agencies. One example was a project to provide medical text books in French to the Medical School. Approximately 29,000 books were ordered. After the books arrived, only about one-half were accepted by the School. The other half is still in storage at CARE offices. It appears that the professors do not want them, possibly because their lectures are copied verbatim by the students and also because mimeographed copies of the lectures are sold to the students. He told of other projects which he has been unable to implement because of lack of cooperation from GOH. He stated CARE handles importation of materials for MEDICO.

Dr. Gaston Deslouches, Chief of Health in the Pote' Cole' area, Department of the North, Ministry of Public Health, stated that one of the major problems was the need to pay adequate salaries for health personnel and to provide medicines, drugs, and supplies for the health dispensaries in the various districts in the department. Also the physical facilities for most of the dispensaries are deplorable. He stated that the present system of requiring graduates of the medical school to serve two years in the rural health service caused problems because the doctors were not sufficiently trained for their responsibilities and there was no opportunity for their orientation before assignment to a district. Likewise, it was not possible to provide adequate supervision because of difficult communications. Replacement of the physicians each two years compounded the problem. The lack of medicines and supplies fostered an attitude of discontent and hopelessness among the physicians. This same attitude was expressed by the physicians we talked to in Milot, St. Raphael, and Trou du Nord.

Dr. Deslouches believed that progress is being made in improvement of rural health services and he hoped that U.S. support would be continued. He plans to increase the immunization programs for the control of communicable diseases and expressed interest in the development of community health action programs.

In discussions with Mr. Mardy E. Picazo, Oriental Missionary Services, and Drs. Kendall King and Sam Smith, of the William Waterman Foundation, who are interested in nutrition problems in Haiti, preliminary plans were formulated for using the Missionary Services radio facilities to promote nutrition and health education. Mr. Picazo stated that the radio programs have been most successful, even the English courses, and that he believed a great deal could be accomplished by broadcasting health facts in a very simple and dramatic way with constant repetition. Dr. King will prepare basic script on nutrition education. Follow-up to evaluate impact of messages could be arranged by using sanitarians and nurse auxiliaries. Similarly, the radio service could be used to broadcast information on successful self-help projects in communities. Mr. Picazo stated he plans to tape record special events in communities for broadcast. There are 100 radio receivers in communities now and he expects to increase this number and to have stronger broadcast equipment. French, Créole, Spanish, and English languages may be used.

Medical Staffs at the Albert Schweitzer Hospital (Larimer Mellon), Mennonite, and Medico Hospitals stated that they treat thousands of sick people each month and that their facilities are taxed to the maximum, often two patients to one bed. They have to turn away patients who should be hospitalized, taking care of the more urgent cases. Enteric diseases, tuberculosis, malaria, whooping cough, and tetanus account for a high per-

centage of illness, and there are other preventable diseases. Malnutrition is very prevalent. Recently they have begun giving immunizations particularly to children. They pointed out the need for public health and preventive medicine although their own principal objective is the medical care of sick people.

C. ANALYSIS

The principal health problem in Haiti is the development of an adequate national health service to meet the present needs of the country. Actually, health problems are so acute both in the rural and urban areas that they seriously impede economic development and social progress of the country. There is a severe lack of planning for health programs by the Ministry of Public Health, poor functional organizations at national and local levels, completely inadequate administrative policies and practices, a shortage of health personnel, and a scarcity of basic materials and supplies. The poverty of the people, the high illiteracy rate, malnutrition and lack of job opportunities compound the many disease and health problems.

The most important obstacle to health progress in Haiti which is noted in the concepts presented above by the USAID/H and other international health agencies staffs is the lack of economic and personnel resources and adequate administrative policies and practices in the GOH. The next important obstacle is the need for long range planning on the part of the Ministry of Public Health in order that the country's resources together with those resources which are available from international agencies can be effectively utilized in the development of health programs. Haiti is receiving considerable assistance in health from international health agencies (AID, PAHO, UNICEF, CARE), voluntary and religious organizations, and professional health groups.

The activities of these organizations should be coordinated with and become a part of a national health plan and program.

The experience with SCISP projects shows that GOH is incapable of or unwilling to continue health services and facilities which were established. Similarly, the support of the GOH health facilities is completely inadequate to provide even minimum health services. There is a severe shortage of trained health personnel due principally to the low salaries, job insecurity, and lack of facilities and materials with which to provide health services to the people. Many of the professional health personnel have left the country. The people particularly in rural areas want and need better health services and are willing with the right incentive to work together for such services in community action programs.

Assessment of the concepts presented indicate that under the present situation in Haiti any assistance to improve and strengthen the Ministry of Public Health so that it can gradually develop an adequate national health service would not be very successful. While many of the subdivisions of the Ministry of Public Health are weak and ineffective, there appears to be little incentive for improvement. However, the Services Hydrauliques and the health programs in the Pote' Cole' area are making progress. The former probably can develop into a sound organization for community water supply development in the country. The SCISP program has had a significant role to play in health development and the joint operational techniques employed have been effective. While the Ministry of Public Health has not for the most part continued the established health services and facilities at an equal level as operated by SCISP, the basic facilities are available when the Ministry is capable of doing so. The malaria eradication program is being well

organized and it has a chance of success if interferences do not impede its progress. There is need for strong and effective U.S. administrative control of the project and for continued U.S. technical assistance to assure that the objectives will be accomplished.

In respect to the concepts presented by host government officials, the following assessment is made. The health and medical problems are extensive and the country is unable to provide even minimum health services for the people. There is a shortage of trained health personnel due largely to low salaries, and lack of facilities and material with which to work. There is need for U.S. economic support to health programs. It was felt that U.S. voluntary health agencies were contributing greatly to the medical problems in the country. Interest was expressed in U.S. assistance to the Schools of Medicine, Nursing, and Dentistry, which are in real need of assistance. They believe that the professional people play an important role in the social and economic development of the country.

In reference to health activities in the Area Development projects (Pote' Cole' and Artibonite) health is an important element to the development of human resources--uncontrolled diseases and ill health can impede progress. However, education, agriculture, and public works were considered of greater importance in the Area Development project when there were budgetary limitations. A nucleus of health personnel have been trained in the Pote' Cole' area and could be used effectively in community action programs for health. Health education should play an important role in such community programs. There should be closer collaboration between health and education, agriculture, and public works. The radio facilities of the Oriental Missionary Services could be used for health education.

Analysis of the concepts of representatives of international health agencies indicates the lack of adequate administrative procedures in GOH and the need for long range health planning with effective implementation and evaluation of health activities. The disease and medical problems are vast, compounded by malnutrition, poverty and illiteracy. Attempts to strengthen the Ministry of Public Health including urban and rural areas have had very limited results. Political factors, economic and personnel resources are real barriers to progress. Health assistance from U.S. voluntary and international health agencies have met with difficulties indicating a lack of field cooperation on the part of GOH. However, the Haitian people themselves in both the urban and rural areas are anxious and willing to participate in activities for health protection and improvement. It is generally concluded that assistance in health should be directed toward and with the people and to higher institutions of learning in the health field. Community action programs for health in the slum areas of cities and in the rural areas could contribute substantially to better health and show the concern of the U.S. for the health and welfare of the people. Assistance to institutions of learning in health and related fields would help to provide the country with better trained health personnel and at the same time promote interests among professional groups in economic and social progress of their country.

## V. CURRENT STATUS OF SCISP ACTIVE PROJECTS

Service Cooperatif Inter-Americain de la Sante Publique (SCISP). An American Sanitary Commission was established in 1942 which continued until the establishment of the SCISP in 1945. During the 16 years of SCISP operation, many projects were completed as shown in Appendix F. A total of 89 Haitians have received training by the U.S. outside of the country for varying lengths of time from a few months to two years. (See Appendix G.) Other Haitians have been trained in the country. A total of 111 man years of U.S. technical assistance has been provided in eleven different specialties of public health and related fields. (See Appendix H.) The joint operational techniques of the SCISP have been successful in operational, advisory and training activities. The capability and willingness of GOH to take over and continue health facilities and services established by SCISP has not been satisfactory due largely to lack of GOH financial support and supervision. For the joint fund of SCISP, GOH contributes two thirds and the U.S. Government one third. In 1961 GOH funds were derived from U.S. budget support funds to GOH.

The following active projects are being carried out by the SCISP:

### Project 1-57 - Administration

Sub-Projects (1) Administration and Transportation

(2) Garage

In 1945 this project was initiated to provide administrative backstopping for all SCISP projects. For the Haitian Fiscal Year 1961, the total funds budgeted for this project was \$110,266 of which GOH contributed \$73,510.67 and the U.S. \$36,755.33.

For the CY 1962, the proposed total funds budgeted are \$222,274.79.

The amounts allotted for the sub-projects are as follows:

Administration and Transportation	\$144,288.20	
Garage	<u>77,986.59</u>	\$222,274.79

(1) Administration and Transportation: Approximately 40% of the funds are used for salaries. Approximately 42 Haitians and one U.S. Business Manager are employed in this project. In addition to SCISP administrative personnel, 15 Haitians work in SCISP administration with salaries paid by the Malaria Eradication Program (SNEM). This makes a total of 57 Haitians in administration alone. Approximately 47% of the SCISP budget not including malaria funds are spent for administration.

(2) Garage: This sub-project began in 1945 when SCISP was established to provide maintenance and repairs of SCISP vehicles. In February 1961, this project was expanded to provide these services for the vehicles of the Malaria Eradication Program (SNEM). A total of 100 vehicles of SNEM and 22 vehicles of SCISP are serviced. The SCISP has stocked parts for the repair of SNEM vehicles which will be reimbursed as the vehicles are repaired. Twenty-seven (27) Haitians and one U.S. technician who is in charge of the garage are employed in this sub-project. The garage also provides maintenance, repairs, gasoline, and oil for the vehicles of the Ministry of Public Health on a reimbursable basis utilizing a revolving fund to which SCISP contributed \$10,000 and the Ministry \$5,000 for a total of \$15,000. Gasoline, oil and parts are tax free by agreement with the Minister of Finance. In 1961 the Ministry of Public Health did not pay the SCISP and the garage service was stopped. However, payment is being made now and past accounts are gradually being paid.

## Project 2-57 - General Public Health Operation

This project began in February 1957 with the objective to bring together under one project various health activities of SCISP and to provide for the gradual transfer of others to Ministry of Public Health control. In the Haitian Fiscal Year 1961 (October 1960 to September 1961) approximately \$187,520 was budgeted for this project. In CY 1962, the total funds budgeted for this project are \$100,927.

The project has sub-project activities as follows:

### (1) Environmental Control (Sanitation)

This sub-project includes support to the rural sanitation activities and community development participation which includes latrine and well construction, assistance to public markets and other community health activities, chiefly in the Artibonite and other areas. A total of \$30,230 is budgeted for this sub-project in CY 1962 of which 40% is for salaries. The Haitian personnel employed in the project are: 2 sanitary engineers, 5 sanitarians, 2 chauffeurs and 1 secretary for a total of 10 persons.

One sanitarian supervises 10 Ministry sanitarians in the Artibonite area; a sanitary engineer supervises construction of a public market at Pont-l'Estère, the other sanitary engineer is assigned to head-quarter in Port-au-Prince. Other sanitarians work in Cayes, Thomonde, Damiens.

In addition, \$75,000 SA Funds were made available in June 1961 to provide assistance to Services Hydrauliques. This is discussed in detail later in Section VI. of this report.

### (2) Nursing

This activity includes support for advisory services to the public health nursing program in Pote Cole and to the hospital nursing services and School of Nursing in Port-au-Prince. It is planned for CY 1962 to provide

support for the establishment of a National Nursing Committee to study and improve the nursing services in the country. Funds proposed for this program for CY 1962 are \$8,349.

(3) Pote' Cole' Support Project

The objective of this project is to provide technical assistance, administration and coordination of the public health program in the Département du Nord (Pote' Cole' area). This project supplements the health programs funded by the Pote' Cole' project and that of the Ministry of Public Health in the same area.

Eighteen (18) Haitian personnel are employed under this project paid for by SCISP. These include: 1 physician, 2 sanitary engineers, 4 sanitarians, 2 secretaries, 3 mechanics, 1 carpenter, 1 mason, 1 tool keeper, 3 public health nurses, 1 chauffeur, 1 administrator. At the present time, the U.S. personnel assigned to the project include: 1 public health physician, and 1 sanitarian. There is a vacant position for a public health nurse.

The total funds spent in this project from SCISP funds in 1961 was approximately \$28,500 of which about \$20,000 were spent for salaries. In addition, the Pote' Cole' project provided in 1961 approximately \$300,000 for health programs which included salaries for the 2 U.S. health advisors and for some Haitian personnel, travel, equipment, material and other operating costs. Also funds were used for environmental sanitation (wells, latrines), medical services, the training school at Milot, nursing services and administration. Under this project 15 jeeps were provided to the Ministry for their rural medicine program.

The Ministry pays the salaries of the majority of Haitian health personnel in the area and some for operational costs, drugs, materials, etc. It is planned in CY 1962 to provide about \$22,500 for the SCISP activities in the project, most of which will be for salaries.

(4) Pont-l'Estère Health Center Operation

This project began in 1953 with the objective of establishing a health center in Pont-l'Estère to provide health services for the people who come to a market center serving three districts in the Artibonite area.

There are 24 Haitian personnel employed at this Center: 2 physicians, 1 administrator, 1 public health nurse, 1 laboratory technician, 1 clerk, 1 pharmacist, 6 auxiliary nurses, 5 nurse aids, 1 janitor, 1 watchman, 1 laboratory worker, 1 statistician, 2 chauffeurs.

The SCISP constructed, equipped, staffed and placed the Center into operation and has continued to operate the Center because the Ministry of Public Health could not take it over. Other Health Centers, such as St. Raphael and Mirebalais, were transferred to the Ministry and now they are operated at a very low level with few personnel and very limited supplies.

In 1961 total funds spent for this project was \$45,964. Proposed budget for six months in CY 1962 amounts to \$26,004. See recommendations relative to this Center.

Project 4-57 - Training Program

This project began in October 1960 to provide 2 English teachers and a few materials to the Medical School. Total funds allocated are approximately \$3,000.

### Malaria Eradication

This project was reactivated in 1961 with the objective of eradicating malaria from the country. The Pan American Health Organization (PAHO), UNICEF, Ministry of Public Health, and SCISP are cooperating in the program.

The Co-Directors of the program are a Haitian engineer and a PAHO physician. The U.S. Malaria Advisor serves in an advisory capacity and provides liaison to USAID/H. The U.S. Chief Public Health Advisor is a member of the Executive Board of SNEM. The program has recently begun the attack phase of spraying houses with residual insecticide. It is estimated that there are 952,000 houses requiring treatment in the country. The SCISP provides the administrative services including repair, maintenance and services of vehicles on a reimbursable basis, and office and storage space. Three U.S. personnel are now assigned to the project, including 1 Malaria Advisor, 1 Assistant Business Manager, and 1 Sanitarian. Others are to be assigned.

UNICEF provides vehicles and insecticides and PAHO provides technical assistance. FY 1961 budget support funds in the amount of \$440,000 were made available by the U.S. for the period February 15, 1961 - January 1962. to initiate the program including the training of personnel, reconnaissance survey, etc. An additional \$300,000 of FY 1961 SA funds was made available by USAID when the original budget support was expended. Funds in the amount of \$945,000 are budgeted for FY 1962. It is estimated that the total funds required by the U.S. Government for the program will be approximately \$8.7 millions over a period of seven years.

VI. CURRENT STATUS OF ACTIVITIES RELATING TO THE DEVELOPMENT AND MANAGEMENT OF  
COMMUNITY WATER SUPPLIES

The SCISP has served an important and effective role in coordinating interests and activities relating to the development of community water supplies. Through the leadership of the U.S. Chief Sanitary Engineer, a Potable Water Study Group was organized in January 1961 for the purpose of promoting and coordinating a unified effort among all the agencies concerned toward installation of potable water supply systems in Haiti. The Study Group was organized as a voluntary group and is comprised of representatives of the Ministry of Health, Ministry of Agriculture, Services Hydrauliques, SCISP, Cooperative Public Works Program of USAID, WHO/PASB, and the Pote' Cole' Project. Sub-groups of the Study Group have been organized and serve for the following areas of interest or activity: Organization and Division of Responsibilities, Standards of Design, Water Quality, Finance, and Legal. The Study Group held its 40th meeting on January 29, 1962. The Sub-Groups have conducted many independent meetings with subsequent reporting of their work to the main Study Group. A great amount of valuable information has been developed by the Study Group and its Sub-Groups. The Study Group has served as a strong coordinating and stimulating force among the various member agencies in meeting its original objective.

As an outgrowth of the work of the Study Group, the members have reached general agreement that Services Hydrauliques should be strengthened and developed into the principal water supply agency for the carrying out of a national community water supply development program. It is also generally recognized that the other agencies should carry out their respective interests in such a program.

The Services Hydrauliques was established by Government Decree on October 15, 1958 as an autonomous agency responsible for the development and management of community water supply systems. The Government of Haiti does not provide any annual budgetary support for the Services Hydrauliques. The decree establishing the organization provided for an initial revolving fund for financing the development and initial operations of the organization. The costs of planning, construction, administration, operation and maintenance of community water supply systems are paid from water use revenue. In the intervening time the Services Hydrauliques has developed an organization consisting of administration, accounting, technical and legal units with headquarters in Port-au-Prince and field offices in eleven provincial cities and other areas of the country. The operation and maintenance of the water supply systems in Port-au-Prince and the 11 provincial cities including the collection of water revenues is under the supervision of the Services Hydrauliques.

In a conference with Engineer Héber R. Dambreville, Director General, Engineer Roger Ollivier, Chief Technical Section, Services Hydrauliques, and Mr. Brandon, the present organization and operation and future plans of the Services Hydrauliques were discussed. The present organization is serving the operations in Port-au-Prince and the 11 provincial towns. The monthly operating budgets for Port-au-Prince and the other towns are approximately \$10,000 and \$2,000, respectively. The monthly incomes are about \$19,000 and \$7,000, respectively. The surplus money is used in accordance with the decree establishing the Services Hydrauliques to repay the initial revolving fund established by the Government, for a reserve fund, and for improvement and purchase of new equipment. The Director General expressed his belief that the development and management of new community water supplies and the

improvement of existing water supply systems could be paid for from water use revenue. He indicated that a community water supply is a public utility similar to the electric power system and that he believed the Government should not have to provide budgetary support to the Services Hydrauliques.

Under contract of USAID, the engineering firm of Metcalf and Eddy conducted a study for the improvement and enlargement of the Port-au-Prince water supply. The report submitted in 1960 by Metcalf & Eddy indicated that the total cost of the project would be \$22,300,000 over the next 20 year period. Using this report as a basis, the PAHO in 1961 restudied the problem and prepared a report in which the above figure has been reduced to approximately \$9,300,000 including a water supply system for Pétionville, with \$6.9 million being required for first stage construction and \$2.4 million for the second phase in 15 years. The development and management costs would be paid from water use revenue. A request is now pending before the Inter-American Development Bank for a loan of \$5,000,000 for assistance in financing the first phase of this project. An additional amount of \$200,000, being sought as a grant from AID, is required to develop the organization needed for the development and management of the improved Port-au-Prince water supply system and operations. It is believed that the present technical and administrative personnel in Services Hydrauliques would be utilized for the Port-au-Prince organization.

The status of the loan request now pending before the Inter-American Development Bank for the improvement and expansion of the Port-au-Prince water supply system was discussed in a conference attended by Engineers Tulio Fernandez, Walter Castagnino, Jorge Guzman, and Dr. Siebert (PAHO); Engineer Jose Azevedo Netto (IADB); Mr. Carlos Plaza (IADB-OAS-ECLA Mission to Haiti);

and Engineers Scott Brandon and Richard Hammerstrom (USAID). It was learned that the IADB is interested in moving ahead rapidly on the loan application and is willing to consider a loan (\$6.9 million) for all of the first stage construction and a grant (\$200,000) for supporting the development of the Services Hydrauliques organization. The IADB has contracted with Engineer Azevedo Netto for his services in making an independent review of the PAHO report on the Port-au-Prince water supply because of the wide variance between the estimates included in this report and those set forth in the report of Metcalf and Eddy. Engineer Azevedo Netto will contact representatives of Metcalf and Eddy in carrying out his review. It was also learned that the present thinking of PAHO now is that two separate organizational divisions within the Services Hydrauliques - one for the Port-au-Prince and Petionville water supply systems and one for the other community water supply systems in the rest of the country - are not now needed, provided the financial aspects and accounting are kept separate.

With the establishment of the Services Hydrauliques in 1958, the construction and maintenance of community water supplies by SCISP through the Ministry of Health was terminated, and there has been practically no construction of water supplies in the intervening time to the present. However, the Ministry of Health has continued to be responsible for promoting the development of community water supplies in the interest of the public health. With the objective of re-activating the community water supply program, the SCISP in May 1961 initiated a cooperative project in which the other participating agencies include the Services Hydrauliques, Ministry of Health, Ministry of Public Works through the Cooperative Public Works Program of the USAID. The SCISP participation is financed at a level of \$75,000. The

principal purpose of the project is to provide technical and financial support to Services Hydrauliques for the improvement of planning, design, construction, and management of community water supplies and to assist in developing this organization into a national water supply agency. The project will also serve to strengthen the Ministry of Health Division of Sanitary Engineering in carrying out its role of safeguarding the quality of public water supplies. The cooperative project involves the collection and tabulation of currently available information about the status of existing community water supplies and the construction and management of a water supply system for Arcahaie, a community of 2,400 population as a pilot effort toward reactivating a national community water supply development program.

As a continuation and expansion of the above cooperative project now underway, the USAID has submitted a new E-1 project proposal entitled "Community Water Systems", planned for initiation in FY 1963 and to continue for an additional period of five years. The project proposes a total expenditure of \$1,725,000 in social progress and special assistance grant funds. The purpose of the project is to continue and expand the assistance in establishing within the Services Hydrauliques a competent agency for developing and managing community water supply systems, excluding Port-au-Prince, throughout the country. This objective would be attained through technical and financial support in the development of the organization; the construction of a limited number of community water supply systems which can support operational and maintenance costs from water use revenue but cannot repay all capital investment costs, and the preparation of plans and specifications for two community water supply systems which can fully qualify for

construction loans. The proposed project is based, in part, on the assumption that most of the present personnel in Services Hydrauliques will be utilized for the Port-au-Prince water supply organization and it will be necessary to build up a new staff within the Services Hydrauliques to handle the development of community water supplies for the rest of the country. The description of the project represents excellent planning in regard to the requirements for developing the national water supply agency. In preliminary review, however, it is believed that the overall cost of the project could be reduced by realigning the proposed work activity to a more realistic rate of progress in the development of the technical and physical capacity of the new organization. It is also believed that the project is likely to receive more favorable consideration at the AID/W level if the construction of village water supplies were financed through a combination of social progress grant funds and a DLF loan rather than entirely through grant funds. Such financing would make the project more effective in assisting the Services Hydrauliques to establish a self-supporting national community water supply development program.

Preliminary consideration of a reduced project indicates that the objective could be reached with a total expenditure of approximately \$1,200,000 including grant funds and a DLF loan. It is suggested that further study be given to the financial requirements for construction of village water supplies in relation to the ability to repay capital investment costs as well as to operate and maintain the systems through water use revenue. Such an analysis will provide information concerning the amounts of funds needed as a grant and as a DLF loan for construction of the water supply systems.

It is also suggested that the proposed project include a continuation and extension of the collection and analysis of information regarding the status

of community water supplies throughout the country. Provision should be made for personnel and necessary equipment and supplies to conduct surveys and preliminary engineering studies of all communities in the country to determine the construction and financial requirements for needed improvements to existing water supply systems and for the development of new systems where none now exist. Such information is essential for the development of an effective national community water supply program. It is believed that the necessary surveys and studies could be completed within a period of one to two years.

APPENDIX A

Proposed Budget For U.S. Financing of Health  
Activities in Poté Cole' Area Development in FY 1962

<u>U.S. Personnel</u> (Salaries and Travel)	<u>Estimated Cost per Year</u>	<u>TOTAL</u>
1 Public Health Physician	\$ 20,000.00	
1 Sanitarian	14,000.00	
1 Public Health Nurse (1/2 time)	7,500.00	
1 Health Educator (1/2 time)	7,500.00	
1 Business Manager (1/2 time)	<u>7,500.00</u>	
	\$ 56,500.00	\$ 56,500.00
 <u>Haitian Personnel</u>		
2 Public Health Physicians	\$ 5,500.00	
3 Public Health Nurses	4,300.00	
1 Health Educator	1,900.00	
1 Sanitary Engineer	2,400.00	
4 Sanitarians	7,200.00	
3 Secretaries	3,600.00	
5 Chauffeurs	<u>5,400.00</u>	
	\$ 30,300.00	30,300.00
Travel	9,000.00	9,000.00
Operating costs, equipment, materials and supplies	<u>75,000.00</u>	<u>75,000.00</u>
		\$ 170,800.00

APPENDIX B

Proposed Budget For U.S. Financing of Health  
Activities in Artibonite Area Development in FY 1963

<u>U.S. Personnel</u>	<u>Estimated Cost Per Year</u>	<u>TOTAL</u>
1 Medical Officer (1/2 time)	\$ 10,000.00	
1 Sanitarian	14,000.00	
1 Public Health Nurs (1/2 time)	7,500.00	
1 Health Educator (1/2 time)	7,500.00	
1 Business Manager	<u>7,500.00</u>	
	46,500.00	\$ 46,500.00
 <u>Haitian Personnel</u>		
1 Public Health Physician	2,800.00	
1 Sanitary Engineer	2,400.00	
3 Sanitarians	5,400.00	
1 Public Health Nurse	1,900.00	
1 Health Educator	1,900.00	
2 Secretaries	2,400.00	
3 Chauffeurs	<u>3,200.00</u>	
	20,000.00	20,000.00
Travel	5,000.00	5,000.00
Operating Costs, Equipment, Materials and Supplies	50,000.00	<u>50,000.00</u>
		\$ 121,500.00

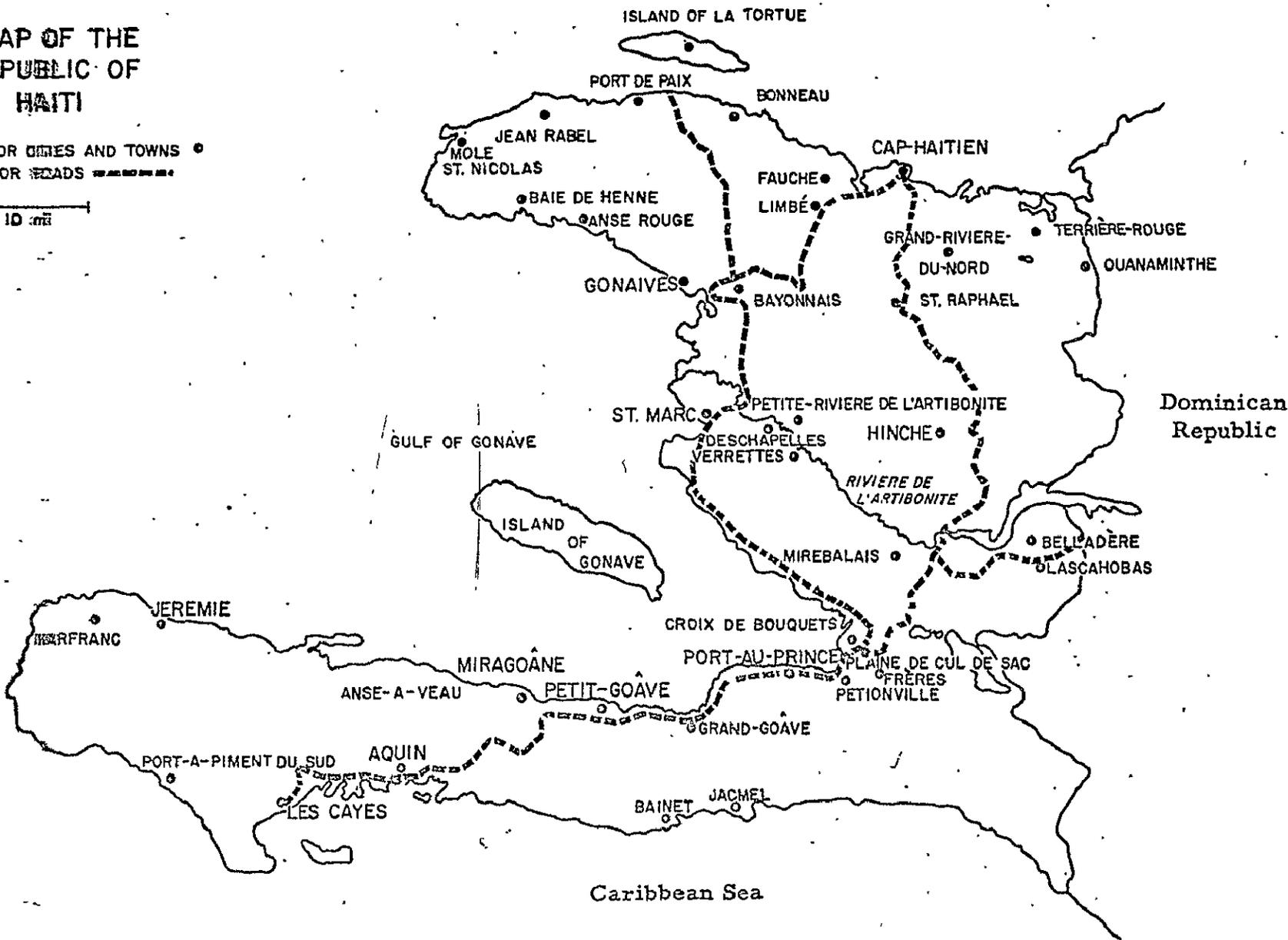
APPENDIX C

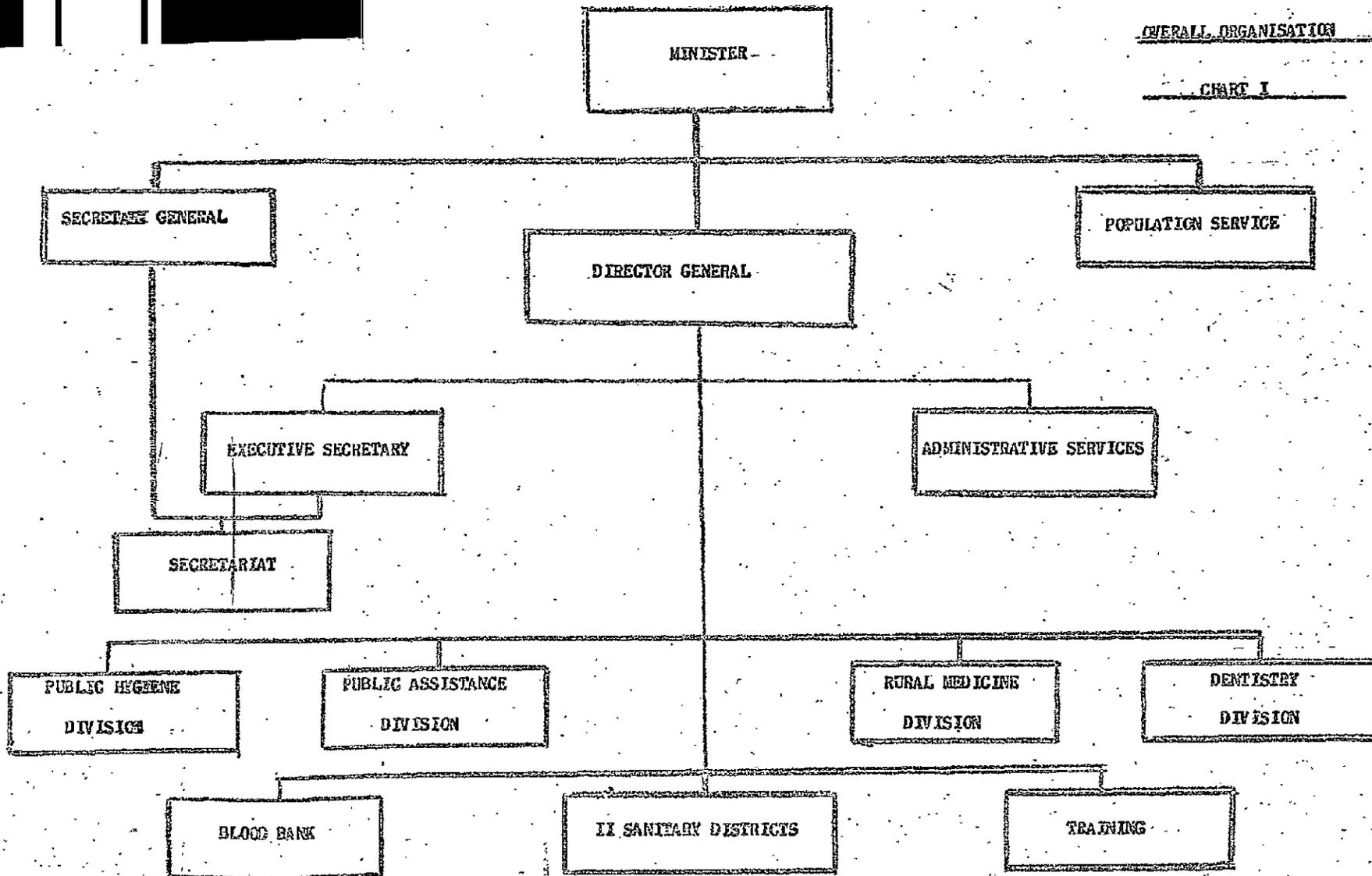
ATLANTIC OCEAN

MAP OF THE  
REPUBLIC OF  
HAITI

MAJOR CITIES AND TOWNS ●  
MAJOR ROADS ————

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APPENDIX D

MINISTER

**SECRETARY GENERAL**  
Provides coordination and liaison between Minister and subordinate officials; helps supervise Secretariat.

**DIRECTOR GENERAL**  
Organizes and directs all public health activities of the Ministry.

**POPULATION SERVICE**  
Conducts special social and economic studies of communities; plans re-location projects; studies other improvement measures.  
(5 employees)

**EXECUTIVE SECRETARY**  
Provides coordination and liaison between Director General and subordinate officials; helps supervise Secretariat.

**ADMINISTRATION & FINANCE SERVICE**  
Keeps central accounting records; prepares financial reports; pre-audits expenditure vouchers.  
(12 employees)

**SECRETARIAT**  
Drafts correspondence for central office officials; provides mail and file, typing, messengers and Janitor services for Ministry building.  
(31 employees)

**LEGAL SERVICE**  
Advises Minister and other officials on legal questions.  
(2 employees)

**PURCHASING SERVICE**  
Orders merchandise for all Ministry components, from Government Stores or direct from private vendors.  
(2 employees)

**WAREHOUSE SERVICE**  
Receives drugs and medicines, office supplies, hospital material and equipment and other supplies from Government Stores or from private vendors maintains stock; issues articles to using agencies.  
(12 employees)

**TRANSPORTATION SERVICE**  
Operates, maintains, and repairs Ministry vehicles in Port-au-Prince area; maintains and repairs Ministry buildings and equipment in Port-au-Prince.  
(149 employees)

MINISTRY OF PUBLIC HEALTH

PUBLIC HYGIENE DIVISION

CHART III

DIRECTOR GENERAL

See Charts V I VII

CHIEF PUBLIC HYGIENE DIVISION  
Directs programs of preventive medicine and environmental sanitation in Port-au-Prince and other urban centers

ADMINISTRATION SERVICE  
Keeps accounting records; prepares payrolls; receives fees and charges; provides mail and file service; keeps personnel records; makes requisitions on Government Stores; provides legal advice and represents Division in court operates library (24 employees)

BIostatistical SERVICE  
Keeps records and prepares periodic and special reports on birth, morbidity, mortality, and incidence of infectious diseases (6 employees)

EPIDEMIOLOGY SERVICE  
Studies data on occurrence of infectious diseases; plans prophylactic measures and anti-epidemic campaigns (5 employees)

BUREAU OF CONTROL OF TUBERCULOSIS  
Plans programs and gives technical supervision to special anti-tuberculosis clinics attached to health centers. (18 employees plus 50 part time employees in clinics)

QUARANTINE SERVICE  
Makes health inspections of persons arriving in Port-au-Prince from abroad (4 employees)

SCHOOL HYGIENE SERVICE  
Conducts sanitary inspections of schools; vaccinates school children; investigates contacts of sick children; operates only in Port-au-Prince (10 employees)

HEALTH EDUCATION SERVICE  
Disseminates advice on hygiene practices, using visual aids and sound trucks; prepares informational bulletins (6 employees)

SERVICE OF PHARMACIES MEDICINES AND DRUGS  
Inspects pharmacies; prepares night and holiday and schedules for pharmacies; determines measures for narcotic control; investigates composition of medicine and drugs (2 employees)

CHIEF, PUBLIC HEALTH DIVISION

MINISTRY OF PUBLIC HEALTH

PUBLIC HEALTH DIVISION

CHART IV

Sanitary Engineering Service  
conducts Environmental Sanitation  
Program in Port-au-Prince  
including refuse collection and  
sanitary inspection and sewage control  
for quito habitations. Provides Sanitary  
Services, Technical Supervision  
Of Environmental Sanitation Work  
Throughout Country (238 employees  
incl. some outside Port au  
Food Hygiene Service)

FOOD HYGIENE SERVICE  
inspects milk, food, and food-  
handling establishments in  
Port-au-Prince  
(17 employees)

PUBLIC HEALTH NURSING SERVICE  
gives technical supervision to  
public health nurses through-  
out country; organizes train-  
ing courses  
(3 employees)

NATIONAL PUBLIC HEALTH LABORA-  
TORY  
makes all types of examina-  
tions and analyses for all  
agencies of Government

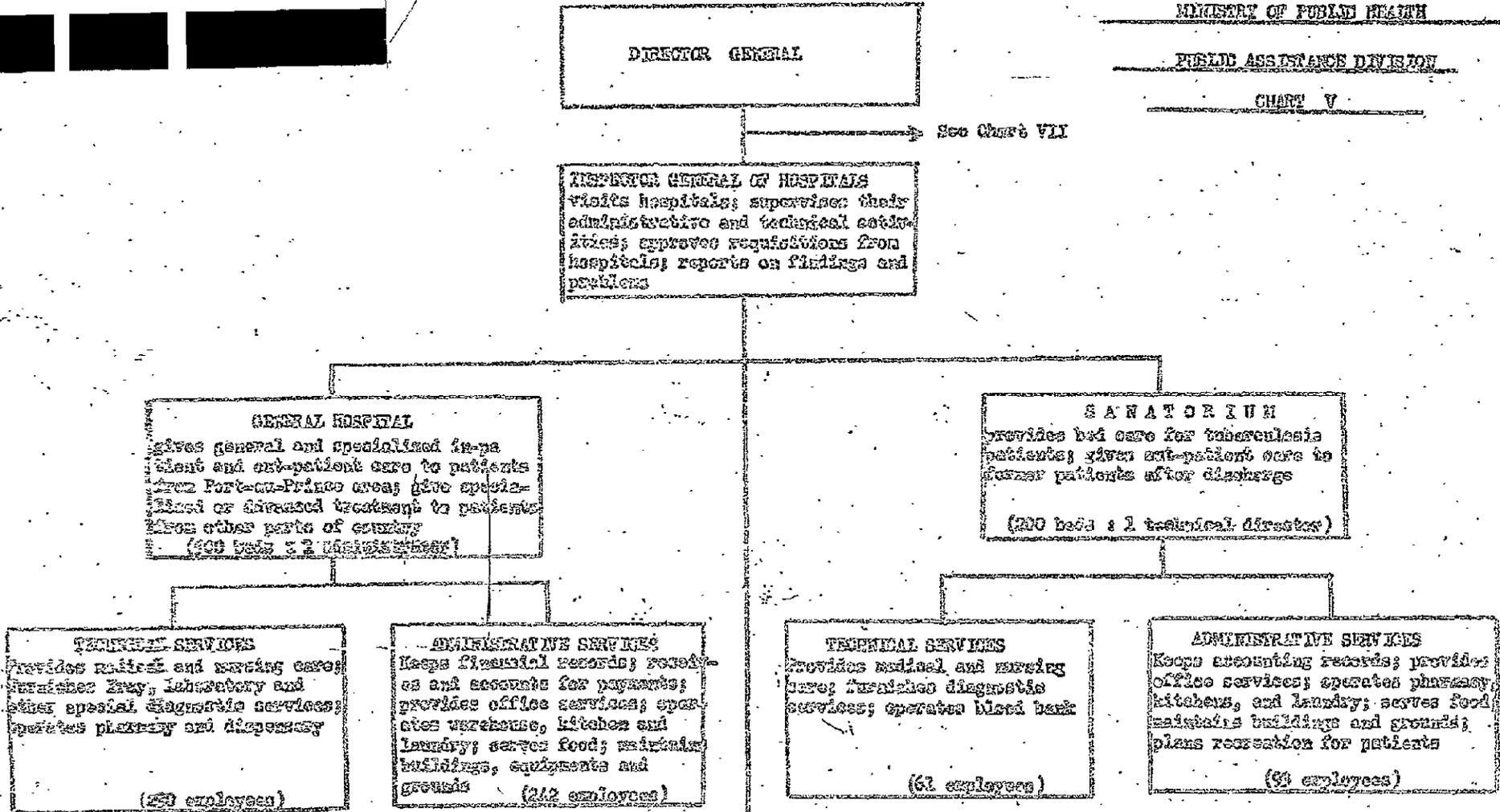
NUTRITION SERVICE  
Assists in distributing  
special foods to supplement  
children's diets; conducts  
research in nutritional  
questions  
(18 employees)

HEALTH CENTERS  
Divided into Central and Four Sanitary  
Units Provide Preventive and Curative  
Health Services in Port-au-Prince, Cap-Haitien,  
Les Cayes; Conduct Child Health and Anti-  
Venereal Disease Campaigns; Outside Port-  
Supervise Local Programs Of Environmen-  
tal Sanitation  
(No data on number of employees)

MINISTRY OF PUBLIC HEALTH

PUBLIC ASSISTANCE DIVISION

CHART V



INSPECTOR GENERAL OF HOSPITALS

**OBSTETRICS & GYNECOLOGY CENTER**  
 Gives in-patient and out-patient medical care to maternity (pre-pregnancy and post-partum) and gynecological cases; operates delivery room  
 (105 beds)

**DISTRICT HOSPITALS**  
 Provide general medical care to patients residing in district

	beds	employees
Bellefleur	59	"
Cap-Haitien	260	"
Cayes	135	"
Genève	119	"
Hirsho	79	"
Jacmel	139	"
Jérémie	103	"
Petit-Goave	77	"
Port-de-Paix	80	"
Saint-Marc	95	"

**TECHNICAL SERVICES**  
 Provides medical and nursing care; furnishes diagnostic services  
 (26 employees not incl. internes)

**ADMINISTRATIVE SERVICES**  
 Keeps accounting records; operates pharmacy, kitchen and laundry; serves food; maintains buildings and grounds  
 (61 employees)

APPENDIX E

SCHEDULE OF CONFERENCES AND INTERVIEWS

SUNDAY

JANUARY 28 : Arrived Port-au-Prince - 11:30 A.M. Met at Airport by Dr. Harold Wood, Chief Public Health Advisor, USAID/Haiti.  
Conference with Mr. Donald Johnson, Malaria Branch AID/W, Russell Fontaine, Regional Malaria Advisor for Latin America, Dr. William Goodwin, Malaria Advisor, USAID/Haiti.

MONDAY

JANUARY 29 : Conference with Mr. Earl O. Finnie, Director USAID/Haiti, Mr. David J. Keogh, Deputy Director, Mr. Thomas Goss, Comptroller, and Dr. Harold Wood.  
Conference with Ambassador Raymond L. Thurston, Mr. Earl O. Finnie, and Dr. Harold Wood.  
Conference with Dr. Aurele Joseph, Minister of Public Health, Dr. Cyriaque Modé, Director General of Health, Mr. Lucien Daumec, Sub-Secretary and Dr. Harold Wood.  
Mr. Hammerstrom attended and participated in 40th meeting of Potable Water Study Group comprised of representatives of all Ministries and Agencies having a responsibility and interest in community water supply development and management.  
Conference with Dr. Otto Siebert, Director Pan American Health Organization Programs in Haiti and Dr. Harold Wood.  
Talked with Dr. Jack Hayward, Veterinarian, USAID/Haiti, relative to Animal Diseases transmissible to man, proposed program in Haiti.  
Conference with Miss Irene Martin, Nurse Consultant, USAID/Haiti.  
Visited SCISP offices and met Haitian personnel.

TUESDAY

JANUARY 30 : Conference with Mr. Denis H. Morrissey, CARE Representative in Haiti.

Visited the School of Medicine and the Dental School.

Talked with Dr. Beghin, PAHO Nutrition Program.

Talked with Dr. Wiedershein, PAHO Consultant to the Department of Physiology, Medical School.

Talked with Dr. La Pommeray, PAHO, Yaws Campaign.

Talked with Dr. Archer Dillard, Medico Representative in Haiti.

WEDNESDAY

JANUARY 31 : Visited SCISP Health Center in Pont-à-Estère and talked with Dr. Martial Pauyo, Chief, and Staff.

Visited Artibonite project and talked with Mr. Leonard R. Otto, USAID, and representative of U.S. company importing cucumbers from project operations in Haiti.

Visited Albert Schweitzer Hospital established by Dr. Wm. Larimer Melon. Talked with physicians and Chief Nurse, Miss Walbog Peterson.

Talked with Dr. Hodges, Baptist Hospital in Limbé.

Talked with various USAID personnel in Poté Cole Project.

THURSDAY

FEBRUARY 1 : Conference with Mr. Gerard Jospitre, Haitian Co-Director, Poté Cole Project.

Conference with Dr. Gaston Deslouches, Chief, Health Program, Département du Nord; Paulette D. Célestin, Chief Nurse; Iréna B. William and Carmen Charlot, P.H. Nurses.

Visited the Milot Training Center and talked with Mr. Hogarth Guiteau, Chief Sanitarian.

Visited the Milot Health Center. Saw market and slaughter-house under construction.

Visited Dondon Health Center, talked with Nurse-Auxiliaries and saw market under construction.

Visited St. Raphael Health Center, talked with Dr. Phanor.

Visited the Dr. Ambroise Holly Clinique in Trou-du-Nord and talked with Dr. Ambroise Holly.

Attended social function given by Mr. Jospitre at his house.

Met several Haitian Officials of Cap Haitien.

#### FRIDAY

FEBRUARY 2 : Conference with Mr. Francis Jones, U.S. Coordinator, Pote' Cole' Project, with Drs. Wood and Crippen and Mr. Brandon.  
Conference with Mr. Mardy E. Picazo, Oriental Missionary Services, Los Angeles, California; Dr. Kendall King, Dr. Sam Smith and Mr. Kincaid of Williams Waterman Foundation and Dr. Wood.  
Visited Services Hydrauliques, talked with Eng. Héber R. Dambreville, Director and Eng. Roger Olivier, Chief, Technical Division.

#### SATURDAY

FEBRUARY 3 : Reviewed with Mr. Franz J. Nicolas, Chief of Administration, the present active projects of SCISP. Worked on report.

#### SUNDAY

FEBRUARY 4 : Work on report with review of SCISP documents and project agreements.

#### MONDAY

FEBRUARY 5 : Conference with Eng. Héber R. Dambreville, Director, Services Hydrauliques and Eng. Roger Olivier, Chief of Technical Section and Mr. Brandon.  
Conference with Mr. Finnie, Mr. Alex Moore, Jr., Program Officer, Dr. Wood and Mr. Brandon

Talked with representative of the Church World Services in Haiti.

Talked with Mr. Carl J. Fuller, Public Administration Advisor, USAID/Haiti.

Meeting with Dr. Wood and Mr. Brandon to discuss present and future health programs.

TUESDAY

FEBRUARY 6 : Conference with Mr. Charles Briggs, Chief Education Division of USAID/H.

Conference with Dr. William Goodwin, Malaria Advisor, USAID/H.

Visited offices and garage of Malaria Eradication Service.

Talked with Mr. Jip Pruden, Vehicle Maintenance and Repair Advisor, USAID/H.

Talked with Co-Directors of Malaria Program: Eng. Eugene Limousin and Dr. Philippe Cavalie.

Talked with Eng. Walter Castagnino and Eng. Tulio Fernandez, PAHO zone office, Mexico City.

WEDNESDAY

FEBRUARY 7 : Flew by U.S. Marine Helicopter to Jérémie and Les Cayes.

Visited the "Medico" Hospital in Jérémie and talked with Dr. Archer Dillard, Chief and Staff.

Visited the general hospital and zone 3 offices of the Malaria Eradication Program in Les Cayes.

Talked with Chief of Police, Les Cayes.

THURSDAY

FEBRUARY 8 : Visited the Medical School and talked with Dr. Victor Laroche, Professor of Tropical Medicine, and several other professors.

Visited the General Hospital and talked with Chiefs of several services.

Visited the National School of Nursing and talked with Madame Léger, Assistant Director; Miss Brédy; Madam Compas; Madame Claude.

FRIDAY

FEBRUARY 9 : Conference on GOH application to Inter-American Development Bank for loan for improvements and enlargement of Port-au-Prince water supply system and discussion of USAID/Haiti activities in community water supply with Services Hydrauliques. Attended by Engrs. Tulio Fernandez, Walter Costagnino, Jorge Guzmán, and Dr. Otto Siebert, PAHO; Mr. Carlos Plaza, IADB-OAS-ECLA Mission to Haiti; Eng. Jose Azevedo Netto, under contract with IADB; and Engrs. Scott Brandon and R. J. Hammerstrom, USAID.

Conference with Mr. Earl O. Finnie, Director USAID/Haiti, Mr. David J. Keogh, Deputy Director, Mr. Alex Moore, Program Officer, Dr. Harold Wood, and Mr. Scott Brandon for discussion of draft of report on USAID health program in Haiti.

Talked with Dr. John Dooley, Vermont Medical School, in Haiti on NIH/LSU Grant.

SATURDAY

FEBRUARY 10 : Conference with Mr. Devine, Deputy Director CARE.

Worked on report.

SUNDAY

FEBRUARY 11 : Worked on report.

MONDAY

FEBRUARY 12 : Departed Port-au-Prince 9:50 A.M.

APPENDIX F

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
1	1	Malaria Control Drainage - Carrefour	7/ 1/42	3/31/43	12,396.91		12,396.91	Construction of 6,050 linear meters of main and secondary canals
2	2	Malaria Control Drainage - Bizoton	7/ 1/42	3/31/43	10,696.77		10,696.77	Construction of 2,000 meters of concrete lined ditches
3	3	Malaria Control Drainage around Air Field - Port-au-Prince	7/16/42	7/31/43	41,985.38		41,985.38	Installation of 1,000 meters of concrete lining and erosion control of natural ravine
4	6	Construction of a public market at Chancerelles	7/22/42	3/31/43	15,676.31		15,676.31	Construction of market
5	3	Malaria Control Drainage around city - Cayes	8/ 1/42	12/31/44	40,321.40		40,321.40	Construction of earth and concrete invert canals
6	8	Malaria and Mosquito Control in vicinity - Port-au-Prince	8/ 1/42	10/31/43	15,764.11		15,764.11	Installation of drainage structures
7	1	Malaria Control Drainage - Cap-Haitien	8/ 1/42	9/30/44	23,681.53		23,681.53	Installation of interceptors canals
8	2	Malaria Control Drainage - Petit-Goâve	8/ 1/42	9/30/44	3,780.91		3,780.91	Drainage of residual pools, reconstruction of drains
9	1	Malaria Control Drainage - Môle St-Nicolas	9/ 1/42	9/30/44	4,441.19		4,441.19	Filling in pools, construction of drainage canals
10	1-A	Barrack at Fort Lamentin - Port-au-Prince	9/ 1/42	3/31/43	3,114.93		3,114.93	Construction of a wooden barrack

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

- 2 -

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST		BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH TOTAL	
11	3	Installation of a sewerage system of General Sanitation-Cap-Haitien	10/9/42	9/30/44	11,856.10	11,856.10	Demolition of present house latrines and installation of a sewerage system
12	9	Quarantine Section - Port-au-Prince	10/9/42	3/31/43	3,220.00	3,220.00	Construction of a small barrack
13	1	Malaria Control Drainage - Port-de-Paix	11/1/42	9/30/44	21,528.96	21,528.96	Construction of a deep earth canal and masonry canals
14	4	Slum clearance and Sanitation around Sea Base - Port-au-Prince	11/21/42	6/2/43	11,568.15	11,568.15	Demolition of approximately 70 houses with rehabilitation of squatter families including water supply and sanitary disposal facilities
15	5-A	Emergency Malaria Control - Port-au-Prince	1/1/43	8/31/43	1,513.00	1,513.00	To support emergency or temporary control measures
16	H-1	Countrywide - Community Sanitation	1/31/43	9/30/44	17,038.26	17,038.26	Construction of Public Latrines
17	10	Malaria Control Drainage - Bolosse, Palmiste (Port-au-Prince)	2/1/43	9/30/44	10,620.11	10,620.11	Canals lined with inverts and masonry and sub-surface drainage
18	12	General Sanitation and Repairs General Hospital - Port-au-Prince	2/1/43	9/30/44	269.39	269.39	Improvement of the sanitary sewerage system
19	58	Recreation Project for Service Men - Port-au-Prince	3/1/42	9/30/44	541.34	541.34	Recreational facilities to U.S. Service men

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
20	H-12-A	Anti-Yaws Program - Country-wide	3/12/43	9/30/44	75,124.42		75,124.42	To treat yaws as a public health program
21	11	Diet Kitchen at Public Health Nurse School	3/15/43	7/21/43	2,769.13		2,769.13	To help training the student nurses in diet kitchen
22	H-5	Entomological survey - Country-wide	4/1/43	9/30/44	5,934.70		5,934.70	Collection of adult mosquitoes Operation of a Malaria Laboratory
23	1	Public Market - Pétion Ville	4/15/43	9/30/44	12,307.52		12,307.52	Construction of a public market
24	13	Malaria Control Maintenance - Port-au-Prince	4/24/43	9/30/44	1,000.00		1,000.00	Training of sanitary inspectors in maintenance work of drainage canals
25	1	Community Sanitation and Repairs to Public Market - Petit Goave	5/1/43	9/30/44	8,841.50		8,841.50	Construction of roofed stands and repairs to the slaughter house including screening
26	2	General Sanitation - Jacmel	8/15/43	9/30/44	7,180.31		7,180.31	Construction of public latrines. Cleaning of garbage disposal area.
27	13-A	Construction of Health Center - Port-au-Prince	9/1/43	9/30/44	7,180.31		7,180.31	Construction of a small health center at La Saline
28	1	Malaria and Mosquito Control - Gonaives	9/1/43	9/30/44	28,276.45		28,276.45	Drainage and filling. Drainage of ponds
29	2	Construction of Maternity Ward - Cayes	10/28/43	9/28/44	5,987.71		5,987.71	Construction of small maternity ward

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
30	1	Malaria Control Drainage in Vicinity of City - Jacmel	11/11/43	9/30/44	27,368.41		27,368.41	Improvement and continuation of Breman drainage work and construction of drainage canals
31	1	Control of Antrax and Hog Cholera - Port-au-Prince	11/16/43	9/30/44	6,131.45		6,131.45	Emergency help for vaccination of cattle and hog
32	8-A	Extension of Malaria and Mosquito Control in and around Port-au-Prince	11/16/43	9/30/44	5,707.61		5,707.61	No information
33	3-HAC	Screening of Nurses' Quarters at General Hospital - Port-au-Prince	11/11/44	11/20/47	175.28	87.64	262.92	Installation of screens
34	4-HAC	Entomological Survey, Malaria Laboratory, Emergency - Port-au-Prince	10/1/44	8/2/48	6,443.93	3,221.97	9,665.90	Collection of adult mosquitoes. Operation of a malaria laboratory. Experimentation of DDT.
35	5-EAC	Maintenance of existing Malaria Control Drainage Canals - Port-au-Prince	11/24/44	6/30/48	666.67	333.33	1,000.00	Financial and technical assistance to demonstrate how the drainage canals should be maintained
36	6-HAC	Malaria Control - Léogane	12/11/44	6/8/48	83,920.00	41,960.00	125,880.00	Rechannelling and straightening of main channel. Construction of a new drainage system. Teaching larviciding methods, distribution of drugs and examination of blood sample
37	7-HAC	Anti-Yaws Program - Country-wide	12/2/45	8/2/48	123,313.28	66,150.64	189,463.92	Eradication of Yaws - Operation of 7 clinics

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
38	8-HAC	Malaria Control in and around St-Marc	12/28/44	6/30/48	5,352.29	2,676.14	8,028.43	Drainage of field. Construction of a 300 meter channel with concrete inverts and masonry
39	9-HAC	Drainage and Sanitation at Maison Centrale des ARTS et Métiers Port-au-Prince	1/29/45	6/30/48	3,190.26	1,595.13	4,785.39	Construction of urinal showers, toilets, washrooms and reservoir
40	10-HAC	Larviciding in Port-au-Prince, Gonaives, Jacmel and Cayes	3/3/45	6/3/48	1,060.43	530.22	1,590.67	Paris green mixed with 19 parts of lime was applied with hand dusters to areas
41	11-HAC	Emergency Repairs and Maintenance - Country-wide	3/4/45	6/30/48	3,560.88	1,780.44	5,341.32	Repairs to projects realized by the American Sanitary Mission and maintenance of some completed projects
42	12-HAC	Malaria Control Drainage in and around Aquin and St. Louis du Sud	4/2/45	9/9/48	1,826.67	813.33	2,440.00	Completion of drainage work
43	13-HAC	Anti Smallpox program, School Children - Port-au-Prince	4/25/45	6/11/48	557.91	278.95	836.86	Purchase and delivery of 2000 vaccination tubes. Purchase of 740 vials of typhoid vaccine
44	14-HAC	Control of Syphilis in pregnant women - Port-au-Prince	4/25/45	6/23/48	166.37	83.33	250.00	Treatment of pregnant women found to be syphilitic
45	15-HAC	Construction of water line, sewers and toilets, installation of laundry facilities at Croix des Bossales - Port-au-Prince	7/9/45	6/30/48	13,073.14	6,536.57	19,809.71	Construction of water lines, sewers, installation of public fountains, laundry facilities

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
46	16-HAC	Malaria Control in and around Gonaives	7/21/45	6/26/48	7,284.67	3,642.33	10,927.00	Construction of about 2,305 meters of canal with concrete inverts; captation of two springs; construction of a washing and a drinking basin and filling two depressions
47	17-HAC	Nurses Training Program - Port-au-Prince	7/11/44	8/2/48	1,107.79	553.89	1,661.59	Purchase of technical textbooks and other expendable equipment and supplies
48	18-HAC	Sanitary Improvement - Normal School - Port-au-Prince	9/19/45	6/13/48	809.14	404.56	1,213.70	Adequate sanitary toilets for 200 school children
49	19-HAC	Sanitary Improvements - Haitian General Hospital Port-au-Prince	11/24/45	6/30/48	57,411.99	28,705.99	86,117.98	Installation of water storage reservoir; construction of a sewage disposal system; repairs to the foundations of ward; installation of a laundry
50	20-HAC	Water Supply and Shower Facilities Port-au-Prince	3/18/46	8/2/48	4,519.20	2,259.60	6,778.80	Construction of an elevated tank. Digging of a well. Construction of two shower rooms. Purchase of a pump
51	21-HAC	Health Center at Portail Léogane - Port-au-Prince	5/6/46	8/2/48	34,571.54	17,285.77	51,857.32	Construction and partial equipment of the health center - Enlargement of La Saline health center
52	22-HAC	Laundry for Bel-Air - Port-au-Prince	9/16/46	6/30/48	4,229.48	2,114.74	6,344.22	Construction of a laundry with thirty basins

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
53	23-HAC	Dispensary - Thomazeau	12/11/46	7/12/48	800.00	400.00	1,200.00	Material aid to the government for the construction of a dispensary
54	24-HAC	Veneral Disease Control Project - Port-au-Prince	1/15/47	7/31/48	1,110.72	555.36	1,666.08	Purchase and delivery of Mapharsen, Bismuth, Sulphathiazole and Penicillin
55	25-HAC	Maternity Hospital at Chancelles - Port-au-Prince	2/1/47	8/2/48	35,777.03	17,388.51	53,665.54	Conversion of a public market into a maternity hospital including water system and purchase of equipment
56	26-HAC	Health Center - Cap Haitien	5/2/47	6/23/48	11,452.14	5,726.07	17,178.21	Construction of a concrete masonry building
57	27-HAC	Malaria Control Drainage - St. Louis du Sud	10/10/47	8/2/48	9,060.33	4,550.16	13,610.49	Construction of canals
58	28-HAC	Emergency Vaccine - Cap Haitien	10/20/47	6/30/48	782.27	391.13	1,173.40	Purchase and delivery of Typhoid, Para-typhoid vaccine
59	29-HAC	Construction of a sanitary sewer line - Port de Paix	10/18/47	6/13/48	2,379.03	1,139.51	3,568.54	Construction of a sewer line
60	30-HAC	Construction of Sewer - Verrettes	1/18/48	7/13/48	4,914.05	2,457.02	7,371.07	Construction of a concrete sewer with three manholes
61	33-HAC	Follow up Treatment of Yaws by Penicillin - Country-wide	4/12/48		3de party contribution		315.15	Personnel specially trained
62	1-SP	Administration - Port-au-Prince	8/2/43	Active with SCISP	81,261.22	243,783.64	325,044.86	Provide funds. Now under Project 1-57

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
63	1A-SP	Medical Engineering Services - Offices Overhead - Port-au-Prince	10/1/55	8/18/56	1,368.67	2,737.33	4,106.00	Provide funds for the creation and operation of a project for handling central office overhead expenses
64	1B-SP	Engineering Services - Port-au-Prince	8/14/52	Active with SCISP	25,669.68	77,008.98	102,678.66	Provide funds for the expenses involved in engineering activities
65	2-SP	Warehouse and Garage - Port-au-Prince	8/2/48	9/14/53	32,282.16	96,786.45	129,048.61	Provide means for the procurement and storage of equipment and supplies
66	2A-SP	Relocation of Warehouse & Garage at Chancerelles - Port-au-Prince	10/18/48	5/3/49	2,017.84	6,053.49	8,071.33	Dismantling and moving the warehouse, garage and carpenter shop building. Construction of new offices & stock room.
67	2B-SP	Enlargement of Garage and Storage Space - Chancerelles	11/27/50	6/11/51	1,089.46	3,268.38	4,357.84	Extension of building housing the garage
68	2C-SP	Warehouse Services, Motor Transportation and Garage - Port-au-Prince	10/1/51	Active with SCISP	7,119.15	21,357.36	28,476.51	Provide funds for handling warehouse, garage and transportation services
69	2D-SP	Equipment Pool - Port-au-Prince	10/1/51	Active with SCISP	21,766.45	65,269.32	87,065.77	Provide an equipment pool for all SCISP
70	2E-SP	Relocation of Warehouse and Garage Facilities - Port-au-Prince	7/13/53	10/12/55	1,000.00	3,000.00	4,000.00	Razing of buildings. Clearing and grading of land. Construction of roadways, fences, gates. Planning and erection of structures. Moving of stock of supplies.

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
71	2F-SP	Materials and Supplies - Port-au-Prince	9/14/53	Active with SCISP	53,120.59	159,361.79	212,482.38	Establishment of a holding account and revolving fund for the stock filing of a project supply
72	3-SP	Sanitary Improvements at Sigüeneau Asylum - Port-au-Prince	8/2/48	6/11/51	75.00	225.00	300.00	Installation of a pump
73	4-SP	Entomological Survey - Port-au-Prince	8/2/48	8/18/53	2,112.59	6,337.78	8,450.37	Provide funds to pay the salaries of one entomologist and one helper
74	5-SP	Transfer of Automotive Equipment to Department of Health - Port-au-Prince	7/20/48	1/5/49	625.00	1,875.00	2,500.00	Three 1942 Dodge trucks were given
75	6-SP	Nurses Training Program - Port-au-Prince	8/3/48	3/30/55	2,538.94	7,616.76	10,155.70	Purchase and delivery of medical, technical and other text-books, materials and supplies. Also food for the diet kitchen
76	7-SP	Eradication of Yaws - Country-wide	8/2/48	10/12/55	123,974.38	371,923.05	495,897.43	Operation of six clinics
77	8-SP	Health Center - Portail Léogane Port-au-Prince	8/2/48	7/22/52	17,142.32	51,426.98	68,569.28	Operation of the health center, including staff, supplies, maintenance
78	8A-SP	Extension of Building - Portail Léogane Health Center - Port-au-Prince	10/19/49	6/11/51	2,243.84	6,731.54	8,975.38	Additional construction to original building

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
79	9-SP	Maternity Hospital, Chancelleries - Port-au-Prince	8/2/48	6/11/51	5,192.76	15,578.19	20,770.95	Purchase and delivery of equipment
80	10-SP	Malaria Control Drainage - St. Louis du Sud						No work was done under the Project 10-SP
81	11-SP	Water Supply - Verrettes	8/2/48	6/11/51	14,792.67	44,378.02	59,170.69	Drilling of a well. Erection of a storage tank. Captation of a spring and connection of same with the tank
82	12-SP	Improvements to Water Supply - Cap-Haitien						No work was done under this project
83	13-SP	Improvements to Water System - Cayes	8/2/48	7/22/52	6,049.11	18,147.45	24,196.56	Improvements in well area, including laying of concrete inverts, back filling and construction of masonry toilet; improvements to elevated tank
84	14-SP	Follow-up Treatment of Yaws by Penicillin - Country-wide	8/2/48	10/29/48	No cost.	All expenses having been made under 33-HAC		Training of personnel
85	16-SP	Malaria Control Drainage - Gros Morne	9/1/48	6/11/51	9,952.59	29,857.36	39,810.36	Construction of a drainage canal. Filling and grading
86	16-SP	Construction of Health Center - Pétion-Ville	9/1/48	5/12/51	3,750.00	11,250.00	15,000.00	SCISP provided material help only
87	17-SP	Survey Water Supply - Port-au-Prince	8/18/48	10/23/48	No cost.	Engineers being paid from Project 1-SP. Transportation from Project 2-SP		Two engineers were assigned to conduct a survey

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
88	18-SP	Assistance on Equipping Hospital at Belladère	9/15/48	10/22/48	293.66	881.66	1,175.54	Material help consisting of one crank posture bed and 48 Hospital beds
89	19-SP	Technical Assistance to Hydraulic Service - Port-au-Prince	8/2/48		7,829.19	23,487.57	31,316.76	Assignment of technical personnel
90	20-SP	Emergency Water Supply - Port-au-Prince - Pétiou Ville	10/1/48	6/11/51	76,590.22	229,770.69	306,360.91	Captation of Source Millet
91	20-A-SP	Emergency Water Supply, General Hospital - Port-au-Prince	4/18/49	11/15/49	417.79	1,253.31	1,671.10	Construction of a new water line
92	21-SP	Material Assistance to Hydraulic Service - Port-au-Prince	11/15/48	11/30/48	371.28	1,113.84	1,485.12	Purchase and delivery of pipes
93	22-SP	General Sanitary Improvements - Belladere	12/1/48	5/17/51	6,633.16	19,899.39	26,532.55	Construction of concrete invert lined canals. Construction of a sanitary sewer line
94	23-SP	Extension of Diquini Water Tunnel - Port-au-Prince	3/16/49	4/22/57	58,101.40	232,405.56	581,013.92	Extension of the Diquini Tunnel. Third party contribution (Port-au-Prince): \$290,506.96
95	24-SP	Water and Sanitary Improvement Police Head Quarter - Port-au-Prince	7/18/49	6/11/51	1,220.41	3,661.23	4,881.67	Connection of a water line. Connection of a sewage disposal system

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
96	25-SP	Research Laboratory - Port-au-Prince	12/3/49	9/5/53	12,554.07	37,662.21	50,216.28	Construction of one-story building
97	26-SP	Material Assistance to Ministry of Health - Port-au-Prince	1/31/50	6/11/51	200.00	600.00	800.00	Grant of a Chevrolet 1947 Pickup truck
98	27-SP	Water Supply System - Jérémie	5/12/51	5/2/53	20,358.90	62,576.70	82,935.60	Development of the spring by tunneling for a length of 30 meters. Construction of 2 concrete captation chambers
99	28-SP	Operating Table for Hospital - Jérémie	12/27/50	5/17/51	276.72	830.16	1,106.88	Purchase and delivery of an operating table
100	29-SP	Construction of Health Center Building at Anse à Veau	2/14/52	9/19/53	10,091.55	30,274.77	40,366.32	Construction of health center building
101	30-SP	Water Supply - Croix des Bouquets	6/13/52	9/18/53	1,716.20	5,148.60	10,174.80	Laying of pipes and installation of valves. Construction of public fountains. Construction of a pump house. Repair of a pump and installation of rotors. Third party contribution (Croix des Bouquets): \$3,310.00
102	31-SP	Rural Public Health Program - Country-wide	9/24/52		191,622.84	287,436.78	479,059.62	Establishment and operation of rural health centers. Activities transferred to Project 2-57
103	32-SP	Construction of Health Center Building - Mirebalais	11/21/52	9/18/53	3,575.09	10,725.22	14,300.31	Construction of health center

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
104	33-SP	Construction of Health Center Hospital at Ouanaminthe	11/12/52	7/25/55	17,804.82	26,707.20	44,512.02	Construction of a health center hospital
105	34-SP	Water Supply System - Ouanaminthe	4/21/53	7/2/53	12,934.00	19,401.00	32,335.00	Development of a shallow well, construction of a pump house, installation of pumps and partial distribution system. Installation of a large public fountain
106	35-SP	Construction of Health Center - Pont de l'Estere	8/10/53	11/14/57	15,816.86	24,427.81	40,229.67	Construction of health center and a small concrete block building as resident staff house
107	36-SP	Water Supply System - Terrier Rouge	9/11/53	2/7/57	3,317.44	4,976.17	8,293.61	Installation of a gasoline engine pump jack; erection of a concrete tank; construction fountain
108	37-SP	Water Supply System - Corail	9/11/53	7/1/56	7,984.00	11,979.47	22,963.47	Development and captation of springs. Construction of an elevated reinforced concrete tank. Construction of an underground storage tank. Erection of fountains. Building of a pump house. Installation of pump. 3rd party contribution (Corail) \$3,000.00
109	38-SP	Construction of Health Center - St. Raphael	9/29/53		11,075.40	16,588.44	27,663.84	Construction of health center

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
110	39-SP	Water Supply System - Seguin	7/1/54	11/26/57	22,888.04	34,232.07	57,120.11	Captation of spring. Installation of pipe; erection of public fountains
111	40-SP	Water Supply System - Anse Rouge	7/23/54	1/25/57	419.74	626.82	3,743.68	Construction of concrete storage reservoir and public fountain. Installation of a pump-jack and a small gasoline engine. 3rd party contribution (Anse Rouge): \$2,697.32
112	41-SP	Transmission Line for Additional Water - Port-au-Prince	1/6/55	4/20/57	204,250.71	306,376.07	510,626.78	Installation of a transmission line
113	42-SP	Hurricane Hazel - Emergency Project - Port-au-Prince	3/16/55		5,997.26	8,995.91	14,993.17	Providing facilities in the form of medical or technical personnel, supplies, materials and transportation
114	43-SP	Nursing Auxiliary and Sanitary Inspectors Training - St. Marck	3/8/55	9/13/56	9,202.26	13,802.40	23,004.66	Training sub-professional personnel in the fields of nursing and sanitation
115	44-SP	Education, Library, and Audio Visual Program - Port-au-Prince	3/21/55		3,755.42	5,633.17	9,388.59	Establishment of a Sanitation and health program. Establishment of a library and audio-visual program
116	45-SP	Assistance to the Department of Public Health - Port-au-Prince	3/5/55	Active with SCISP	311.90	467.86	779.76	Opening of a charge account for all assistance the Department receives from SCISP, in matter of transportation

## SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
117	46-SP	Assistance to Haitian Nursing Students in Costa Rica	5/20/55	7/17/56	132.00	198.00	330.00	Carrying out the cost of granting a financial help to two girls
118	47-SP	Malaria Control Program - Artibonite Valley	7/23/53		6,195.48	9,293.26	15,488.74	Residual spraying of houses. Project now under SNEM control
119	48-SP	Repairs to the Water System - Croix des Bouquets	6/30/55	8/28/55	574.35	861.52	1,435.87	Repair, purchase of spare parts to put the pump back into operation. 3rd party contribution (Croix des Bouquets): \$6.00
120	49-SP	Relocation of SCISP Central Office	7/23/55	1/25/57	22,741.21	34,111.83	56,853.04	Construction of 3 buildings connected to warehouse and office
121	50-SP	Water Supply - Pont de l'Estère	3/2/56	1/17/58	18,599.88	27,899.82	46,499.70	Captation of a spring; installation of a pump; erection of a steel reservoir; laying of pipes; erection of fountains
122	51-SP	Material Assistance to the Department of Public Health - Port-au-Prince	2/29/56	9/13/56	1,574.00	2,361.04	3,935.04	Grant of medical equipment and supplies
123	52-SP	Financial Assistance to the World Health Day Exhibit - Port-au-Prince	3/18/56		1,850.76	2,776.16	4,626.92	Financial assistance
124	53-SP	Water Supply System - Mirebalais	6/20/56	7/18/58	19,851.79	29,777.70	49,629.49	Captation of a spring; installation of adduction line; installation of public hydrants

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

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Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
125	54-SP	Technical Assistance to the Central Public Health Laboratory - Port-au-Prince	7/17/56	4/18/58	13,423.85	26,487.70	40,271.55	Construction of new building and remodeling of existing building
126	55-SP	Transfer of excess material to Hydraulic Service - Port-au-Prince	Sept. 56	Sept. 56	1,327.79	1,991.70	3,319.49	Grant of some cast iron caps, cross, elbows, tees and reducers in excess
127	56-SP	Training of Sanitary Officers of the Department of Public Health - St. Marc	2/7/57	8/28/57	7,860.00	11,790.00	19,650.00	Training of sanitary officers in the field of sanitation, water supply construction, community organization, veterinary practices, etc.
128	57-SP	Demonstration and Training in Rehabilitation and Physical Therapy of the physically handicapped - Pétion Ville	9/11/56	3/14/57	<u>1,333.328</u>	<u>1,999.992</u>	<u>3,333.32</u>	Opening of the rehabilitation center.
					3rd Party	US	GOH	TOTAL
					299,835.43	2,081,340.27	3,030,026.78	<u>5,411,202.48</u>

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
<u>Current Projects</u>								
	1-57	Administration - Chancelleries (Port-au-Prince)	Year 1957		20,000.00	40,000.00	60,000.00	To continue the administrative and general operational work of the Service
			Year 1958		20,000.00	40,000.00	60,000.00	
			Year 1958		11,333.34	22,666.68	34,000.00	
			Year 1959		11,333.34	22,666.68	34,000.00	
			Year 1960		12,050.00	24,100.00	36,150.00	
	2-57	General Public Health Project - Port-au-Prince	Year 1957		72,269.03	144,538.05	216,807.08	To reorganize the existing health centers
			Year 1958		64,166.23	128,333.77	192,500.00	
			Year 1959		11,666.67	23,333.33	35,000.00	
			Year 1960					
			Jan. 1st - June 30		32,963.34	65,926.66	98,890.00	
			July - September		17,657.33	35,314.67	52,972.00	
	3-57	Urban Sanitary Engineering	3/4/57	9/19/58	57,210.40	114,420.81	171,631.21	To provide potable water supplies for certain communities, to raise the level of health of the urban population

SUMMARY OF SCISP PROJECTS FROM JULY 1942 TO JANUARY 1962

Chronological No.	Project No.	Project Name	Date began	Date ended	TOTAL COST			BRIEF DESCRIPTION OF WHAT WAS ACCOMPLISHED
					US	GOH	TOTAL	
<u>Current Projects (Cont'd)</u>								
4-57		Local Training Program and Facilities - Port-au-Prince	Year 1957		12,500.00	25,000.00	37,500.00	To provide adequate training facilities
			Year 1958		13,333.34	26,666.66	40,000.00	
			Jan. 1959 - Sept. 61		<u>951.66</u>	<u>1,903.34</u>	<u>2,855.00</u>	
					US	GOH	TOTAL	
					357,434.68	714,870.61	<u>1,072,305.29</u>	

APPENDIX G

Summary of Haitian Participants Trained Outside the Country  
by the United States  
1942 to 1962

Professions	No. of Participants	Length of Study	Remarks
P.H. Physicians	33	1 - 2 yrs. 27 - 1 yr. 2 - 9 mos. 1 - 4 mos. 1 - 3 mos. 1 - 7 wks.	
P.H. Dentists	3	2 - 1 yr. 1 - 9 mos.	
P.H. Nurses	8	7 - 1 yr. 1 - 9 mos.	2 trained in Canada
P.H. Laboratory Technicians	4	3 - 9 mos. 1 - 6 mos.	
Audio-Visual Techniques	4	3 - 6 mos. 1 - 3 mos.	2 trained in P.Rico 1 trained in Panama
Sanitary Engineering	17	1 - 2 yrs. 16 - 1 yr.	1 trained in Puerto Rico
Malaria Control	11	11 - 3 mos.	ALL trained in Puerto Rico
P.H. Administration	3	2 - 1 yr. 1 - 2 mos.	
Vital Statistics	5	4 - 1 yr. 1 - 6 mos.	
Auto Mechanics	<u>1</u>	1 - 1 yr.	
Total	89		

APPENDIX H

NUMBER OF MAN YEARS OF UNITED STATES TECHNICAL  
ASSISTANCE IN HEALTH - 1942 to 1962

Doctors	21	man	years
Engineers	18	"	"
Business Managers	20	"	"
Assistant Business Managers	8	"	"
Nurses	24	"	"
Statisticians	4	"	"
Sanitarians	3	"	"
Laboratory Technicians	5	"	"
Maintenance Engineers	3	"	"
Transportation Advisor	1	"	"
Entomologist	1	"	"
Biologists	3	"	"
TOTAL	111	man	years

APPENDIX I

REFERENCES

1. Health Data Publications, Walter Reed, Army Institute of Research.
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4. Report on the Faculty of Medicine and Pharmacy of the University of Haiti by J. L. Troupin, M.D.
5. Various documents and reports of SCISP and USAID/H.