OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Haiti

Assistance to the National Programme of Maternal and Child Health and Family Planning - Phase III

Estimated UNFPA contribution: $3 121 400

Estimated value of the Government's contribution: $4 948 000

Duration: Four years

Estimated starting date: 1 January 1981

Executing Agency: World Health Organization/Pan American Health Organization (WHO/PAHO)

Government Co-operating Agency: Ministry of Public Health and Population
I. Summary

1. UNFPA proposes to provide assistance in the amount of $3,121,400 over four years (1981-1984) to the Government of Haiti to enable it to continue to strengthen and expand its maternal and child health and family planning (MCH/FP) programme. UNFPA assistance in this area began in 1972 to fund a pilot MCH/FP project which was completed in 1974 and which served as a prototype for an expanded project. At its eighteenth session in June 1974, the Governing Council approved UNFPA support in the amount of $2 million for two years (Phase I). At its twenty-second session in 1976, it approved continued support in the amount of $3.5 million for an additional three years (Phase II). Interim financing was provided through December 1980 while the present proposal was being formulated and in order to ensure continuation of the project. Similarly, interim assistance has also been provided for the period January-June 1981, pending Governing Council approval of this proposal for Phase III of the MCH/FP programme. During the four-year period 1981-1984 (Phase III), the Government would seek to consolidate services already established and extend activities to the most dispersed and deprived rural populations. UNFPA assistance would support international experts, salaries for some national personnel but on a reduced scale from the level provided in Phase II, subcontracts for mass media communication activities, training, and equipment and supplies, including contraceptives.

II. Background

2. Haiti, with a population estimated by the United Nations at 5.8 million in 1980, covers an area of 27,750 square kilometres. The population density is 209 persons per square kilometre, second only to El Salvador, which has the highest population density of countries in the Western hemisphere. According to 1978 World Bank figures, density per square kilometre of cultivated land is 393, which has created severe pressure on the already over-utilized and highly eroded land. Haiti remains a predominantly rural society; only about one-quarter of its population lives in urban areas.

3. The crude birth rate (1975-1980), is estimated by the United Nations at 41.8 per thousand, and the crude death rate, 15.7 per thousand. The annual population growth rate is 2.38 per cent. The population is young; 43.6 per cent of all Haitians are under the age of 15. Women between the ages of 15 and 49 account for 45.6 per cent of all women and are estimated to bear an average of 5.9 children. Life expectancy at birth averages 50.7 years. Three of every four Haitians, it is estimated, are illiterate.

4. Haiti's crude death rate is the highest in the Caribbean (where the over-all average is 8.5 per thousand) and one of the highest in the world. Infant mortality, estimated at between 150 and 200 per one thousand live births, is a significant factor in this high rate. Umbilical tetanus, diarrhoea, upper respiratory infections, and communicable and water-bourne diseases are the principal causes of infant mortality, while malnutrition is considered the single most important contributing factor. Maternal mortality was estimated at 32 per one thousand in 1978; it is intensified by a high degree of anaemia and toxoaemia found among pregnant women.

5. Haiti's per capita gross national product was estimated by the World Bank at $260 for 1978.

1/ DP/FPA/1/Add.3
2/ DP/FPA/5/Add.10 This covered a three year project, which was resubmitted to the Governing Council for approval in June 1978, cf. DP/FPA/8/Add.5.
6. The Government has not enunciated a specific population policy. One reason for the relatively low priority attached to population policy and issues may be that Haiti's rate of population growth remains relatively low due to substantial emigration and a high mortality rate. However, the Government has expressed concern over the effects of population growth on development efforts, and does support family planning within the broader framework of MCH care provided by the national health system. A number of its priorities and programmes are closely related to population issues: for example, the programmes of the Ministry of Public Health and Population are principally designed to attack the high levels of child and maternal mortality, the widespread protein-calorie malnutrition, the high incidence of communicable diseases, the lack of adequate health facilities, and the weak infrastructure for the provision of health services.

7. UNFPA assistance to population activities in Haiti began with support to the 1970 population and housing census. A research project on cultural values and population policy also received support. UNFPA provided assistance for the establishment of a Demographic Research and Analysis Unit within the Haitian Institute of Statistics and continues to provide assistance to the Unit's training and research tasks. Among these is the national fertility survey, carried out between 1976 and 1979. UNFPA has approved assistance for the preparation of cartographic material for the 1982 population and housing census, as well as for the enumeration, data processing and analysis phases of this exercise. The greatest share of UNFPA assistance to Haiti, however, has been allocated to the Government-supported MCH/FP project. Cumulative UNFPA expenditures in Haiti, for all projects (as of 31 October 1980) total $7.8 million.

8. Initially, activities in regard to the MCH/FP project concentrated on creating the infrastructure necessary to implement activities within the Ministry of Public Health and Population (Phase I). As a result, the Ministry's Division of Family Hygiene assumed a leadership role in providing services. In the next phase (Phase II), project activities were expanded to urban areas - MCH/FP services were introduced into the network of urban clinics and were supported by a team of mobile units. Expansion to rural areas followed, but progress was slower than expected, for various reasons including the fact that initial project objectives and coverage targets were too ambitious and the Government's decision to decentralize the health delivery system to the regional level and its subsequent efforts to unify all services provided by the Ministry of Health and Population affected the project's pace.

9. In spite of problems that have hindered the progress of the project including problems in the organizational structure and lack of personnel, significant results have been achieved. Many medical and paramedical personnel, traditional birth attendants, health agents and other programme staff have been trained and services have been expanded. In 1974 the programme reached only 3.3 per cent of the total population, but by 1979 it reached 21.9 per cent. In 1974 pre-natal services were provided to only 1.9 per cent of all pregnant women; by 1974, 37.1 per cent of these women were being reached with an average of two consultations each. In 1974 only 6 per cent of all births occurred in hospitals, while in 1979, 19.7 per cent of them took place in hospitals and 10.4 per cent were attended at home by trained staff. As for family planning services, in 1974 only 0.7 per cent of women of reproductive age were family planning users, but by 1979 this figure had increased to 8.3 per cent. The programme has also had considerable success in recruiting male users. In 1979, 71,587 new users were recruited, about 5 per cent of the total male population aged 15-59 - a substantial increase over the 2 per cent of this group recruited in 1976.

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10. To date, the Government of Haiti has required substantial external assistance for its population and development activities and multilateral and bilateral donors have been a major source of funding for the health sector programme. In the population area, every attempt has been made to co-ordinate over-all assistance efforts, and during 1980 consultations were held among the major donors to Haiti's MCH/FP activities including UNFPA, U.S. Agency for International Development (U.S. AID), WHO/PAHO, IPPF, etc., in order to clarify respective fields of support. In the population sectors, U.S. AID and the UNFPA are the most significant supporters. U.S. AID has concentrated its assistance on expanding the family planning services network, providing contraceptives supplies and increasing the number of contraceptive users, strengthening training activities and supervision, and on education and information programmes. Other sources of support have been the World Food Programme, which has provided food supplements to pregnant women and children under five, and the International Planned Parenthood Federation (IPPF) which has assisted the commercial distribution of contraceptives as well as health commodities. The Centre for Population and Family Health of Columbia University has collaborated with the Evaluation Division of the Ministry of Public Health and Population and is involved in a research project to develop family planning services delivery approaches. Family Planning International Assistance (FPIA) has supported education and training activities. The British Overseas Development Administration, the Canadian International Development Research Centre, the Pathfinder Fund and World Neighbors have also assisted in population activities in Haiti.

11. A UNFPA-sponsored needs assessment mission visited Haiti in 1979. In its report, in the area of MCH/FP services, the mission noted a pressing need to strengthen the existing regional infrastructure of the Government's programme as well as the services delivery system in rural areas. It also suggested action in several priority areas: 1) current managerial and administrative deficiencies should be resolved; 2) the performance of paramedical and community personnel, especially of traditional birth attendants and health agents, should be improved through systematic planning of manpower requirements, specification of functions and responsibilities for different levels of personnel, better training programmes, and provision of continuing education for all health personnel; and 3) the capability for research and data gathering needs improvement and data and research results should be used to evaluate the programme and make it more effective.

III. The project

12. The MCH/FP project is of priority concern to the Government. Whereas in the past the focus of the project was on establishing an institutional framework and a network of urban services, in the future (Phase III) the goal would be to expand rural outreach.

13. The long-term objectives of the project would continue to be 1) promoting the well-being of the Haitian family; 2) reducing maternal and child morbidity and mortality by progressively improving the health of mothers, infants, and children; and 3) reducing the rate of population growth by providing family planning information, education, and services.

14. The short-term objective during the next four years would be to extend the programme's geographic coverage by increasing the number of rural facilities and other sources of services so that these reach a population of 2.9 million, compared to the...
1.1 million currently reached. Strong emphasis would be placed on improving training, especially of auxiliary and community personnel, in order to extend coverage, upgrade the quality of services, and increase programme acceptance by rural communities. It is expected that by 1984 project services would provide 55 per cent of all pregnant women with an average of three pre-natal visits each, that 22.5 per cent of all deliveries would take place in hospitals, that 12.5 per cent of all deliveries would be attended at home by trained personnel, and that 40 per cent of the beds in rural hospitals would be occupied by maternity cases. In regard to family planning, the goal would be to increase the number of women using contraception to 15.7 per cent of all fertile age women and the number of male acceptors to 9 per cent of all males aged 15 to 59. Under the project, vigorous information, education and communication activities would be undertaken to make professional, auxiliary and community-level services more effective and increase the understanding, acceptance, and practice of maternal and child health and family planning in the rural communities. These activities would concentrate especially on the community councils, which are crucial for the expansion of the services network; also, they would be decentralized to regional and district levels. The main administrative objective would be to improve managerial capability at all levels by strengthening supervision, logistics support, setting of norms and procedures, gathering of statistics, and evaluation. Evaluation would allow more efficient monitoring of progress as well as provide quantitative data on results that could be applied to improving project activities.

15. UNFPA assistance would cover the services of international experts; salaries for a small core of central administrative staff and transportation expenses and per diem for some supervision activities and field trips for operational research; subcontracts for information, education and communication activities through the mass media; training in pre-natal, delivery and child care and provision of family planning services as well as in information, education, and communication techniques for health and community personnel; equipment and supplies, including contraceptives; and some miscellaneous costs.

16. The proposed breakdown of UNFPA support for the four-year period (1981-1984), subject to availability of funds, is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>International personnel</td>
<td>$235,000</td>
</tr>
<tr>
<td>National personnel</td>
<td>$820,600</td>
</tr>
<tr>
<td>Subcontracts</td>
<td>$230,800</td>
</tr>
<tr>
<td>Training</td>
<td>$328,300</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>$1,130,800</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$375,900</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$3,121,400</strong></td>
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</tbody>
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17. Pending approval by the Governing Council, and in order to avoid interruption of ongoing project activities, UNFPA has already allocated $392,300 (which is already included in the total proposed UNFPA four-year assistance programme) to cover activities from January to June 1981.

18. The Government would contribute approximately $1,237,000 to the project during each of the four years. These funds would support local salaries, premises, and equipment and supplies. In 1979, the Government began to assume increasing responsibility for local salaries, and is expected to continue doing so.
IV. Recommendation

19. The Executive Director recommends that the Governing Council:

   (a) Approve the project for Haiti for the four-year period 1981-1984 in the total amount of $3,121,400; and

   (b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Haiti and the Executing Agency.