

Starting From Zero: An Exploration of Contemporary Issues in Haiti

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Abstract

Haitians have been battered from all sides for centuries, almost without respite, with horrors ranging from slavery to extortion, widespread corruption, a cholera epidemic, abject poverty, crumbling infrastructure, hurricanes, and massive earthquakes. Especially when building on rubble, and with needs far outweighing funding, both immediate crises and long term challenges can be overwhelming. Under such circumstances, how can the international community plant seeds of sustainable reconstruction? This exploratory study employs an

interprofessional qualitative research model and the National Health Service (NHS) Institute for Innovation and Improvement's Experience-Based Design template to identify obstacles facing health and education sectors as well as opportunities for Haiti's long term improvement. Resulting hypotheses support multi-faceted, inclusive planning and service delivery options with an emphasis on quality and sustainability.

Keywords: Haiti, education, healthcare, exploratory study, interprofessional research

Introduction

The streets of Port au Prince present a microcosm of the nation as a whole -- a sensory explosion of color, sights and sounds, equally enriching and overwhelming, hopeful and daunting. The roads teem with noisy traffic, including brightly painted tap-tap pickups overloaded with riders and bouncing over ruts. A gauntlet of ramshackle booths lines both sides of the street, piled high with plantains, boots, lumber, sausages, plates, and motor oil. Goats work their way through piles of trash. Pedestrians stumble through patches of rubble and dust, looking for opportunities to earn a few coins. Typically, they earn \$2.75 per day. Children make a game of heading for school, laughing. Little girls stand out with their hair in meticulous braids, their school uniforms carefully cleaned and pressed. They take school very seriously, seeing it for the rare gift that it is, a possible route out of poverty. That assumes they can dodge everything from malaria to cholera in the years to come, long enough to reach adulthood. More than 1 out of 10 Haitian children will likely die before the age of five.

Haitians are primarily of Afro-Caribbean descent, tracing back to hundreds of thousands of slaves brought in from Africa in the sixteenth to eighteenth century. The nation has struggled with the horrors, not only of slavery, but with severe corruption, repression (infamously under the "Papa Doc" and "Baby Doc" Duvalier regimes from 1957-1986), and dire poverty ever since. Haiti has also suffered through more than its fair share of natural disasters, with two devastating earthquakes in the 1700s that cost tens of thousands of lives, and a massive tornado in 2008. The 2010 earthquake killed 200,000 and left millions homeless. Six years later, Hurricane Matthew struck, flooding entire communities, devastating tens of thousands of families and killing at least one thousand Haitians (BBC, 2016; Human Rights Watch, 2015).

Haiti is a remarkable country, rightfully proud of its history, with notable achievements including liberating itself from France and ending slavery in 1804, enduring an American occupation from 1915-1934, overthrowing the Duvaliers in 1986, and surviving a variety of overlords in between. But while Haiti is extraordinary for its sheer capacity for survival, it is terribly poor by almost any other measure. Each consecutive ruling power looted the Haitian treasury as a parting insult during points of transition, leaving the country financially strapped and dependent on continuing foreign investment ever since. Concrete rubble is the most common landscape feature visible throughout Port au Prince today. Schools, literacy training, career development, roads, healthcare, housing, sanitation, drinking water, employment opportunities, utilities, forestry, basic agriculture, the justice system and infrastructure overall are all woefully inadequate (The World Bank, 2016). Peter Beaumont, writing for the Guardian in 2010, observed, "If the country was at zero on 11 January, it is at less-than-zero now" (Beaumont, 2010). If Haiti is not quite a failed state, it is remarkably close to it.

A rough tour of Port au Prince speaks volumes, both in terms of determination and in terms of devastation. While the third world is ripe with dire poverty, Haiti stands out for a number of reasons. It was the first country in the world in which an enslaved population rose up to overcome oppression and became its own nation. Unfortunately, this came with being plundered along the way--what remains is the broken shell of a country. Local forests have been largely clear-cut, and local agriculture replaced with agribusiness designed for export. As if the extreme poverty was not bad enough, the 2010 earthquake leveled a large proportion of the country's already crumbling infrastructure, leaving endless concrete rubble in place of roads, schools, homes and hospitals (Sontag, 2012). Interventions that have occurred since the earthquake have provided excellent examples of both successes and failures--a road map of what shows promise and what does not. Lessons learned can be applied in order to build on successes for greater impact, as discussed in the framework for study discussed below.

One question that arises is, where should we begin? Dr. Paul Farmer urges organizations "... to keep the attention on Haiti," as the country has not recovered yet (Partners in Health, 2010). USAID recommends a focus on education because the "education sector in Haiti lacks the quality and access necessary for sustained social and economic development... These issues put a generation of Haitian youth at risk of not receiving the knowledge and basic skills necessary to succeed in the labor force" (USAID, 2016). In their report, "Haiti: URGENT REQUEST FOR HUMANITARIAN FUNDING," UNICEF calls for "US\$25.5 million to respond to the most urgent humanitarian needs," as Haiti continues to face deteriorating healthcare services, food security, and disaster preparedness (USAID, 2016).

The purpose of this exploratory study is to examine the current state of civil infrastructure as expressed by diverse vulnerable demographics as well as by aid providers in Haiti. More specifically, this study aims to describe contemporary issues or obstacles facing individuals, institutions, and aid organizations in healthcare and education sectors. Ultimately, the goal is to propose guiding principles, as expressed by stakeholders, and to overcome these challenges.

Current State of Haiti

Haitian individuals, as well as the national government on a larger scale, value education highly, but face considerable, formidable obstacles in pursuing and developing educational infrastructure and opportunities.

There have been several education initiatives undertaken by the Haitian government with outside help, and the situation is improving. While the overall literacy rate is around 60%, some estimate that young men 15-24 have a literacy rate of about 75%; the rate for young women approaches 70%. Overall rates still fall far below other Latin American countries, which have literacy rates closer to 90% (UNICEF, 2013).

Still, most major initiatives over the past 4 decades, including developing a standard curriculum, teaching younger children in Kreyol, abandoning the extra year after 12th grade to graduate from high school, lengthening the school day, and providing nutrition, have not been implemented widely (Columbia University, 2011). Given the lack of funds and the abundance of natural disasters, including the Earthquake of 2010 and Hurricane Matthew in 2016, it is not surprising that Haitian educational reform has been difficult.

While schooling through grade 6 has recently been made compulsory, the public-school system at the primary level accounts for less than 10% of schools in the country. Most schools are private and religious, and the quality varies widely. Some estimate that nearly half of teachers in primary schools have not graduated from high school themselves, let alone had any teacher training (USAID, 2016). For those who have managed that, the passing rate in Haiti is 50% or above. This does little to increase confidence in the quality of the teaching provided. Despite several attempts to promote change, all state assessment is done in French. Haitians speak Kreyol at home and unless they are taught in Kreyol at school initially, few have opportunities to become literate in their first tongue. This is one factor leading to children finishing second grade without having developed reading abilities (USAID, 2016). Receiving instruction in a language not spoken until they become school age is a barrier to mastery. Outside of school, speaking French is a prestigious skill and one that separates the educated from the rest (Columbia University, 2011).

Even getting access to education, as poor quality as it might be, is very difficult. 200,000 students still do not attend school. All students must have uniforms. They must purchase all their own books and supplies, and they must pay tuition. Parents have traditionally sacrificed a great deal toward this end, the average cost being \$130 a year for people who generally earn less than \$3 a day. School expenses are heavily dependent on largesse from outside agencies, but funds received don't come close to meeting the needs; 200,000 students still do not attend school.

Poor physical health and nonexistent follow-up care are the norm for a significant portion of the population. Health care deficits are evident at all levels, across the entire continuum from prenatal to elder care. Challenges include malnutrition, lack of access to potable drinking water, a general lack of preventive care, malaria and other mosquito borne illnesses, HIV-related illnesses, cholera (brought to Haiti by UN peacekeepers after the earthquake), lack of access to medication in general, lack of access to medical professionals, lack of preventive health education, undiagnosed mental illness and earthquake-related issues ranging from Post-Traumatic Stress to loss of limbs (WHO, 2016).

It is often difficult to maintain good health while living in Haiti. Lack of education perpetuates incorrect beliefs that hamper health. Lack of infrastructure, sanitation, funds for medical care and vaccines, isolated communities, along with antiquated equipment, all prevent people from accessing necessary health care. Insufficient nourishment (30% of children are malnourished) and inadequate access to clean water further compromise health (WHO, 2016). Haiti's health system, already inadequate, was weakened further by the loss of 50 health clinics and damage to both its primary teaching hospital and the Ministry of Health, in the 2010 earthquake. The cholera epidemic which has waxed and waned, and then the devastation of Hurricane Matthew, have exacerbated the problems (WHO, 2016).

Haiti ranks in the bottom third of all countries in terms of the maternal mortality rate, the infant mortality rate, life expectancy, and the HIV/AIDS prevalence rate. Less than half of all children under the age of two are fully vaccinated, and one out of five are stunted in growth. The risk of infectious disease is rated as very high (Central Intelligence Agency, 2017). Despite all this, there are some indicators of progress in infectious disease control. Haiti is close to eradicating malaria and has made strides with reducing the rate of HIV/AIDS (Country Meter, 2017).

Framework and Methodology

Two models were used to identify contemporary issues facing health and education sectors in Haiti. The first guided the selection of the research team, the details of the exploratory study, and the collaborative process. The second guided research methods and models.

The First Model

An interprofessional research model was used as a platform for investigating the challenges facing healthcare and educational infrastructures in Haiti. Interprofessional collaboration is an important vehicle for developing new and innovative solutions to complex problems. The practice often unites individuals who represent diverse disciplines and encourages exploration and development of new frameworks and methodologies for solving seemingly unsolvable, multidimensional problems (Burning et al., 2009). Focusing too narrowly on only one aspect of a complex problem often fails to recognize root causes. As a result, proposed solutions can be too narrow in perspective, may have little or no impact, or may lack sustainability.

A clinical examination of past, failed projects provides helpful clues regarding where things have gone wrong. Key blunders have included: Defining problems without first consulting resident Haitians, local service providers or other experts for clarification, or following up with these groups for constructive feedback; Crafting solutions, again without the necessary consultations and feedback sessions; Failing to earn local credibility or local investment, psychological or otherwise, in proposed solutions; and failing to make arrangements for long term sustainability.

The 2015 research team included: Tod Schneider representing Safe School Design, Kay Anderson, Jessica Wheeler, and Dawn Bauman representing CHAMPS, Wendy Patchin and Michel Valentin representing Foundation for Peace, Wendy Zehner and Stacy Trainer, representing Luke 101, and James Shraiky representing the Interprofessional Studio for Complexity Thinking (InterSCT).

Safe School Design is a private consulting firm specializing in Crime Prevention through Environmental Design (CPTED), and Safe Healthy and Positive Environmental Design (SHAPED) for schools and other environments (Safe School Design, 2017). Foundation for Peace is a 501(c)(3) not-for-profit organization dedicated to working hand-in-hand with people in materially impoverished communities in the Dominican Republic, Haiti and Kenya to provide educational support, health care access, economic opportunity and hope. They work together as long-term partners in solidarity to enable personal success and community achievement. They believe this will result in sustainable and successful initiatives that relieve the effects of poverty, encourage personal growth, and overcome injustice (Foundation for Peace, 2017). CHAMPS, “Connecting Hope and Medicine to People in Haiti, “is a non-profit charitable foundation reaching out to meet the needs of the underserved, bringing Hope and Medicine to Haitians (CHAMPS, 2017).

InterSCT: The Interprofessional Studio for Complexity Thinking, is a not-for-profit design and research firm that explores complex health and social issues. Our approach is an inclusive one, bringing together diverse experts and stakeholders, as well as people in need, in search of creative, systemic and multidimensional solutions to a wide variety of complex

problems. Past projects have addressed everything from homelessness and healthcare to earthquakes, poverty and refugees. Our work has taken us around the globe, with projects in the U.S., Haiti, the Middle East, Australia, Rwanda, China and points in between (InterSCT, 2017). Luke101 is a 501(c)(3) not-for-profit organization that exists to support groups that are on the ground in Haiti, Brazil and India working on behalf of at risk people. Their work in Haiti includes supporting organizations serving families and communities that are assisting the aging. Haiti's lack of training, infrastructure and funding has left this at-risk population mired in poverty, with little hope of extrication. Skilled nursing care, rehabilitation services and a long list of fundamental resources are in short supply. Luke101 works to connect, train and provide for groups which otherwise have little to no resources (Luke101, 2017)

The Second Model

The model developed is based on the National Health Service (NHS) Institute for Innovation and Improvement's Experience-Based Design template and is distinctive in its collaborative research and design efforts involving diverse stakeholders. There are four distinct phases to the EBD methodology: (1) capturing the experience; (2) understanding the experience; (3) improving the experience; and, (4) measuring the improvement (NHS Institute for Innovation and Improvement, 2010). The following sections describe each phase and outline our application in the study:

Capturing the Experience

This step covers the research formation and planning as well as the data collection. During a previous medical mission trip lead by CHAMPS in 2015, we made preliminary observations regarding disparities in Haiti. These observations were then attended to in several brainstorming sessions to plan for further research. A cross-sectional, exploratory study design was used to explore perceptions and experiences of contemporary issues impacting health and educational infrastructure in Haiti. Eligible stakeholders, including educators, students, health care providers and patients over the age of 18 were interviewed. Stakeholders were recruited within the context of a Port au Prince home for the aged (Asile Communal), Partners in Health hospital (HUM, Hôpital Universitaire de Mirebalais), and three area schools (Complexe Educatif Men Nan Men, La Reference and Universite), a deportee camp (in Fond-Baillard on Malpasse Road), a Cultural Center (MUPANA, Musée du Pantheon National Haitien), the mayor's office, and orphanages (CAD, Center d'Action pour le Développement). IRB approval for this study was obtained. All stakeholders underwent informed consent procedures in English and provided written consent.

Study procedures in this phase included face-to-face semi-structured interviews, behavioral observations, and focus groups. The duration of the interviews was approximately 45 minutes for individual interviews and 90 minutes for focus groups. Researchers spent 4 hours per day conducting observations. Interview questions were adapted according to the type of service line and stakeholders' demographics starting with their experiences, and continued with their perceptions of obstacles facing civil sectors. Examples of questions include: "Can you describe your healthcare experiences?" "Can you identify issues you faced during clinical experiences?" "Can you describe your educational experiences?" "What is needed to improve the overall educational outcome?" and "What are the contemporary issues facing health and education in

Haiti?” Similar questions were asked in the focus groups. The interviewers invited participants to add and build on each other’s feedback. Service providers were asked about challenges they had encountered, particularly in terms of barriers to delivering services. Examples of questions include: “What is the purpose of your organization?” “What types of services do you provide?” “What are the challenges you face?” and “What are the top issues facing the sector you serve?”. Follow-up questions explored the impact of policies, culture, community, and poverty.

Understanding the Experience

This step involves the analysis of the data and insights gathered in the first step to identify issues and themes, and to ensure that subsequent planning is in synchrony with the needs of individuals on the front lines.

For this step, interviews and focus groups were transcribed verbatim. Pseudonyms were substituted for names and all identifying information was removed from the transcripts. Analysis procedures outlined by Krippendorff (1980) were applied to classify codes and then themes. Each source was open-coded by members of the team. Individual words, parts of sentences and/or sentences and groups of sentences were the source of new codes. Definitions for each code were discussed and refined through constant comparison of narrative examples and review of the transcripts.

Researchers utilized multiple strategies to assure trustworthiness in the data analysis process (Lincoln & Guba, 1985; Miles & Huberman, 1994). Researchers and authors spent considerable time discussing and documenting assumptions to address confirmability. We kept an extensive record of our coding decisions for repeated review and validation. We sought feedback from Luke101, CHAMPS, and Foundation for Peace to support the reliability of our analysis and results. We also validated our analysis with the existing body of research.

The Third stage, Improving the Experience, involves applying the first two steps to an actual product. InterSCT and Safe School Design will collaborate with CHAMPS, LUKE 101, and Foundation for Peace on grant funding to explore specific projects in healthcare and education that pertain to each organization’s goals and expertise. The final stage, Measuring the Improvement, will involve rapid-cycling improvement for future projects’ processes as well as developing an outcome-measurement tool for short, mid, and long term results. Ultimately, the goal is to measure the intended outcomes after implementing the projects.

Results

Insights gathered through initial research contributed to an extensive list of obstacles that can be clustered into three broad categories: individual, institutional and NGO obstacles, as follows:

Individual Obstacles

Individual obstacles included poverty, poor physical health, transportation, educational and vocational challenges, personal safety concerns and the overwhelming cumulative impact of all of these obstacles.

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Grinding poverty is one of the most overt obstacles confronting this population. The vast majority of the population lives in chronic, abject poverty. Unemployment is rampant, and those who do find work are usually paid less than \$3 per day. Even college graduates, when asked “what kind of work would you like to do?” responded, “Any job at all.”

Poor physical health and nonexistent follow-up care was the norm for a significant portion of the population. Health care deficits were evident at all levels, across the entire continuum from prenatal to elder care. Challenges included malnutrition, lack of access to potable drinking water, a general lack of preventive care, malaria and other mosquito borne illnesses, HIV-related illnesses, cholera (brought to Haiti by UN peacekeepers after the earthquake), lack of access to medication in general, lack of access to medical professionals, lack of preventive health education, undiagnosed mental illness and earthquake-related issues ranging from Post-Traumatic Stress to loss of limbs.

Emergency and trauma care are sadly lacking. Hospitals/clinics are commonly closed on weekends, inconveniently located or just too far away. There are now 50 emergency vehicles in Haiti—an improvement over earlier conditions, but far from sufficient for a population of nearly 11 million (Hadden, 2014). One student even reported needing to hunt for a neighbor with a car to transport her to the hospital when her appendix burst. Other interviewees told stories of loved ones dying because they could not get access to facilities that did exist. Many reported depending on others with motorcycles or cars to get them to health care facilities, only to be turned away upon arrival if they could not pay. Others reported paying money for upcoming surgeries only to find there were no records of the payments when they arrived. Consequently, the surgeries were not done. It is not just the patients who suffer financially--the underpayment of medical professionals led to an extended strike in 2016 which had profound health effects. Doctors had been making just \$120 a month (NPR, 2016).

The transportation system and infrastructure are rudimentary at best, relying on improvised pickup truck taxis (tap-taps), buses and private vehicles, all sharing overcrowded, pitted, inner city roads in extreme disrepair. Although there are some new, smooth and functional roadways that were built after the 2010 earthquake, leading off into the outskirts or rural areas, travel within Port au Prince, where most Haitians live, is slow at best, with traffic jams being the norm. Many students reported walking miles to school for lack of better options.

The lack of uniform, quality educational or vocational training opportunities was another major obstacle, made clear repeatedly by interviewees. For those who could obtain training there were few opportunities to apply their new skills in related jobs. We heard no reports of opportunities for internships or participatory training of any kind, leaving moot the question of whether such positions held promise of leading to employment. Access to essential training tools and materials, including books, computers or internet access, was also a common challenge. Students reported a further common dilemma--needing to drop out of school to take care of sick family members or to seek work in order to pay the bills. Those who were determined to attend school often went hungry. Interviewees shared two Haitian proverbs underscoring the difficulty of learning under such circumstances: “empty stomach, empty mind,” and “hungry bellies have no ears.”

General economic desperation and an inadequate criminal justice system contribute to a steady undercurrent of personal and property crime or fear of crime as givens—the topic

rarely came up in conversation without prodding, and documentation was difficult to obtain. But as is common in many less developed nations, most homes and institutions were boxed in by tall concrete walls topped with broken glass. The criminal justice system by most accounts was considered unreliable, fractured and corrupt. Although hard data is nearly impossible to come by, given the state of Haitian government, there are strong indications that crimes against women and children are commonplace. A GSDRC overview report states, “The incidence of violence against women was high in the pre-earthquake period, but there is widespread consensus that it has increased since. This correlates with the insecurity, displacement, poverty, lack of adequate access to basic resources, and loss of livelihoods associated with the disaster” (McLoughlin, 2013).

All of these individual obstacles have a cumulative impact. Maintaining good health and safety, taking care of family members, finding a means by which to pay for food, medicine, tuition or jobs, or transportation to sources for all of the latter, leave much of the population feeling overwhelmed, helpless, hopeless, and lacking in self-confidence.

Institutional Obstacles

With few exceptions, the norm for institutions visited was to be in a state of disrepair. Their overall physical infrastructure, the lack of essential operational supplies and an overall lack of sustainability were readily apparent. Observed physical infrastructure challenges included half-built or deteriorating classrooms, clinics and sleeping quarters, with inadequate water quality, plumbing, sanitary facilities, electrical wiring or reliable access to electrical power.

There were obvious shortages of medical equipment, basic office supplies and electronic gear that would be considered essential by developed world standards for both educational and medical facilities. With inadequate funds to address immediate, short-term needs, such as the need for consistent, quality staffing and a lack of basic supplies, there was even less evidence of a path to sustainability. Institutions were clearly struggling just to cover expenses day to day, let alone become self-supporting, and they certainly were in no position to invest in long term planning. As a consequence, in both medical and educational arenas, many services tended to be fragmented, with little evidence that a continuous thread might exist for receiving or delivering essentials. Even an excellent medical hospital inspected lacked adequate aftercare services--by doctors' accounts, patients were usually sent prematurely home from the hospital, with no follow-up facilities or in-home care services to draw on. We further found no evidence of substantial data gathering, let alone management. There was no reliable shared system for tracking which patients received treatment where, whether it was effective, or whether issues were isolated cases or indications of more widespread problems. Again, with very few exceptions, all of this contributed to an inconsistent quality and quantity of staff, operations and services.

Although many teachers and medical professionals appeared to be doing outstanding work, interviews left us with the impression that they were more likely the exceptions, rather than the norm. Many staff, according to the interviews, were poorly trained, poorly paid, rarely paid on time, and sometimes not paid at all. Cardiologists and orthopedists were reportedly hard to find in Haiti. Social workers were only found in private hospitals, and anesthesiologists were not well paid. Patients who needed urology-related surgery generally headed for Cuba if they could afford it. Facilities were often unsanitary, unsafe or dysfunctional. For example, water fountains

Articles

in a nursing home did not work, and cross-support beams in classrooms were poorly patched together, in a manner unlikely to survive future earthquakes. Schools relied on primitive outhouses with inadequate or nonexistent handwashing facilities. Where computers did exist they were generally second rate, with unreliable internet access. Lack of safety and security were particularly apparent at one nursing home, where internal and external theft was reported by residents as being rampant, to the point where medications and food donated for the residents commonly were intercepted by staff who either sold the items or kept them for their own use.

Staff attitudes varied considerably from site to site. Staff appeared to be deeply committed and competent in the K12 facilities visited such as La Reference School, which appeared to be successful largely due to strong commitments from teachers. Their commitment appears to have been matched by a similar level of commitment from students. Unfortunately, there was no indication that this was true across the board at other schools, and in fact it was often suggested by those individuals interviewed that La Reference was an aberration rather than a good indicator of the educational system. Many individuals interviewed at the higher educational and nursing home levels commonly suggested that there was a serious lack of coordination, customer orientation, compassion, care, commitment, or passion for the work by staff at the institutions they had attended. (Men nan Men was the exception in this case, receiving high praise from staff and students.) Feedback regarding most schools indicated great room for improvement both internally and externally in terms of people working together to maximize effectiveness.

There was no reason to expect consistent quality, content or outcome at various schools or medical facilities, as there seemed to be little in the way of incentives or mechanisms for sharing knowledge, resources or best practices. Apparently, data are not gathered or shared for mutual benefit. Autopsies are not commonly conducted in Haiti, for example, making it difficult to gather important epidemiological information. There was an absence of community outreach to provide services or education, or to overcome obstacles at home that might impede learning or recovery from illnesses. As a basic example, a child might receive treatment for lice at a clinic or school, but without adequate follow-up at home would likely become reinfected.

Students and staff alike reported inadequate Continuing Education opportunities, and nonexistent incentives for competent staff to stay. Pay was meager and unreliable. Students complained of a lack of opportunities for hands-on, interactive, on-the-job internships, mentorships or training. There was little evidence of any cross-training for front line workers on root causes or broader issues, or to develop leadership skills. (For example, teachers were not trained to detect basic health problems, or hearing or vision deficits.)

In addition to a lack of safe, reliable transportation for students, patients, and staff in general, access for the disabled was essentially non-existent. Roads were in such disrepair, and traffic so bad, that even when vehicles were available trips were lengthy and unpredictable. Even where the site itself was reachable, the internal infrastructure appeared unreliable in terms of access for the disabled.

In medical facilities, a lack of more appropriate services appeared to be driving desperate patients to whatever facility was available, despite its official function--in the same way in which many impoverished Americans use emergency rooms due to lack of access to primary care services. Particularly of note was that seniors who could have been served more effectively if

home health care had been available, were often left at a bare-bones state nursing home that was in severe disrepair.

NGO Challenges

NGOs in Haiti are diverse in terms of resources, effectiveness and reach. Many do outstanding work, but reportedly many also show room for improvement. (Deficits were, in the most part, not observed first-hand by our team, but were relayed secondhand as issues seen with other projects.) There was a widespread local perception that NGOs did a poor job of pursuing local input, priorities, emotional investment, or commitment, leading to frequent project-failures. When project funders and organizers departed, the projects fell apart. In the case of a Canadian orphanage, an initial, overly optimistic assumption that locals could take over management of sophisticated projects drove the project to the edge of collapse--no one had taken the time to assess the skill set of local staff, or to provide training. (Fortunately, the NGO recognized the error in time to return to the site with highly trained Canadian staff, who have run this model orphanage effectively ever since.)

Inadequate NGO awareness of, or sensitivity to, local realities or politics was often mentioned, including simple miscalculations regarding local worker skills or attitudes. This resulted in problems ranging from the theft of goods to the breaking of political promises or withdrawal of permissions or support. Governmental intransigence reportedly stopped many projects in their tracks. On a related note, the distinctions between legitimate taxation or fees, versus opportunistic shakedowns or bribery, were very difficult to discern.

NGOs also sometimes failed to grasp local cultural factors, such as widespread belief in voodoo, which can restrict where tribesmen can travel, or their interpretation of problems such as mental illness. Many Haitians reportedly do not believe in psychology.

A further obstacle was a tendency by NGOs to keep projects siloed, with turf-oriented or competitive approaches undermining cooperation. Insufficient integration with other service projects meant missed opportunities to fill holes in what could have been more comprehensive networking, or which could have helped avoid duplication, or otherwise maximize impact or effectiveness.

Solutions and Next Steps

Insights gathered through the initial research helped us identify the significant Individual, Institutional and NGO challenges described above, all pertaining to the fields of health care and education. They can be further distilled as four overlapping, cross-cutting guiding principles for future proposed solutions: touching on quality, sustainability, complexity, and leadership principles.

Quality

Whatever products are intended for delivery--food, health care, equipment, medicine or education--should be of as high quality as possible. Food needs to be of high nutritional quality as well as of adequate quantity; medical care, classroom education or teacher training are of limited value unless they're at very least competently delivered, and ideally should be top notch.

Articles

Boosting quality can also include addressing attitudes towards service, respect and connectivity, concepts of leadership and openness to transformation.

Longevity and Sustainability

Longevity and Sustainability go hand in hand with systems thinking, but with an emphasis on longevity rather than only on cohesiveness. To a large extent this boils down to the need for mechanisms by which projects can ensure better odds of survival on into the future, years after the initial funders have departed. This may rely on ongoing donations from afar, but ideally should involve a plan for pursuing a self-sustaining approach. Institutions that can move from a crisis footing to a long term one are in much better positions to invest time in long term planning. Flexibility and adaptability are also key factors in longevity and sustainability.

Complexity and Systems Thinking

Within and between the fields of both education and healthcare, as well as between myriad NGOs, fragmentation appears as a common theme. On a national scale, a lack of shared data collection, and access to information, appear to undermine Haiti's ability to see what it is doing, how effectively, in order to plan improvements or prioritize projects. On a smaller scale, hospitals that fail to network with other local providers, or to provide home health visits, or to survey neighborhoods for public health issues, are put at a disadvantage in terms of doing any comprehensive public health planning. Schools can enhance their effectiveness if they track individual student success in detail, and if they can then craft grade-wide or individual educational plans more strategically and effectively. Efforts to develop more cohesive service development and delivery hold potential for boosting efficiency and effectiveness. Systems thinking includes coordination and capitalization between the government and NGOs. A great deal of effort appears to be wasted on politics and competition. Government resistance to projects or imposition of taxes and fees along the way, along with NGOs' independence from each other, undermine the potential for greater accomplishments regardless of the size of the various budgets involved.

Leadership

Leadership deficits further suggest the need for appropriate interventions. For any of the preceding cross-cutting themes, without sufficient in-country, on-site vision, understanding and commitment, the likelihood of success is moderately poor.

Overall Considerations

As with so many expansive projects, the devil is in the details—how can our broad prescriptions be translated into more specific actions? Consider the following:

Projects need funding, supplies, facilities and appropriately skilled participants in order to function. The first three are fairly straight-forward needs that can be met by writing a check. Skill development is more nuanced. Every project is different, and while some skills may transfer across sectors or cultures, others are distinct. School and hospital bookkeeping, housekeeping, management or construction may have some commonalities, but to paint with too broad a brush could lead to dysfunctional buildings or programs. Necessary skills can involve anything from backhoe operation to math instruction, but they can also require an awareness of local materials and expertise, or an understanding of local customs and politics, that are unfamiliar to

expert consultants brought in from afar. Once these specific nuances are identified they can be revisited at some point down the road to determine if they've been adequately developed, taught and applied. Hindsight may also help in determining what skillsets were missed. These new skills can then be integrated into ongoing future trainings. In this way, training effectiveness can be measured, mentoring nurtured, and local, sustainable expertise developed.

Consultants (including the co-authors of this paper) can undoubtedly be useful in providing some momentum and an outside perspective for problem identification and solution planning, but in order to develop functioning, sustainable schools, hospitals or other infrastructure, collaboration with local players, including potential clients, employees, NGOs and government officials, is essential. For example, school projects must begin by asking local students, teachers and administrators not only what they need, but what they have to offer, and what they want to learn. Facility construction must begin by asking about space needs and concerns.

Effective projects also must take care to avoid the stove-piping so commonly found with NGOs, operating in a vacuum and then wondering why they have failed. This involves not only the NGOs, but local institutions as well, including schools, hospitals and governments. Identifying and seeking input from all involved parties builds partnerships, improving the likelihood of joint ownership and commitment.

Mutually agreed upon metrics at periodic intervals can help keep projects on track, establish some accountability, and contribute to a framework for identifying weaknesses needing attention as projects move forward. Periodic assessments while under construction, and look-backs farther down the road can also provide opportunities for reflection on project successes and failures, intended and unintended consequences, and lessons learned that can be applied to future projects.

No matter what interventions we suggest, it is critical that we integrate each of our four overarching themes--quality, sustainability, complexity and leadership. From an accountability perspective, implemented effectively, the results should at the least meet identified goals, as tracked through appropriate, carefully determined outcome measurement tools. But setting our sights even higher, interventions should be transformational. If we propose building clinics, we must explore their roles not only in terms of meeting acute medical needs, but in reducing health disparities, addressing broad public health issues, providing patient-empowering preventive health care education, and training staff to a level that can transform health outcomes. If we build schools, our aims should include going beyond delivering academic basics; we should be empowering school communities to train, support and inspire future leaders and to become agents of cultural transformation far into the future.

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