

World Vision Relief and Development Inc.

**NO-COST EXTENSION REPORT FY92
LA GONAVE VITAMIN A PROJECT
LA GONAVE ISLAND, HAITI**

**Beginning Date: August 31, 1988
Ending Date: September 30, 1992**

Submitted to:

**PVO Child Survival Grants Program
Office of Private and Voluntary Cooperation
Bureau for Food for Peace and Voluntary Assistance
Room 103-C, SA-2
Agency for International Development
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LIST OF ACRONYMS

A.I.D.	Agency for International Development
CS/CSP	Child Survival/Child Survival Project
HDC	Health and Development Committee
HIS	Health Information System
IGA	Income Generating Activities
IHE*	Haitian Institute for Children
MHA	Mother Health Assistants
MSPP*	Ministry of Public Health and Population
MTE	Midterm Evaluation
NGOs	Non-Governmental Organizations
PVO	Private Voluntary Organization
TBA	Traditional Birth Attendant
VAC	Vitamin A Capsule
WHO	World Health Organization
WV	World Vision
WVH	World Vision Haiti
WVRD	World Vision Relief & Development
ZHDA	Zonal Health and Development Agents

* French acronyms were given English translations.

I. EXECUTIVE SUMMARY

World Vision Haiti (WVH) began a Vitamin A project in La Gonave Island on August 1988. Designed initially for three years, this project, upon the request of World Vision (WV), was extended for another year. Vitamin A services were provided to all 11 sections of the island during the first year. After the midterm evaluation, activities were concentrated to seven sections following the recommendations of the midterm evaluators. Activities were expanded to the entire sections on the island after the third year of the project.

The current evaluation, conducted by two external consultants and three WVH staff covers the period of implementation from October 1, 1991 to September 8, 1992. The objective of this evaluation is to determine project achievements during this extension period, taking into consideration the initial objectives of the project. Information was collected using the following methods:

- ▶ Interviews with key informants;
- ▶ Site visits/observation;
- ▶ Review of management records; and
- ▶ A survey done by the Haitian Institute for Children.

The evaluation report was completed in French and shared with project staff. Plans to share the results with the district Ministry of Health staff are in place.

II. BACKGROUND

La Gonave is a small island of Haiti situated in the West Department, 30 kilometers from Port-au-Prince city, the capital of Haiti. The island has an estimated population of 80,000 (Haiti Institute of Statistics), of which 49 percent are children (0-4 years) and women (15-45 years).

World Vision Haiti (WVH) started its child sponsorship program consisting of community development, health, and agricultural activities on the island in 1985. Two years later, WVH, through World Vision Relief & Development Inc. (WVRD) was awarded a grant by the Bureau for Food for Peace and Voluntary Assistance/Office of Private Voluntary Cooperation (FVA/PVC) to implement a Child Survival Project on the island. In August 1988, WVH received a \$372,991-Vitamin A grant for three years from FVA/PVC to reduce Vitamin A deficiency among children 6-83 months through short- and long-term Vitamin A activities within the existing CS project.

At the beginning, services were provided to the entire island (11 sections). The MTE team recommended, for better control, that Vitamin A activities focus on seven sections while continuing CS services to the other four sections.

In September 1991, members of the final evaluation team recommended that Vitamin A activities be extended to the remaining four sections of the island with emphasis

on the following: a) training of TBAs as VAC administrators to ensure adequate VAC coverage of postpartum mothers b) continuing to reinforce Vitamin A teaching in schools and the training of health center employees; c) using only the Road-to-Health cards for VAC receipt; d) assisting health committees accelerate their motivational work; and e) permanently deploying the nurse auxiliaries to the different sections.

Services offered during the first three years included Vitamin A supplementation to children 6-83 months and mothers within 30 days of delivery, Vitamin A deficiency treatment, nutrition education, and promotion of consumption of Vitamin A-rich foods. In FY92, the project requested for a 13-month extension to continue current activities and to implement additional activities such as the establishment of income-generating activities (IGAs), training of health committee members on vegetable-drying techniques, and training of schoolteachers from 28 schools on the island about the importance of Vitamin A, its sources, and Vitamin A-enhancing gardening techniques (including vegetable-drying).

The strategies used are rally posts (community-based distribution), garden demonstrations of Vitamin A-rich vegetables, and school/community-level education and training of schoolteachers, schoolchildren, health committees, and health facility personnel. Activities were also extended to four new sections - Grande Vide, Trou Louis, La Source, and Picmy. Over the course of this past year, project staff has attempted to address the recommendations of the final evaluation team and the additional project objectives in spite of the unstable political climate in the country.

III. METHODOLOGIES

The evaluation of the no-cost extension phase of this Vitamin A project took place from September 3 through Sept. 11. A Vitamin A coverage survey was conducted in July 1992 under the technical direction of the Monitoring and Evaluation section of the Haitian Institute for Children led by Dr. Arsenio Ferrus.

The evaluation team consisted of the following people:

- * Dr. Arsenio Ferrus Monitoring and Evaluation Unit
(team leader) Haitian Institute for Children
- * Dr. Frantz Simeon Independent Consultant
(rapporteur)
- * Dr. Florence Dyer Technical Director/La Gonave CSP
(member) World Vision Haiti
- * Ms. Lydie Jean Baptiste Asst. Operations Manager
(member) World Vision Haiti
- * Mr. Vasco Thernelan Area Team Supervisor
(member) World Vision Haiti

Schedule of Activities

- First Day* - reviewed DIP, previous evaluation reports, and objectives for the no-cost extension phase
- Second Day* - planned for the evaluation methodologies
- Third Day* - developed questionnaires and prepared for the trip
- Fourth Day* - traveled to La Gonave; trained interviewers process
- Fifth-Seventh Day* - Data Collection
- Eight-Ninth Day* - Discussed results and drafted report.

The different methodologies and approaches used by the evaluation team are given below:

A. Thirty Cluster Survey

The Vitamin A coverage survey is part of a broader nutrition survey for the La Gonave CS Project which services the same population.

The objectives of the survey are to determine the following:

1. The percentage of postpartum women within 30 days of delivery who received a 200,000 IU-capsule of Vitamin A.
2. Vitamin A capsule (VAC) coverage among children 6-83 months.
3. The difference in percent VAC coverage between doses.

Postpartum Mothers Two localities were chosen for each section (11 sections times two = 22 localities). These localities were randomly chosen from a list of localities at each rural section. Fifteen mothers who delivered during the past 12 months from each selected locality were expected to be interviewed house-to-house. A total of 315 mothers served as respondents but 297 were included in the analysis. Eighteen records were taken out because the children's date of birth were outside the eligible range. A sample of the questionnaire for mothers is given in Appendix 1.

Children 6 to 83 months The Vitamin A coverage survey is part of a broader nutrition survey. It followed the WHO model of 30 clusters. The sample size of 900 was arrived at by estimating the population of malnourished children to be 40 percent with a degree of confidence of 95% and 5% precision. The road-to-health cards of 900 children were reviewed. The survey instrument consists

of a questionnaire drafted in French then translated into Creole. A copy of the questionnaire will be forwarded as soon as the final survey report is received from the evaluators.

Survey forms were precoded to facilitate data entry and analysis. Data entry, editing, tabulation and analysis were computerized using EPI INFO tailored for the processing of Vitamin A data. Training of interviewers lasted for one day. Topics covered survey methodology, interview techniques, and supervision. Details of the survey methodology will be discussed further in the final survey report.

B. Interview

Interviewees comprised of health committees, health personnel, and income-generating committees.

Health committees were interviewed to assess their participation in the design, implementation, and evaluation of the project.

Interviews with health personnel were focused on their knowledge of Vitamin A in order to know the correctness of Vitamin A education they provide to the population.

Information about the management of income-generating activities was elicited through interviews with members of the income-generating committees.

C. Site Visits/Observation

The evaluators visited three gardens and three income-generating projects. The objective of site visits were to see if the promotion of Vitamin A-rich food through the establishment of demonstration gardens has been done, and whether IGAs have been implemented as proposed.

D. Record Review

Project reports reviewed by the evaluation team included the DIP, management and HIS records, monthly, quarterly, annual and evaluation reports.

IV. FINDINGS

A. Survey

Vitamin A Coverage—Partum Mothers

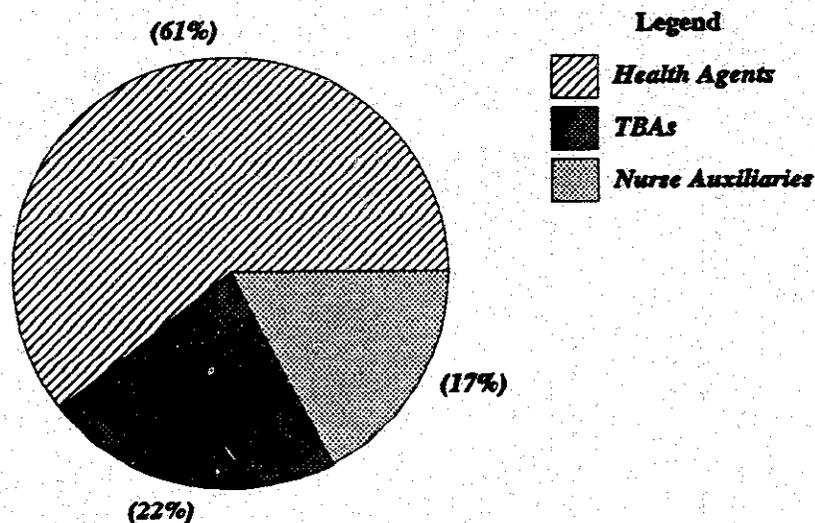
Three hundred fifteen (315) women who delivered during the past 12 months from 30 localities were interviewed. Their newborns' road-to-health cards were checked to verify the mother's VAC receipt within 30 days of delivery. Out of

the 315 women respondents, 18 records were excluded because the date of delivery was out of the inclusive range. Seventy-two percent (72%) out of 297 mothers received Vitamin A within 30 days after delivery.

This is in marked contrast with the 17% VAC coverage reported in the FY91 final evaluation survey. The FY91 survey covered those mothers who delivered from October 1988 through July 1991. The results were obtained from history alone since none of the respondents did not bring their maternal cards for verification. Moreover, the sampling methodology used in FY91 was purposive rather than random.

The distribution of VAC source by type of personnel is given in the figure below:

Figure 1 - Distribution of VAC Source by Type of Personnel



Most of the respondents (99%) delivered at home. Unlike the findings in last year's evaluation, none of the respondents received VAC from the hospital/-dispensary. Increasingly, VAC administration is being conducted by the health agents this year (60.65%) compared to previous years (15%). Nurse auxiliaries involvement in this same activity has also diminished by half - 35 percent in previous years down to 17 percent. This freed-up time has allowed the nurse auxiliaries to engage more in supervision than in service delivery. The use of TBAs as a source of VAC almost remained the same.

Children 6-83 Months

The sample size consisted of 900 children from 30 localities (9 along the coastal areas and 21 in the mountain region.) Two hundred ten children were excluded from the analysis because their age group were outside the 6-83 age range. The road to health card was checked to verify receipt of Vitamin A capsule. Almost 80 percent (80%) received at least one dose of Vitamin A during the last six

months. This is an increase from the final evaluation's finding of 69 percent coverage from July 1990 to July 1991. The latter evaluation covered only seven sections while the current coverage is for all 11 sections, four of them receiving Vitamin A services only a year ago.

Preliminary results of the coverage survey showed that the dropout rate between doses is still high, although relatively lower than those reported in the previous year's evaluation. Changes in mothers' knowledge/practice regarding infant feeding and supplementation with carotene-rich vegetables will be discussed in the final survey report.

B. Interviews

Health Personnel

Six health staff from the Wesleyan Hospital and the Episcopal dispensary were interviewed using a set of questions which include the following:

1. Dose interval.
2. Age at which to start Vitamin A capsule administration.
3. Schedule of VAC administration to mothers.
4. Relationship of Vitamin A to other macronutrients.
5. Function of Vitamin A on the human body.
6. Project utility.
7. Signs of Vitamin A deficiency.

There are 42 answers to the questions. The respondents gave 35 correct responses (83%) while the remaining answers were either wrong or incomplete. The copy of the questionnaire is found as Appendix 2.

VITAMIN A KNOWLEDGE

Questions	Correct	Incorrect	Incomplete
Dose Interval	6	0	0
Age at which to start VAC administration		2	0
VAC schedule for mothers	5	1	0
Relationship of Vitamin A to macronutrients	2	2	2
Functions of Vitamin A	6	0	0
Project Utility	6	0	0
Signs of Vitamin A deficiency	6	0	0
TOTAL	35	5	2

Health Committees

The evaluation team interviewed members of health committees from five sections, namely: Grande Source, Palma, Grand Vide, Plaine Mapou, and La Source. Questions centered on motivation, participation, and activities (Appendix 3).

Motivation

Most committee members felt that the project has stimulated their interest in valuing the importance of vegetable gardening especially as it relates to Vitamin A and its function in the body. They are highly motivated such that every member on a volunteer basis, has actively participated in Vitamin A and CSP activities. All committee members interviewed are well aware of CS/Vitamin A activities in La Gonave.

Participation

Committee members have served in various capacities: participated in the choice of health agents, organizing rally posts, motivated men and women to bring their children for VAC administration, joined Vitamin A fairs, promoted home gardening especially of carotene-rich vegetables, and planning income-generating projects.

Activities

The committees meet twice a month to discuss different subjects ranging from health to development. Each section has a development committee and subcommittees such as health subcommittee, supported by the CS/Vitamin A staff. Development committees and subcommittees work with mother health assistants, health agents, and TBAs.

Health Committees in Charge of Income-Generating Activities

A primary function of the health committees is to implement income-generating activities as a strategy to financially support some aspects of the project in the future. One of the project objectives during the extension period was to implement income-generating activities in 8 of the 11 sections and to use 10 percent of the IGA revenues to fund selected components of the Vitamin A project. Only three out of eight sections were able to start IGAs as discussed below:

<u>SECTION</u>	<u>ACTIVITY</u>
Palma	Community Store
Grande Source	Community Store
Pointe a Raquette	Grain Storage

Palma (Case #1)

The section in Palma received 15,261.25 gourdes (US\$ 2,543.54) through its health committee to implement a community store. There was a delay in the start-up of the store because of the political situation generated by a coup on September 29, 1991. Activity really started on March 1992. A total of 11,794 gourdes (US\$ 1,965.66) was spent for the following activities: initial stock valued at 8,334 gourdes (US\$ 1,389.00), implementation and consultancy cost of 2,710 gourdes (US\$ 451.66), and salary of 750 gourdes (US\$ 125).

Status

The evaluation team could not locate any documentation about the progress and outcome of community store nor the store whereabouts. Only the committee members were available for interview. The records, according to the members were kept at the president's house. The president was absent during the evaluation. The funds are kept by a treasurer who is at the same time manager of the store.

The members revealed that the store closed after the last stocks were sold. Thereafter, the treasurer/manager left the country with a portion of the funds valued at 2,578.10 gourdes (US\$ 429.68) on June 1992. No system of accountability was in place. Much of the responsibilities resided on the hands of the treasurer/manager of the store without any supervision nor internal checks. The health subcommittee secretary was among those interviewed yet he could not produce any record about the store.

Grande Source (Case #2)

Another community store was started by the health subcommittee in the section of Grande Source with an infusion of 26,250 gourdes (US\$ 4,375). Activities started in October 1991. According to the records kept by the subcommittee, a total of 11,789.30 gourdes (US\$ 1,964.88) was spent for initial stock and 4,938 gourdes (US\$ 823) for implementation.

Status

The evaluation team saw some stock at the community store. Some records were incomplete and entries were incorrect. Only the president of the health subcommittee was present during the evaluation. There is no qualified personnel in the locality to manage the store. The records on April 1992 showed that the stocks have diminished from its original value of 11,789.30 gourdes to 8,372.40 gourdes. There is a deficit of 7,194.50 gourdes (US\$ 1,199.08).

Pointe a Raquette (Case #3)

Not one member of the health subcommittee in Pte-A-Raquette was available for the interview. A report of the local administration dated July 25, 1992 mentioned that funds amounting to 27,956 gourdes (US\$ 4,659) was given to this section for grain storage.

C. Site Visits/Observations

Garden Demonstration Sites

The evaluation team visited the gardens in the following localities:

Site	Garden Surface
Lautore	30m ²
Nan Josin	45m ²
Grand Lagon	100m ²
Total	175m²

Each demonstration garden was observed for type of vegetables and fruits planted and caretakers interviewed re: community participation, processing/-consumption of produce, needs and problems.

	Lautore
Vegetables and fruits	Eggplant, tomatoes, carrots, spinach, and
Consumption	Seeds distributed to families; produce are partly
Community Participation	Dug holes, put fences, plant seeds, weed gardens.
Problems	None
Needs	Insect killers, seeds, agricultural equipment, and
	Nan Josin
Vegetables and Fruits	Tomatoes, carrots, beets, mangoes, and avocados.
Consumption	Distributed to schoolchildren and community
Community Participation	Few community members dug holes, prepared
Problems	Lack of community participation and remoteness of the gardens.
Needs	Means of transport, need a paid assistant to help with the garden, and insect killers.

Grand Lagon	
Vegetables and Fruits	Tomatoes, carrots, spinach, and cabbage.
Consumption	Distributed seeds to the community, produce sold
Community Participation	Worked with minimal pay to weed, plant, dig holes, and prepare the garden.
Problems	Lack of voluntary participation
Needs	Additional technical assistance in agricultural training

One of the project objectives was to train three out of five health committee members in each of the island's eleven sections in vegetable-drying technique. This objective was not realized. The Vitamin A nurse auxiliary and the agriculturist visited the mango-drying activities of Save the Children/USA in Maassade to find out its applicability and replicability on La Gonave. Both staff felt that a similar scheme would not work on La Gonave for these reasons:

1. The variety of mangos that could be dried is very limited.
2. The cost of solar dryers is prohibitive (\$200 each).
3. The cost of the dried product is beyond the reach of the majority who are poor.

Furthermore, when the technique was discussed with communities, most communities did not express any interest in the activity. Nonetheless, a total of 180 community members including health subcommittee members have been trained in gardening techniques (Project Records).

D. Record Review

Another extension objective is to train schoolteachers from 28 schools on the island on the importance of Vitamin A, its sources, and gardening techniques, including vegetable-drying. Fifty schoolteachers from 28 schools were trained on the proposed activities except vegetable-drying. Schoolteachers came from the following sections:

Palma

Palma Primary School
 Palma Secondary School
 Wesleyan Primary School
 Catholic Primary School
 Episcopal School

Grande Source

Nan Cafe Public School
 Wesleyan School
 Les Etroits Public School
 Grande Source Public School
 Nazarean School

Pte-A-Raquette

Pte-A-Raquette School
Plaisance School
Fond Neb School
Wesleyan School
Catholic School

Petite Source

Episcopal School
Petite Source School
Wesleyan School

Picmy

Picmy Public School
Nan Plume Public School
Platon Balai Public School

Grand Lagon

The Nazarean School
Episcopal School
Grand Lagon Primary School
Grand Lagon Secondary School

Petit Anse

Boucan Lamarre School
Fond Plaisir School

Several project activities deserve special mention:

- a) The provision of training/refresher courses on Vitamin A to a cadre of workers, namely:
 - ▶ 300 TBAs as VAC administrators island-wide
 - ▶ 17 nurses from the Wesleyan Hospital, and four dispensaries (Pointe-A Raquette, Episcopal, Gras Mangle, and La Source)
 - ▶ 202 health agents
 - ▶ 75 health subcommittee members
 - ▶ 35 mother health assistants
 - ▶ 150 schoolchildren
- b) Training of two health agents as ophthalmologist assistants for two months by EYECARE in Port-au-Prince, following a primary eyecare clinic conducted by EYECARE on La Gonave.
- c) The observance of World Health Day at the four largest sections on the island: Palma, Pte-A-Raquette, Grande Source and Ti Anse. Health fairs were organized by the staff with Vitamin A as the theme. Activities included booth displays of foods rich in Vitamin A, slide projections, songs and dances. Focus group discussions were held separately with mothers, teachers, and schoolchildren. Staff from five health facilities were given posters and VACs.

- d) All nurse auxiliaries have already been deployed throughout the island to facilitate the training and supervision of health agents in their catchment areas.

Strengths of the Project

A major strength of this project is the development of a sound infrastructure that could reach the locality level through a cadre of volunteer workers for the delivery of Vitamin A interventions. The staff has clearly recognized the need for sustainable effects on the children's Vitamin nutriture and sustainability of project activities through its choice of interventions and project strategy, e.g., the use of health agents and TBAs as VAC administrators and the involvement of schoolteachers and schoolchildren in Vitamin A promotion. Equally interesting is the mobilization of communities led by committees and health agents to participate in health activities. Project staff comprised largely of nurse auxiliaries have finally gained the trust and confidence of health staff from fixed facilities operating on the island.

Project Weaknesses

There are two areas of weakness in this project that must be addressed: the high VAC dropout rate and the failure of the IGAs.

VAC Dropout Rate. Compared to the previous year's findings, the dropout rate has diminished between doses. This was attributed to door-to-door follow-up and motivation by TBAs and health committees.

IGAs are different activities by themselves and must be addressed differently. The failure of these IGAs are due to inadequacies/absence of the following: a) technical assistance on IGAs b) project accountability c) internal control system within and outside the project and d) administrative structure.

V. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

There is a balance of short- and long-term solutions to Vitamin A deficiency through a twin strategy of VAC distribution and promotion of the consumption of carotene-rich vegetables and fruits through gardening.

The strategy for VAC delivery to postpartum women has been quite effective while the strategy for VAC delivery especially subsequent dosing to children is weak and ineffective as evidenced by a still high dropout rate.

This project has been fortunate and effective in developing a team of project staff who are hardworking and dedicated. The deployment of nurse auxiliaries

in their respective sections have facilitated the training of TBAs as VAC distributors and credibility of health agents in their sections.

The project did not effectively access external technical resources specifically in the design and implementation of income-generating activities.

B. Recommendations

Continue VAC distribution especially among postpartum mothers. The unstable political climate and movement of people in and out of the island precludes the discontinuation of VAC distribution at the moment.

Since the nurse auxiliaries have been deployed and health agents have been given their catchment areas, it will now be easier for the health agent assisted by his/her own nurse auxiliary supervisor to generate a registry of children 0 to 83 months in their catchment areas. This registry will enable the health agent to identify and closely monitor their target children. Schoolchildren/out of school youths could be mobilized to participate in this activity. The project could also use qualitative techniques, e.g., focus group discussions among mothers, fathers, and other childcaretakers to identify obstacles to completion of VAC doses in order to lower VAC dropout rates.

As the project seeks to incorporate strategies toward financial sustainability, i.e., IGAs, the project would profit from technical consultation from an IGA expert versed in the Haitian context. WVH must ensure that one trained staff is assigned to IGAs and that an administrative and accounting system is in place to periodically check and account for the progress of IGAs.

The central management health committee composed of island formal and informal leaders must be involved in monitoring Vitamin A and other health-related activities on the island.

VI. APPENDICES

- 1 — Questionnaire to Mothers
- 2 — Questionnaire to Health Facility Personnel
- 3 — Health Committee Interview Sheet
- 4 — Guide Questions Re: Garden Visits
- 5 — Pipeline Analysis

APPENDIX 1

QUESTIONNAIRE FOR MOTHER'S WHO DELIVERED
WITHIN THE PAST 12 MONTH'S

EVALUATION DE LA COUVERTURE DES SERVICES DE PREVENTION
DE LA XEROPHTALMIE OFFERTS A LA POPULATION DESSERVIE
PAR WORLD VISION A L'ILE DE LA GONAVE
HAITI

FICHE D'INFORMATIONS GENERALES

DATE : _____ LOCALITE : _____

EQUIPE : _____ FAMILLE : _____ CODE : _____

NOM DE LA MERE OU RESPONSABLE D'ENFANTS : _____

AGE : 1. MOINS 18 ANS 2. 18 - 20 ANS 3. 21 - 30
4. 31 - 40 5. + 40 ANS 9. NE SAIT PAS

NO. ENFANTS VIVANTS DE MOINS DE 7 ANS : _____

DATE DERNIER ACCOUCHEMENT : _____

MERE A RECU VITA : 1. OUI 2. NON 3. NE SAIT PAS DATE : _____

DISTRIBUEE PAR : 1. CENTRE 2. ADS 3. MATRONE 4. *Armillaire*

SOURCE D'INFORMATION : 1. MERE 2. CARTE

EVALUATION DE LA COUVERTURE DES SERVICES DE PREVENTION
DE LA XEROPHTALMIE OFFERTS A LA POPULATION DESSERVIE
PAR WORLD VISION A L'ILE DE LA GONAVE
HAITI

FICHE INDIVIDUELLE POUR PERSONNEL DE SANTE

DATE _____ EQUIPE _____ PERSONNEL _____ CODE _____

ENQUETEUR _____

NOM ET PRENOM _____ AGE _____ SEXE _____

LOCALITE D'ORIGINE _____

PROFESSION 1. AUXILIAIRE 2. AGENT DE SANTE 3. AUTERE (SPECIFIER) _____

NOMBRE D'ANNEES DE SERVICE A L'INSTITUTION _____

A RECU FORMATION SUR VIT.A 1. OUI 2. NON _____

DATE DERNIER RECYCLAGE SUR VIT.A _____

RESPONSABILITES/VIT.A
1. EDUCATION 2. DISTRIBUTION 3. FORMATION
4. RAPPORT D'ACTIVITES 5. AUCUNE 6. AUTRES (SPECIFIER)

CONNAISSANCE DU PERSONNEL DE SANTE _____

INTERVALLE DES DOSES 1. OUI 2. NON
CIBLES : AGE DES ENFANTS 1. OUI 2. NON
MERES (Moment) 1. OUI 2. NON
CONNAIT LA RELATION AVEC PROTEINES ET GRAISSES (MPE) 1. OUI 2. NON
CITE LES FONCTIONS DE LA VIT.A 1. OUI 2. NON
a) YEUX
b) MUQUEUSES
c) PEAU
d) AUTRES (SPECIFIER)

UTILITE DU PROJET 1. OUI 2. NON _____

POURQUOI _____

PROBLEMES RENCONTRES _____

SUGGESTIONS _____

REMARQUES DE L'ENQUETEUR _____

HEALTH COMMITTEE INTERVIEW SHEET

Évaluation de la participation communautaire dans le cadre des activités de
prévention de la Xérophtalmie - W.V. La Gonave - Haiti

RENCONTRE AVEC LES COMITÉS DE SANTÉ

Date _____ Localité _____

Durée d'existence du comité _____ (mois)

Nombre de membres _____

Nombre de sous comités _____

Membre(s) questionnés: Nombre _____

Fonctions _____

A - Projet de santé de W.V. connaissance et participation au volet Vit. A

1- Ki sa W.V. ap fè nan zafè sante La Gonave?

a _____ c _____

b _____ d _____

2- Pale nou sou pwojè Vit. A- Ki sa li ye?

3- Eske ou te la nan diskisyon pou komansè pwojè Vit. A a?

Wi _____ non _____

Pou ki? _____

Ki patisipasyon ou te bay _____

4- Depi pwojè a komanse, ki jan ou kolabore ladan'l?

B- Activités des comités

1. Konbyen sou komite ki genyen nan seksyon an _____

2- Konbyen fwa komite a reyini nan ou mwa _____

chak ki lè _____

Ki dènye fwa li te reyini (dat) _____

Ki moun ki pa nan komite ya ki te la

Kirezilta ki te soti nan reyinyon sa a

3- Ak ki moun memb komite yo pale?

paran: Wi _____ Non _____ ; Jèn: Wi _____ Non _____

matròn: Wi _____ Non _____ ; Manman: Wi _____ Non _____

Ki lòt moun _____

Ki bà yo rankontre

lekòl _____ Mache _____ legliz _____ ou byen _____

4- Ki aktivite komite ap fè ki fè li rantre lajan?

Kotizasyon (eksplike) _____

pwojè (eksplike) _____

5- Si ta gen bezwen, ki jan aktivite sa a ta ka ede pwojè a kontinye?

C- Autres

1- Ki jan ou wè miss la ap travay ak kominote a?

2- Ki valè pwojè Vit. A pou komite ya?

Pou ki sa? _____

3- Konye a ki sa komite a kapab ofri?

Pou kontinye pwojè a: _____

Pou amelyore pwojè a: _____

4- Ki sa komite a swete?

Réponses recueillies par: _____

GUIDE QUESTIONS
REGARDING: GARDEN VISITS

Visite des Jardins Potager

Lokalité

Date _____

Personnes rencontrées

Superficie moyenne des jardins

Techniques d'arrosage

Legumes/fruits cultivés

Utilisations

Participation communautaire

Contraintes

Besoins

APPENDIX 5
VITAMIN A PROJECT
October 1991 — September 1992

CONSOLIDATED COST ELEMENTS	Actual Expenditures to Date (10/01/91 to 09/30/92)		
	A.I.D.	W.V.R.D.	TOTAL
I. Procurement			
A. Supplies	4,207	0	4,207
B. Equipment	1,429	4,000	5,429
C. Services/Consultants	1,697	0	1,697
Subtotal I	7,333	4,000	11,333
II. Evaluation/Subtotal II			0
III. Indirect Costs Overhead on HQ/HO (%)	2,289	8,038	10,327
Subtotal III	2,289	8,038	10,327
IV. Other Program Costs			
A. Personnel	12,263	0	12,263
B. Travel	4,984	0	4,984
C. Other Direct Costs	28,487	0	28,487
Subtotal IV	45,734	0	45,734
TOTAL CONSOLIDATED	55,356	12,038	67,394

1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
W.V.R.D./HAITI VITAMIN A
#OTR-0294-A-00-8255-00

CONSOLIDATED COST ELEMENTS	Actual Expenditures To Date (8/31/88 to 9/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 9/30/93)			Total Agreement Budget (Columns 1 & 2) (8/31/88 to 9/30/93)		
	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL
I. PROCUREMENT									
A. Supplies	17,483	742	18,225	7,517	(742)	6,775	25,000		25,000
B. Equipment	11,246	54,707	65,953	(6,246)	5,293	(953)	5,000	60,000	65,000
C. Services/Consultants	2,785	0	2,785	14,095	0	14,095	16,880		16,880
SUBTOTAL I	31,514	55,449	86,963	15,366	4,551	19,917	46,880	60,000	106,880
II. EVALUATION/SUB-TOTAL II	1,358	0	1,358	3,792	5,790	9,582	5,150	5,790	10,940
III. INDIRECT COSTS									
Overhead on HQ/HO (%)	20,749	15,111	35,860	0	(3,190)	(3,190)	20,749	11,921	32,670
SUBTOTAL III	20,749	15,111	35,860	0	(3,190)	(3,190)	20,749	11,921	32,670
IV. OTHER PROGRAM COSTS									
A. Personnel	68,147	3,925	72,072	(2,597)	10,075	7,478	65,550	14,000	79,550
B. Travel	26,047	4,593	30,640	18,953	13,407	32,360	45,000	18,000	63,000
C. Other Direct Costs	59,539	3,657	63,196	8,423	9,970	18,393	67,962	13,627	81,589
SUBTOTAL IV	153,733	12,175	165,908	24,779	33,452	58,231	178,512	45,627	224,139
TOTAL CONSOLIDATED	207,354	82,735	290,089	43,937	40,603	84,540	251,291	123,338	374,629

1992 ANNUAL REPORT FORM A: COUNTRY PROJECT PIPELINE ANALYSIS
W.V.R.D./HAITI VITAMIN A
#OTR-0284-A-00-8255-00

CONSOLIDATED COST ELEMENTS -----	Actual Expenditures To Date (8/31/88 to 9/30/92)			Projected Expenditures Against Remaining Obligated Funds (10/01/92 to 9/30/93)			Total Agreement Budget (Columns 1 & 2) (8/31/88 to 9/30/93)		
	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL	A.I.D.	W.V.R.D.	TOTAL
I. PROCUREMENT									
A. Supplies	17,483	742	18,225	7,517	(742)	6,775	25,000		25,000
B. Equipment	11,246	54,707	65,953	(6,246)	5,293	(953)	5,000	60,000	65,000
C. Services/Consultants	2,785	0	2,785	14,095	0	14,095	16,880		16,880
SUBTOTAL I	31,514	55,449	86,963	15,366	4,551	19,917	46,880	60,000	106,880
II. EVALUATION/SUB-TOTAL II	1,358	0	1,358	3,792	5,790	9,582	5,150	5,790	10,940
III. INDIRECT COSTS									
Overhead on HQ/HO (%)	20,749	15,111	35,860	0	(3,190)	(3,190)	20,749	11,921	32,670
SUBTOTAL III	20,749	15,111	35,860	0	(3,190)	(3,190)	20,749	11,921	32,670
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SUBTOTAL IV	153,733	12,175	165,908	24,779	33,452	58,231	178,512	45,627	224,139
TOTAL CONSOLIDATED	207,354	82,735	290,089	43,937	40,603	84,540	251,291	123,338	374,629