

FOCAS/ARHC

**CHILD SURVIVAL PROJECT
HAITI**

ANNUAL REPORT

1998

SUBMITTED TO

**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR HUMANITARIAN RESPONSE
OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
PVO CHILD SURVIVAL GRANTS PROGRAM**

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List of Abbreviations

AIP	Annual Implementation Plan
ARHC	Andean Rural Health Care
CBIO	Census Based Impact Oriented
CHA	Community Health Agents
CORE	Child Survival Collaboration and Resources Group
CS	Child Survival
DIP	Detailed Implementation Plan
EOC	Emergency Obstetric Care
FOCAS	Foundation of Compassionate American Samaritans
HIS	Health Information System
KPC	Knowledge, Practice and Coverage
MEI	Mission Evangelique International
MOH	Ministry of Health
NGO	Non Government Organization
OBDC	Oeuvres de Bienfaissence et de Development de Communautaire
PVO	Private Voluntary Organization
SCF	Save The Children Fund
TBA	Traditional Birth Attendants

1. Accomplishments and Constraints

1a. Project Accomplishments

The FOCAS/ARHC Child Survival Project in Haiti was launched in September 1997. As with most projects, the initial year was filled with start up activities such as staff recruitment, training, procurement, setting up communications and financial systems. FOCAS had only a very superficial and limited presence in Haiti for 12 years, and virtually had no experience in managing a well planned, systematic health program with the degree of rigorous implementation and monitoring which a Child Survival project demands. The "laid back" way of life and bureaucratic bottlenecks, frequent disruption of communications and cultural barriers are just a few of the impediments that this new project had to deal with while taking its first steps in project operation. Despite all these difficulties the FOCAS/ARHC Child Survival project in Haiti made exceptional progress in this first year. And we feel happy to report some of its significant accomplishments.

A formal evaluation of project outputs or impact was not undertaken at the end of this first year. The project needed to focus on the initial start up activities in this first year. Very little could be expected in this first formative year in terms of actual results relative to the objectives and outputs set for the project in its Detailed Implementation Plan (DIP). A mid-term evaluation at the end of the second year has been planned for a better understanding of the project's achievements.

Here in this report, important milestones in the project's first year of life have been listed, in light of the fact that each of these accomplishments has contributed to the project's performance.

Field Accomplishments:

- Staff recruitment in FOCAS Haiti and partner Non Government Organizations (NGOs)—OBDC and MEI
FOCAS Haiti is staffed with the Child Survival (CS) Project Manager, Finance and Procurement Manager, Administration and Support Manager and support staff. The partner NGOs have filled all their positions according to the plans outlined in the DIP.
- Conducting Baseline Knowledge Practice Coverage (KPC) Survey
The Baseline KPC Survey was completed in November 1997.
The findings were used to develop the DIP and project strategies.
- Inauguration of FOCAS Haiti office in March, 1998
The FOCAS Haiti team had been using the facilities of another local organization for the initial months. In March 1998 the FOCAS Haiti staff moved into their new rented office building in Petionville, Haiti. All necessary office equipment and supplies have been procured.
- Developing the DIP
The DIP was developed in April 1998. Field staffs from Haiti, the Health Program Director at headquarters and ARHC staff all contributed significantly

in formulating the DIP. The DIP was reviewed and approved by USAID in June 1998.

- **Training of Community Health Agents (CHAs) and Supervisors**
ARHC Senior Technical Advisor, Tom Davis, provided training to CHAs and Supervisors, following the project's training plan elaborated in the DIP. The project has employed local trainers to train its field staff on some topics. The following training has been completed: census taking, home visits, growth monitoring and promotion activities and pneumonia toolbox training.
- **Developing the Annual Implementation Plan (AIP), August, 1998**
The AIP was developed jointly with the OBDC, MEI and FOCAS Haiti staff under the initiative of the Health Program Director to establish more detailed annual plans of actions. All field staff of the CS project actively participated in developing the AIP. This is the guide that is followed for planning the monthly and weekly field activities.
- **Field Visit to Save The Children Project Area**
The FOCAS Health Program Director, CS Project Manager, OBDC and MEI Directors and one supervisor from each from these two partner NGOs visited Save The Children project area in Maissade, Haiti. Exchanging views with the project staff of SCF, visiting rally posts, nutrition demonstration foyers and observing the computerized Health Information System (HIS), PROMIS was quite profitable.
- **Meetings with Community Leaders**
The CS Project staff held important meetings with community leaders in the project area, securing their commitment to the project activities. In one new locality community leaders provided the use of a private facility for organizing rally posts.
- **Conducting Census**
The program approach is based on ARHC's experience with Census Based Impact Oriented (CBIO) methodology in Bolivia. Following this methodology the services and health education are provided to all households in the program area. To ensure that all households are covered, the entire population in the project area is censused prior to beginning the interventions in the communities. This is needed for an effective HIS as well. The project estimates a population of more than 77,000 will be covered in the four-year operation. In this first year 20,000 (26%) of that total population has been censused.
- **Routine rally posts and home visits have been organized as planned in the AIP, for providing services and health education to the children and mothers in the CS Project areas.**

Headquarters Accomplishments:

- **The Health Program Director Recruited**
This position in headquarters of FOCAS was filled in February 1998 to provide technical and management backstopping to the field and maintaining liaison with USAID, ARHC and other Private Voluntary Organizations (PVOs) and donor agencies.

- **Communication Systems Installed**
Phone, fax and E-mail communications were set up between headquarters and the field office.
- **Financial and Budget Systems Established**
The Financial Director of FOCAS established a financial and budget system at headquarters and in the Haiti project office. The computerized system based on M.Y.O.B. software is capable of tracking field and headquarters expenses, and making budget projections.
- **Personnel Handbook Prepared**
The staff personnel handbook detailing employment policies has been prepared for US-based employees. A supplement to this document, covering employees in the field is being prepared.
- **Preparation of Budget for Second Year**
The second year budget has been prepared with inputs from FOCAS Haiti office. For everyone involved, negotiations, flexibility and understanding of cultural and budgetary issues were critical in the process.
- **Strengthening FOCAS Board of Trustees**
FOCAS Executive Director has visited the ARHC Board meeting while the ARHC Executive Director and Program Director met with the FOCAS Board of Trustees in this first year. The intent is to find ways to strengthen the FOCAS Board. Decisions have been made to add more members to the FOCAS Board who will bring a variety of expertise and form committees.
- **Membership Gained in Different Associations**
FOCAS is now a member of the Child Survival Collaboration and Resources (CORE) Group, and the Health Program Director serves as a member of its Monitoring and Evaluation working group. Membership in Christian Connection in International Health (CCIH) and National Council for International Health (NCIH)--now Global Health Council (GHC)--has provided FOCAS with the opportunity to exchange views with other development organizations, and actively participate in formulating policies and strategies that influence the PVO world. Interactions with other agencies in these wider associations will help improve the FOCAS CS Project's performance.
- **Attending Conferences and Meetings**
The FOCAS Executive Director and Health Program Director attended the CORE Group Annual Workshop hosted by ARHC in Lake Junaluska in April 1998. They also attended the NCIH and CCIH Conference in June 1998. The FOCAS CS Project manager and the Health Program Advisor attended the Micronutrient Conference sponsored by CORE Group in Washington D.C. in May 1998. Exposure and networking among the member organization was profitable for FOCAS and the CS Project.

1b. Contributing or Constraining Factors

Contributing Factors:

- The technical inputs from the Senior Technical Advisor of ARHC has been vital for the project's progress. He has led in the Baseline KPC Survey and provided training on conducting census and other topics to get the project started in its initial stage.
- Unlike previous years, the relative stability in the political arena of Haiti has allowed the project to continue its operations unimpeded.
- The CHAs and Supervisors are highly motivated in their work. Even when working in difficult conditions, their continued dedication to their work, have largely contributed to the project's progress.

Constraining Factors:

- Communications often get disrupted, causing delays in exchanging messages between headquarters and the field office. Recently, the telephone line in FOCAS Haiti office was out of operation for more than two months. The Project Manager was able to maintain irregular contact with headquarters during this period, by taking the office desktop computer to his home and using his personal phone line to send and receive E-mails on weekends.
- Difficulty in finding economic sources for supplies such as deworming medicine and iron supplements is a cause of concern for the project. Several possibilities are being explored. Subsidized procurement of these project elements from local manufacturers in Haiti is being considered. Obtaining donated supplies from US based sources could also be a possible solution to this problem.
- Training appeared to be a more expensive activity than originally thought. It will be quite a challenge to accomplish all the planned training with the budget amount approved for this activity.
- The only project vehicle is now ready for use, after having undergone extensive refurbishment. The pick up truck cannot be pressed into service however, until necessary official paperwork is completed. Bureaucratic and cultural barriers have caused unanticipated delays in the release of these papers. Every effort is being made to secure the necessary papers and get the vehicle on the road for project use. Meanwhile, rented jeeps and personal vehicles of some staff have been routinely used to perform project tasks.
- Adverse incidents such as sickness among one of our team members one time, and death in the family of another member the next time, forced the project to postpone twice, the long awaited field visit to Bolivia. It has now been rescheduled for Feb 6 to 18, 1999. This trip, as mentioned in the DIP will allow the FOCAS senior staff to observe the ARHC health projects in Bolivia. The CBIO methodology used there will be an important aspect of the project to observe and adapt to the CS Project in Haiti.

2. Substantial Changes in Project Design

There have been no substantial changes in the project requiring modification to the cooperative agreement.

3a. Response to the DIP Review

There were several valuable suggestions from the DIP reviewers, which were considered. In this section our response to four important issues have been discussed. These four were identified by USAID as key areas that needed to be addressed.

1) Experience with Mobile Population

At the DIP review the problem of a mobile population in our program area was mentioned. Since then, the project completed demographic census of a population of 20,000 in the two locations where it serves. The census data is being analyzed. Developing this database is the first step toward assessing the magnitude of the problem with mobile population. It seems the mobility of population is limited largely among the peri-urban areas in the project, where slum dwellers are involved. During a recent visit to such an area, the Health Program Director noticed 5 of a total of 40 children (12.5%) who came for services to a project rally post did not have previous registration for growth monitoring and immunizations. Rally posts have been organized by the same NGO in this location for the past 8 years. The local project staff identified most of these unregistered children as having recently migrated into the area with their parents. Although just one location is not necessarily a good representation of the entire project area, a possible 12.5% immigration rate should merit further investigation.

To that end, the project will closely monitor all population migrations in its operational area, using a separate register. With the progress of the census activities and analysis of the information from the register for the migrant population, a more accurate understanding of the problem will be possible. This may take about six months.

Our mentor organization, ARHC has informed us of a similar difficulty with a mobile population that their staff experienced in their Child Survival project in Montero, Bolivia. ARHC has arranged a project visit for the FOCAS senior staff to Bolivia in February. This visit will give FOCAS staff the opportunities to exchange ideas with the Montero project colleagues. It will help in formulating an effective approach to the problem with mobile population in FOCAS Child Survival project in Haiti.

(ii) *Health Information System and Tools*

The Health Information System (HIS) has been designed in its draft form and its tools are being tested as they are developed and used. Along with progressive training and implementation, HIS tools are being developed in the field with oversight from the PVO headquarters and inputs from ARHC.

To date, seven HIS tools have been developed. These are:

- KPC questionnaire
- Census form
- Quality checklists (those needed at these point)
- Infant/child register
- Women's register
- Behavior Box, and
- Pre and Post test forms

The next set of HIS tools that was prioritized include:

- Vital events registry
- CHA's monthly report form and global report form
- Supervision report
- CHA's inventory report and clinic inventory report

The field staff drafted four reporting tools for HIS:

- CHA's report form for individual rally post
- CHA's monthly report form (global) for rally posts
- CHA's report form for individual home visit
- CHA's monthly report form (global) for home visits

The Health Program Director at FOCAS Headquarters and the Senior Technical Advisor, ARHC are reviewing these for further improvement. It is greatly encouraging to see the field staff taking keen interest and initiatives in developing HIS reporting forms.

By December 15, some more work will be completed in drafting the other tools in the priority list above, and after modifications these will be finalized for use in the HIS. On that day the FOCAS Health Program Director and the ARHC Senior Technical Advisor will meet to refine these tools, and after two days of working together will return their modified versions to the field. In mid January, these should be ready for translation and pretesting in the field. For details on HIS tools, please refer to the DIP (Section L).

In mid November the senior staff from FOCAS and its partner agencies visited the Child Survival project, operated by Save The Children Fund (SCF) in Maissade, Haiti. There they observed the HIS system developed

by SCF for their project use. Before switching over to the computerized system, PROMIS, the project utilized manual data collection and analysis procedures. This experience from the SCF colleagues in developing their HIS will prove very useful as the FOCAS staff continue to design and implement their own system.

One important lesson learned from the visit is that though the computerized system is more sophisticated in many ways, the prudent approach for FOCAS would be to use a manual system of HIS in its initial years of programming. Based on the lessons learned from this manual HIS system, appropriate computerization should be considered in future.

(iii) *Sustainability Strategy*

Sustainability within this project has been defined in the DIP as the ability of the host PVO and the two in-country NGOs to continue the process of developing and expanding basic CS and primary health care services within the populations being served under this grant.

To that end, the sustainability strategy outlined in the DIP was elaborated by FOCAS and shared with ARHC for further discussions. Specific steps to achieve the objectives articulated in the DIP were suggested in this initial working document for consideration. An important meeting was held in early November between FOCAS Executive Director, Health Program Director and ARHC Program Director. Developing a practical plan for sustainability was the focus of this meeting. Other matters relating to the broader mentoring relationship between the two organizations were also discussed in details.

As a result of these interactions a dual approach to sustainability was conceptualized. Sustainability should be aimed at assisting FOCAS as an organization to operate and develop Child Survival projects, and at the same time assisting the partner NGOs to assume greater responsibilities in securing management, technical and financial collaboration from agencies locally in Haiti.

Based on this concept a bi-level sustainability strategy is being planned. On the field level, FOCAS Haiti staff and the NGO partner agency staff will be sensitized to the need for seeking local participation and support for the program. And on the headquarters level, technical, managerial, leadership and financial capacity building will be emphasized.

This two tiered approach to sustainability is aimed for strengthening of the PVO and the two local NGOs to fund, manage and lead CS activities in Haiti, beyond the current project's life.

The outline of the first draft plan includes important areas in both the field and headquarters levels, which will be strengthened in order to achieve sustainability.

Field Level: Technical capacity, Administration, Fund raising, Project sustainability. The objective is to raise NGO awareness for sustainability, establish 3-year goals for sustainability, develop basic skills related to these goals and establish baselines against which future sustainability efforts can be measured

Headquarters Level: Administration, Program management, Program support services, Board development, Fund raising, Organizational sustainability.

An important element in the field level plan has already been initiated. The Health Program Director discussed with FOCAS Haiti CS Project Manager and the Directors of the two partnering NGOs—OBDC and MEI, the importance of seeking financial support from local sources in Haiti.

One important avenue would be for these local colleagues to develop grant proposals with help from headquarters staff and ARHC. These grant proposals would be written for special activities such as procuring a project vehicle, or a radio communication system. These proposals would then be submitted to local embassies and donor agencies in Haiti or outside for securing matching funds.

During a recent visit to the SCF project site in Maissade, these senior staff in the FOCAS CS project discussed the various aspects of such initiatives. The SCF colleagues shared their positive experience in helping their local partners to secure grant funding from Haiti based donor agencies for three projects that they were operating in the area. This was quite encouraging to the FOCAS, OBDC and MEI senior staff. They have previous experience in accessing local support for their clinics and rally posts, and this exposure visit reinforced their commitment to continue to do so.

During the field trip to Bolivia planned in early February, these same senior staff members will have an opportunity to experience among other things, similar self sustaining efforts made by the ARHC partner NGOs there.

Another promising area for developing self-sufficiency will be further explored. Fee collected from the patients for services at the OBDC and MEI clinics has proved to be another successful attempt at generating matching funds locally. This income combined with in kind gifts and contributions can constitute a significant proportion of the matching funds. Preliminary financial analysis shows a combined field and headquarters

income of more than \$150,000, as of October, 1998 which is \$30,000 more than what the project had hoped to generate as matching funds. This amount was \$129,000 at the end of the fiscal year, August 1998.

A detailed plan of action elaborating the concepts outlined above is being crafted with major inputs from the mentoring organization, ARHC. FOCAS and ARHC staff will review the draft plan. Following necessary modifications the sustainability strategy plan will be finalized by end of February 1999.

(iv) *Training curriculum for Traditional Birth Attendants*

The local NGOs—OBDC and MEI—partnering with FOCAS to implement the Child Survival Project in Haiti have trained local Traditional Birth Attendants (TBAs) in the past. They each have one TBA trainer among their staff.

The TBAs in the project areas have been identified. They will participate in the TBA training scheduled to begin in November. For many, it will be a much needed refresher training. The project has recruited a Ministry of Health (MOH) certified trainer to conduct this 40-hour course. The TBAs or 'Matwans', as they are called in Haiti will be trained in their respective localities—in the OBDC and MEI program areas. The TBA trainers in these two organizations will help the main trainer in conducting the course.

The same Pre- and Post- Test used during the MOH training will be employed in the TBA training as well. The training curriculum is based on the March 1995 OPS/OMS manual for training of TBAs, which is newer and appears better than the 1993 manual. There is a participants' manual and a trainers' manual. The trainer's manual has learning objectives and a teaching plan for each module that includes what activities are needed to be done.

The outline for the TBA training trainers' manual was obtained from the MOH in the field and reviewed by the FOCAS field manager and ARHC Senior Technical Advisor. It was shared with the FOCAS Health Program Director. Feedback was sent to the field. One important feedback was for the trainer to consider sensitizing the Matwans to an important need.

They should teach mothers and family members in their communities to develop an emergency plan for transportation to an appropriate medical facility, should the need arise suddenly during a pregnancy or delivery. This may be simply a plan for budgeting and saving enough money for evacuating the pregnant mother in an emergency situation. Or, it may involve the community making an arrangement with the local transport (perhaps a 'tap tap') owner to provide emergency ambulance service for a

ANNEX - A

Cost Element	\$ Amount	% Budget	9/1/97 -		1/1/98 -		FY 97-98	% Budget	% of Total
			12/31/97	% Budget	8/31/98	% Budget			
Program	\$ 824,509	60%	\$ 35,986.34	48%	\$ 144,581.49	62%	\$ 180,567.83	58%	41%
Training	\$ 7,800	1%	\$ -	0%	\$ 158.00	0%	\$ 158.00	0%	0%
Procurement	\$ 364,191	26%	\$ 29,288.06	39%	\$ 59,297.35	25%	\$ 88,585.41	29%	20%
Indirect Cost	\$ 179,475	13%	\$ 9,791.10	13%	\$ 30,045.57	13%	\$ 39,836.67	13%	9%
USAID Total Funding	\$ 1,375,975	100%	\$ 75,065.50	100%	\$ 234,082.41	100%	\$ 309,147.91	100%	71%
Recipient Cost Share	\$ 483,774						\$ 128,631.22		29%
Total Budget	\$ 1,859,749						\$ 437,779.13		100%

Project Expense Analysis

FOCAS Child Survival Project expenses incurred during the first fiscal year is depicted in the table above and in the Pie Chart next page.

From September 1997 to December 1997 \$75,065.50 was spent, while \$ 234,082.41 was spent during January 1998 to August 1998. The total expenditure from project start up to the end of the first fiscal year in August is \$437,779.13.

Of this total of \$437,779.13, funds from USAID amounted to \$309,147.91 and from non-Federal sources (matching funds) \$128,631.22, which is 29% of the total expenditure.

Program cost was \$180,567.83 (58% of the USAID funds), while training expenses was \$158. Procurement involved 29% and Indirect costs were 13%.

Field Fotos



CS Project Manager explaining project plans to the community leaders

Volunteer mother giving ORS drinks to diarrhea children at a rally post



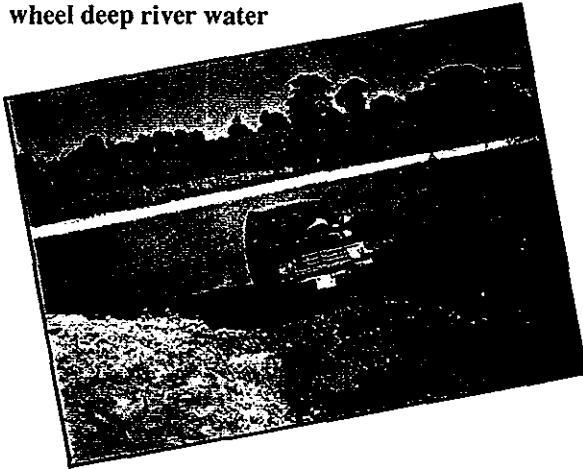
Often the Community Health Agent will find no chair (and no time) to sit, and stacked up school benches turned upside down will be her make shift table

"Let's not give up before trying", said a determined Project Manager, Dr. Arsene Ferrus, when faced with the problem of finding unpaid volunteers in the community



**FOCAS CS Team Visiting
SCF Project in Maissade: Nov 15-18, 1998**

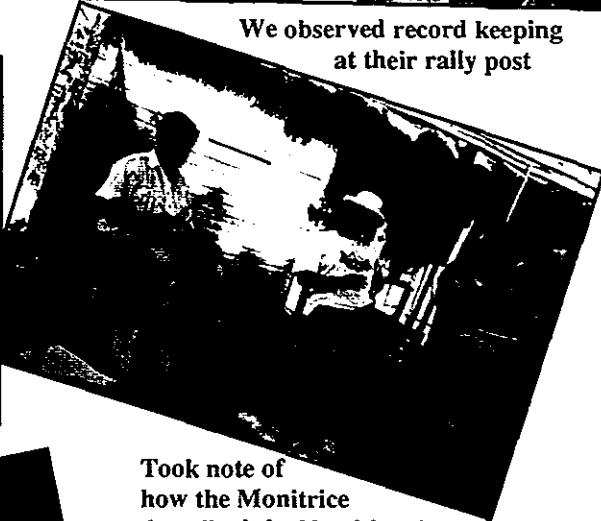
**At times we drove through
wheel deep river water**



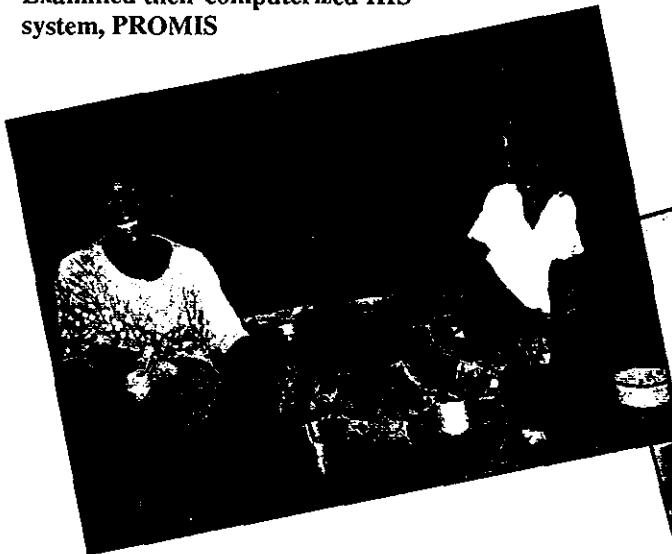
**We observed record keeping
at their rally post**



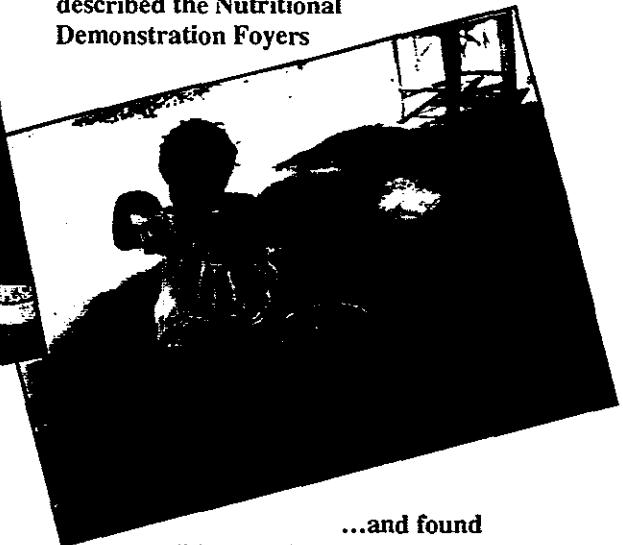
**Examined their computerized HIS
system, PROMIS**



**Took note of
how the Monitrice
described the Nutritional
Demonstration Foyers**



**Enjoyed the laughter of volunteer mothers as they
prepared food at the Foyer kitchen**



**...and found
children such as this one being
fed and nourished back to health**

ANNEX -- C

GUIDELINES FOR FIRST ANNUAL REPORTS AND THIRD ANNUAL REPORTS OF PVO CHILD SURVIVAL PROJECTS

PVO Child Survival Grants Program
USAID/BHR/PVC
August 4, 1997
(1 page)

1. Accomplishments and Constraints¹

- (a) Discuss the extent to which the project is being implemented on schedule, as planned in the DIP. Compare actual accomplishments with the goals, objectives, results, and/or outputs established in the DIP for the period.
- (b) What factors have contributed the most toward the achievement of progress? What factors have impeded progress, and what actions are being taken by the project to overcome these constraints?

2. Substantial Changes in Project Design

Please describe any substantial changes from the approved agreement and DIP that will require a modification to the cooperative agreement. (These include: changes in the project's beneficiary population, interventions, objectives, or site.) Discuss the reasons for these changes.

3a. For First Annual Reports: Response to the DIP Review

For each issue raised in BHR/PVC's letter to your PVO concerning the DIP review, please provide a thorough discussion of how the project is addressing the issue. Also describe any other important actions taken by the project in response to the written suggestions of DIP reviewers.

3b. For Third Annual Reports: Response to Mid-Term Evaluation Recommendations

Please provide a thorough discussion of how the project is addressing each recommendation of the mid-term evaluation, and describe any other actions taken as a result of the evaluation.

(cs\docs\annual13.97)

¹ In accordance with reporting requirements in: Standard Provisions; 22 CFR Part 226.51 Monitoring and Reporting Program Performance, paragraph (d).