

CONCERN WORLDWIDE

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The Urban Health Project for Five Disadvantaged Neighborhoods of Metropolitan area of Port-au-Prince

Delmas Commune: St. Martin and Cite Okay-Jeremie
Petion-Ville Commune: Jalousie and Bois de Moquette in
Port-au-Prince Commune: Descayettes

*A Partnership of Concern Worldwide, FOCAS, and
GRET with the Ministry of Health West Department*

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ACRONYM LIST

BC	Bureau Communal of the MSPP
CAMEP	Centrale Métropolitaine d'Eau Potable
CDS	Centres pour la Développement et la Santé a Haitian NGO
CDO	Community Development Officer
CHO	Community Health Officer
CMAM	Community management of acute malnutrition
CSHGP	USAID-funded Child Survival and Health Grants Program
CSSA	CORE/CSTS Sustainability Assessment
DHS	Haiti Demographic Health Survey
DIP	Detailed Implementation Plan
DSO	West Health Department of the Ministry of Health
FOCAS	Foundation of Compassionate American Samaritans
FONKOZE	A Haitian micro-finance institution
GENESIS	A Haitian public health management and technical consulting firm
GRET	Groupe de Recherche et d'Echange Technologique
HC	Health Coordinator
HMIS	Health management information system
IMCI	Integrated Management of Childhood Diseases
IR	Intermediate Results
KDSM	Federation of CBOs operating in St. Martin “Kowodinasyon pou Devlopman Sen Maten”
KPC	Knowledge, Practices and Coverage survey
MEI	Local NGO “Mission Evangelique Internationale” working in Bois Moquette
MSH	Management for Science and Health
MSPP	Ministre de la Santé Publique et de la Population (Ministry of Health)
MUAC	Mid-Upper Arm Circumference measurement
OBDC	Local NGO « Oeuvres de Bienfaisance et Développement Communautaire » working in Jalousie
ORS	Oral Rehydration Salts
PM	Project Manager
PROMESS	Essential Medical Supply Store
PSI	Population Services International
SNELAK	Local CBO operating in Descayettes, “SOSYETE NEG LAKAY”
TBAs	Traditional Birth Attendants
YV	Youth Volunteers

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Introduction

This report marks the completion of the second year of the 2005-2010 USAID Child Survival & Health Standard Grant led by **Concern Worldwide**, and a strategic partnership with **Groupe de Recherche et d’Echange Technologique (GRET)**, and **Foundation of Compassionate American Samaritans (FOCAS)**. Together, these three agencies work hand in hand with the Ministry of Health (MSPP) at the **Ministry of Health West Department (DSO)** with the aim of improving the health status of vulnerable maternal, child and youth populations living in five disadvantaged urban neighborhoods of Cite Okay/Jeremie, Descayettes, Jalousie, Bois Moquette, and St. Martin of the Port-au-Prince metropolitan area of Haiti.

The strategic objective of the urban health project is sustained improvements in the health status of mothers, children and youth in five disadvantaged urban neighborhoods of Port au Prince, reaching about 10 percent of the city’s population. The total project population includes 218,490 residents including 32,555 children under five years of age and 53,967 women of reproductive age (15-49 years).

This program focuses on six key interventions which closely match the principle causes of child and maternal mortality: HIV/AIDS (20%), maternal & newborn care (20%), control of diarrheal disease (25%), nutrition (15%), pneumonia case management (10%); and immunizations (10%).

The following intermediate results encompass the strategy and activities required at the household, neighborhood, health service and political level. Together, these will enable the above, long-term goals for improved health to be realized.

IR 1: Empowered communities with increased knowledge and interest in maternal, child and youth health promotion. Working with 5 neighborhood health networks of numerous active and respected CBOs, 1,136 youth leaders, 60 TBAs and health center personnel, build skills to identify needs, develop strategies and actions for health promotion, resource activities, and monitor effectiveness.

IR 2: Enhanced availability of and access to reproductive and child health services for disadvantaged households in urban areas. Working with 5 health facilities, improve availability and management of essential drugs and supplies, leverage availability of subsidized national programs, and learn from cost sharing strategies

IR 3: Increased quality of reproductive and child health services in selected government and private non-profit health centers. Working with five focal health facilities to develop a quality assurance and monitoring team approach, develop and test models for performance incentives, organize trainings on key skill areas, organize joint NGO/BC supervision on a quarterly basis.

IR 4: Improved policy environment for the urban populations, putting emphasis on protection for the poorest people. Developing exchange and applied research platform to build evidence and consensus for effective urban health strategies, documenting and

disseminating experience, advocating on environmental health intervention by government and donor community, and supporting DSO in initiating an urban health strategy development process.

Note that in all intervention areas, other agencies are providing health facility based HIV services including STI screening, facility based care and support, PMTCT and VCT services, safe blood, etc. Therefore, this project complements them with a strong youth prevention and integration of HIV services with maternal and newborn care. Indicators related to HIV/AIDS health services are excluded from this project scope but the program will contribute to monitoring for complementary projects in the area.

This report summarizes achievements and challenges from the second year of activity and informs the workplan for year three which is attached as Annex 1.

A. Major Achievements in Year Two

In its second year, the program made some solid advances despite an ongoing insecure working environment. Major achievements identified by the project team included:

- ❖ **Rolled out the youth volunteer component in all five neighborhoods. To date at total of 353 have been selected and oriented and an additional 82 have been identified to join their ranks.**

The orientations were conducted for groups of 20-30 youth volunteer participants and lasted for 2 days and included the topics of community mapping, reporting, epidemic disease reporting, and health communication techniques and messages. To date retention has been higher than expected and participation at monthly meetings has been good at approximately 85%. So far, a total of 353 youth volunteers have been trained as of August 2007. Since then, an additional 82 have been identified from three sites (Descayettes – 39, St Martin 13, Cite Okay – 30) and will be trained in the first quarter of Year 3.

Table 1. Youth Volunteers Training

Neighborhood	Project Target	Youth Volunteers trained			Participation in meetings (Sept 06-August 07)
		Total	Female	Male	
St. Martin	390	57	35	22	54 (88%)
Cite Okay	130	84	25	59	60 (87%)
Jalousie	285	66	29	37	Orientation Aug 2007
Bois Moquette	71	60	22	38	Orientation Aug 2007
Descayettes	260	86	86	*	Orientation Aug 2007
Total	1136	353	197	156	

*The total 86 includes males and females. The report was not segregated by gender.

- ❖ **Trained community distributors and began distribution of condoms, chlorine and ORS. ITNs added due to strong community demand.**

While the national pharmaceutical store sometimes has subsidized ORS and condoms available for purchase, supply is erratic so the project strategy to ensure access to these health products is to work with Population Services International (PSI) to provide ORS (Sèl Lavi) and condoms (Kapot Pantè) supplies and train vendors in social marketing of these products. However, the point of use water treatment product is expensive so the project works with community based organizations and water and sanitation committees to repackage chlorine (Jif) for water treatment and sell it at the neighborhood fountains in Cite Okay and Saint Martin. GRET and FOCAS are learning from Concern's experience and looking into replication in their areas.

Table 2: Training of Distributors/Vendors on Social Marketing

Zone	Number of vendors identified	Vendors trained in social marketing		Product Distributors		
		PSI	Team	ORS	Chlorine (JIF)	Condoms
Saint Martin	28	13	15	*28	28	28
Cite Okay	19	9	10	*19	19	*19
Jalousie	14			NA		Free condoms
Bois Moquette	8			NA		Free condoms
Descayettes	10			10	10	10
Total	71	22	25	57	57	57

* In addition, there is one CBO member and three Youth Volunteers in Cite Okay who are distributing ORS and condoms. For St Martin – an additional 25 Youth Volunteers distributing ORS & condoms.

In all five neighborhoods the youth volunteers are provided free condoms and ORS when it is available from the MSPP. At the time of writing the report, all youth volunteers in Cite Okay and St. Martin had ORS available.

In Bois Moquette and Jalousie condoms are available free of charge from UNFPA and the MOH. Health Agents distribute them in these areas due to sensitivities about youth involvement with condom distribution. For Saint Martin, Cite Okay, and Descayettes, the project will obtain the free condoms from local MoH offices (Bureau Communal de Delmas & Port au Prince). In the latter three areas, the distributors are Youth volunteers and CBOs.

❖ **Initiated behavior change team to apply the BEHAVE framework to promote key maternal and child health practices.**

A Child Survival BCC specialist Linda Morales provided technical assistance from 19-26 April 2007 to increase competency of project staff and partners in the design of effective behavior change strategies. During the workshop, the team learned about and practiced using an adapted version of the BEHAVE/Designing for Behavior Change framework, developed a questionnaire for a Doer/Non-Doer survey, collected and analyzed data from field work on the Doer/Non-Doer Survey, and worked in small groups to develop a separate behavior change strategy framework (indicating key behavior, priority and influencing group, determinants, key factors, activities, and some sample monitoring & evaluation indicators) for key behaviors targeted in the project.

While questions were developed to enable the CS team or a combined group of partners to conduct a barrier analysis on all six behaviors, limitations of time were such that the group was required to select 2 behaviors to focus on for the purpose of the field work/Doer/Non-Doer Survey. Thus the priority behaviors selected were: that youth between 15-24 years of age use condoms with every sexual encounter and that mothers will make a postpartum visit to the clinic within a week of giving birth.

Field work enabled participants to collect sample data on these two behaviors; in total, 15 youth were interviewed as Doers and 12 as Non-Doers regarding their perspectives on **condom use**. An additional 4 women were interviewed as Doers and 19 as Non-Doers regarding **post-partum visits**. While facilitators emphasized that the sample size was insufficient to draw valid conclusions (the purpose of the exercise was to provide participants with an opportunity to apply the steps in a Doer/Non-Doer Survey, not to collect valid data), for the purposes of the workshop, participants were asked to use the sample data to determine the most powerful determinants, key factors, activities, and indicators for these 2 behaviors. See Annex 4 for the report and frameworks.

An additional framework was developed for the behavior of **identification of danger signs for the newborn** based on made-up data that participants provided from their own experiences with these priority groups. Since the training, staff and facilitators have continued structured questions with mothers during their monthly dialogues.

❖ **Completed nutrition survey and feasibility assessment for Community Therapeutic Care (CTC). Workshop scheduled for early 2008.**

The project carried out a 30 x 30 cluster nutrition and health survey in August 13-20, 2007 covering all five neighborhoods of St. Martin, Descayette, Jalousie, Bois Marquette and Cite okay. While the primary purpose of the study was to establish the nutrition profile of the slums to determine the level of acute malnutrition in children 6 to 59 months; selected core project indicators were also included to assess changes to date.

The survey found that the prevalence of global acute malnutrition (GAM) to be 6.0% (95% C.I. 3.9 - 8.0%) and the prevalence of severe acute malnutrition (SAM) to be 1.7% (95% C.I. 0.8 – 2.7%¹. Underweight (weight-for-age) prevalence is 14.6% moderate (<-2 SD) and 4.2% severe (<-3 SD). According to the WHO severity classification, the area corresponds to ‘poor’ (GAM 5-9%). The survey established an increased risk of malnutrition among the age group (6-29 months) for complementary feeding/weaning compared to the age group (30-59 months).

The survey included some of the project indicators. Table 3 provides comparative results between start-up and end of year two. The full report is planned for dissemination in December 2007.

¹ Based on WHZ-scores and/or oedema according to the NHSS 1979 reference curves
Concern Worldwide Haiti – Second Annual Report

Table 3: Comparative results of two household health surveys, 2006 and 2007

Indicator	Jan 2006 (KPC, LQAS Baseline)	Aug 2007 (KPC Nutrition Survey, 30x30 Cluster)	Comments
% mothers of children 0-11 months who took iron folate for 90 days or more during last pregnancy	4%	27%	Up; In June 2007, Iron folate was donated by CSP to three health centers that had a rupture in stock in previous months.
% of female youth aged 15 to 24 using a modern contraceptive method	35% (**DHS MPAP 2005)	28%	2007 survey confirms levels about the same as DHS for metropolitan area
% children 12-23 months fully vaccinated (verified with card) by first birthday	50%	51%	No Change
% children 0-23 months with cough and fast, rapid or difficult breathing in past 2 weeks who were seen by trained provider	66%	60%	No Change
% mothers with a sick child aged 0-23 months who increase fluids and maintain feeding during the illness	18%	35%	Some improvement

❖ **Conducted qualitative study on adolescent sexuality knowledge and attitudes.**

The resource and documentation contractor, GENESIS, conducted multiple focus group discussions with 89 youth aged 10-24 (33 aged 10-14 years; 35 boys and 54 girls) from a mix of religious and community based groups. Interviews were held in each of the project neighborhoods with the exception of Descayettes due to insecurity earlier in the year and were facilitated by a Social Scientist graduate. .

Areas explored included utilization of modern contraceptives and condom among youth 15-24 years of age and social norms surrounding abstinence and initiation of sexual activity among youth 10-14 years of old. Findings are being applied to complete the HIV & AIDS component behavior change strategy for the project for the coming year. A copy of the study report is attached as Annex 2.

Table 2: Progress by Intermediate Results

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
IR 1: Empowered communities with increased knowledge and interest in maternal, child and youth health promotion			
<p>Identification and dialogue with youth groups; develop selection process and criteria; orient youth, and develop motivation strategy</p>	<p>On track</p>	<p>Good progress made in 2007 in the identification and orientation of youth volunteers in all five neighborhoods as reported above.</p> <p>Program is challenged to reach youth younger than age 19. Haitian culture identified unmarried individuals as “youth” until mid-thirties or even longer. Further, compensation, in terms of salaries is not expected by the young volunteers, but they would like better access to quality vocational training and school fees.</p> <p>In May 2007, the CW US Health Advisor attended the Interagency Youth Working Group workshop in DC to capture best practices in youth interventions including Youth Friendly Services and youth group formation and communications. These are being used to shape the strategy and develop networks with other agencies experienced with youth interventions in Haiti such as American Red Cross and Youth Net.</p> <p>USAID/Haiti is developing a new national program that will have large new youth component, but details are not yet determined. This potentially provides complementary support to the project.</p>	<p>Need to complete research and solidify the youth motivation strategy and continue to monitor drop-outs and find a sustaining recruitment and orientation process.</p> <p>Plan for MSPP training curriculum review and endorsement is still valid, but point people within the MSPP and DSO need to be identified. USAID/Haiti Mission has offered assistance with MSH and the DSO to identify these point people.</p> <p>The project management should to be engaged with the Mission during the planning of this new program to synergize efforts and share lessons learned thus far in the project.</p>
<p>Youth groups identification of condom distribution points</p>	<p>On track</p>	<p>Condoms, chlorine (for water treatment) and ITNs are socially marketed at community level following project work to identify vending sites, collaborate PSI in training, and capitalization of initial stock. Mosquito nets were included due to strong community demand and product push by PSI. (See Table 2 for the details).</p> <p>To date 71 vendors have been selected and 22 trained. Training has only been done in St. Martin and Cite Okay. Project Officers are convening vendors on a monthly basis to report on products sold and to help facilitate re-stocking. Participation in the first series of these meetings has been moderate. No re-stocking has been required as of yet.</p>	<p>Complete vendor training, strengthen monitoring of items sold by neighborhood, and assess and improve re-stocking system as needed.</p>

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
Annual action planning with CBOs by neighborhood	Attention	<p>CBOs are extremely enthusiastic partners in the project; however, the stage of consolidation and partnership among CBOs varies greatly by neighborhood.</p> <p>Only in St. Martin that a Federation of CBOs (KDSM) is really coming together and making an action plan. Activities in 2007 included youth debates about HIV & AIDS, showing films for World AIDS Day, Health Carnival, training CBO members on diarrhea, hygiene and water treatment.</p> <p>In Cite Okay, some of the CBOs are planning together but it is only 3-5 that are active out of the 16. Collectively they are working on developing internal regulations for a federation, planned mass education on HIV & AIDS and water treatment, celebrated World Women's Day with diarrhea and ORS education, and planned some community cleaning activities.</p> <p>A major constraint faced in planning with the CBOs is that their intentions are often outside the scope planned for small grants from the project (e.g. construct latrines, clean canals, and pave pathways) which is leading to frustration on their side as well as project staff.</p>	<p>From the GENEIS report, the project needs to better quantify number the number, location and type of CBO engaged in the program and whether or not they are part of a CBO network or involved as individual organizations. A learning agenda is needed to capture the valuable lessons comparing pros and cons of working with networks of CBOs versus individual CBOs.</p> <p>There needs to be a review of the small grant parameters within Concern Worldwide Haiti to determine how they can better meet the needs and interests of the CBO groups in their community health action planning. This should be reviewed in line with the community environmental health assessments follow-up as the needs are clearly greater than what the project resources can address alone.</p> <p>The situation with SNEKAK in Descayettes and within the model of FOCAS in Jalousie & Bois Moquette was not reported at the time of the review so requires follow-up.</p>
Set community health forum capacity benchmarks and targets; draft tool design	On track	<p>A major piece of work this year was the development of a community capacity assessment toolkit, led by GENESIS. Areas and measures are now incorporated in sustainability framework. It was a challenging piece of work given the diversity of community mobilization approaches used by each of the partners, making it difficult to define exact entities to assess due to varying structures in the neighborhoods.</p> <p>GENESIS has completed community assessments to determine baseline situation in terms of inclusiveness of community planning and strength of CBOs in promotion of health. Their draft report will be sent to Concern by early December 2007 with the goal of having a finalized report by end 2007.</p>	<p>Reports from Genesis to be completed and acted upon in time for results to be captured by the time of the MTE.</p>

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
Selection of Facilitators as community health education trainers	Done	<p>Selected 24 Facilitators based on criteria of aged 18 or more, resident of neighborhood for at least past 2 years, willingness to lead community dialogues at least once per month on a voluntary basis (e.g. NOT PAID), good listening and speaking skills, available for two-weeks training period, established community credibility. Many of them are Youth Volunteers. In the FOCAS areas, the Health Agents were trained in this capacity as this builds on their current role.</p> <p>Training was completed in October 2007 based on the circle of change methodology focused on adult learning style and covered HIV & AIDS, sick child feeding, and maternal care topics. Participants developed a catalogue of local stories to engage local groups in dialogue.</p>	<p>Need to monitor quality and assess effectiveness of dialogues in changing awareness and attitude of target group.</p> <p>Consider packaging stories with pictures for greater dissemination for those that are most effect and popular.</p>
IR2: Enhanced availability of and access to reproductive and child health services for disadvantaged households in urban areas			
Water and Sanitation Committees conduct situation analysis on opportunities for public hand washing stations and distribution points for ORS and Pur/Chlorine (JIF)	On track	<p>Lack of water and poor sanitation remain the biggest constraint to child health in the project area.</p> <p>Plans for Concern CSP to document the extent of the water problem need to be more concretely defined. Some hand washing stations have been opened; more are needed. Water supply is the main constraint.</p> <p>While the plan was to task the forum of CBOs and Water & Sanitation committees to inventory the situation in each of the neighborhoods and document the needs (see page 50 of the DIP), staff are uncomfortable with this activity in the absence of being clear of what their role and responsibility is for advocating and securing funding. They fear this could be a source of tension if needs not met and could distract project implementation.</p>	<p>Revisit plans for documenting water program and include in year 3 work plan. Assessing situation can be included in MTE quantitative studies, but careful attention should be given to wording the questions so they are appropriate to the urban PAP environment. Concern can request MTE to look closely at options and obtain stakeholder input.</p>
Training on Essential Drugs Management	Completed	<p>Just after completion of the first annual report, the project trained health staff involved in running the pharmacy for 5 days. Participants included 6 from St. Martin HC 2, 4 from FOCAS, 2 from MEI, 2 from Jalousie, 2 from HaitiMed, and 1 from SNEALAK. Learning objectives were largely achieved as demonstrated by the pre/post test results which moved from 17.5% correct to 43.75% at the end of the training. Following the training, essential drug management forms were put in place in all five facilities and are being monitored under the leadership of the Health Services Capacity Building Officer. See Annex 3 for the training report and formats.</p>	<p>MTE should assess impact of drug supplementation (including health facility accountability and record keeping).</p>

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
Capitalization of essential drugs for health centers	On track	<p>Drug delivery was delayed due to closing and relocation of PROMESS, the main distributor. Finally, by July 2007 all three centers (Saint Martin, Cite Okay and Descayettes) received their first stock of essential drugs. At the same time, the project provided equipment for the preparation of pre-packaged treatment doses (for example, either a box or plastic bag with 30 pills for one month treatment).</p> <p>Our work with the Siclait health center in Cité Okay was questioned internally due to their lack of proper accreditation and the high cost of meds being sold (which include non-essential drugs) as their attempt to cover costs. Concern is currently working with HaitiMed (organization managing the clinic) to explore accreditation from the Delmas district office and to identify issues to be addressed and a plan for doing so.</p> <p>The health center in Saint Martin was unable to purchase medicines from PROMESS by themselves as they had bad debt from 2004-2005. Plans are underway for Concern to clear that debt by the end of 2007.</p>	<p>Include community focus groups on drug availability in monitoring plan and in quantitative and qualitative assessments during the MTE.</p> <p>Need to coordinate assistance in drug supplies with other stakeholders, both USAID and non-USAID supported health providers in the project area.</p>
Planning with Dept IMCI trainers	Attention	<p>CSP managers met with MSP staff but were unable to arrange training in year 2 for St. Martin II and HaitiMed clinic at Siclait following the completion of improved essential drug availability and management at the clinics. The DSO still supports this plan but needs to set timeframe in coming year to complete training. Two trainers are still available within the West Department Health Team.</p> <p>While IMCI was established in the late 1990s, the national program plan remains unclear. More support from the local mission and collaboration with the other CS grantees in country is needed to re-energize the national program.</p>	<p>Coordinate with DSO to complete IMCI and include this item in updated MOU</p> <p>USAID/Haiti has offered to help strengthen coordination between project and appropriate offices in MSPP and DSO. Concern should ask USAID to facilitate discussion with MSPP on how to proceed with IMCI training.</p>
IR 3: Increased quality of reproductive and child health services in selected government and private non-profit health centers			
Establish performance incentives guidelines	On track	<p>FOCAS and GRET have established performance incentives with the private NGO clinics in their neighborhoods and have documented strategies for evaluating the experience.</p> <p>Criteria for performance incentives with the government health center in Saint Martin are still under discussion. After delays in coming to agreement caused paralysis of project activities in this center for 3 months, a tentative agreement was reached in June 2007, and a first evaluation exercise by the Bureau Communal is slated for the first</p>	<p>Performance incentives will be aligned with quality assurance for child health services at the five participating facilities. A consultant is working with the team to establish a clear strategy for linking the two.</p> <p>CW US should seek guidance from USAID to make sure any monetary incentives provided to government health centers do not conflict with</p>

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
		quarter of Year3. Concerns were raised during Year 2 review as to acceptability of this system to USAID, and as such this has been covered to date by Concern Worldwide resources.	guidance against providing salary supplements to MOH employees.
Complete letters of understanding with roles and performance incentives guidelines with Health Centers and DSO	On track	<p>An MoU exists for Concern's urban health and HIV & AIDS work with the DSO and is up for renewal in December 2008. This agreement includes a one-page document specific to roles and responsibilities for the child survival project.</p> <p>Agreements due not exist specifically for each health center as there is some confusion of purpose since FOCAS already has agreements with MEI and OBDC as does GRET with SNELAK. The agreement between Concern and the DSO technically would include the health center of St. Martin II. So in essence, only an agreement with HaitiMed appears necessary from the team management perspective.</p>	<p>Additional effort needed in pursuing incentives issues (mentioned above). All partner agreements need reference documents disseminated to all partners.</p> <p>Reference agreement documenting partner roles and responsibilities need to be available for review at partner meetings, during annual reviews and evaluations. Roles and responsibilities may need revision</p>
Quality Assurance Training	Attention	The intent was for the project team to learn about QA from the HIV & AIDS project which planned to develop its QA strategy during the year. Unfortunately there were delays on the other projects plans so this did not happen. The current project staff lack expertise in Quality Assurance and how to apply it with its partnering health centers. There is consensus amongst each of the partners that technical assistance is needed to develop the strategy to be applied in the project, especially as the IMCI training is coming up.	CW US to identify consultant to support the project staff and partners in strategic thinking about quality assurance and develop a workable plan. This will be linked to the performance incentives strategy.
Solidify ANC screening and referral w/MSF	Postponed	MNC intervention postponed to Year 4.	Request support from CW & GRET Directors to follow-up with MSF/Holland to have a clear referral relationship for underserved neighborhoods. New USAID health project expects MSH to pay larger role in coordinating health stakeholders working in the same area. CW should be proactive in providing input when new project work plan is developed
IR 4: Improved policy environment for the urban populations, putting emphasis on protection for the poorest people.			
Quarterly Urban Platform meetings	Attention	<p>Acting Health Coordinator worked closely with GENESIS strategizing on establishing the platform. She had several meetings with the director of the DSO but found little interest in discussing an urban health strategy as his zone incorporated a much vaster region.</p> <p>In an effort to develop more momentum and empathy for the need for a</p>	Project Manager and DSO Counterpart to call partners meeting to establish process to develop urban platform based on lessons learned from Urban Health conference.

Major Activities	STATUS ("Done", "On Track", "Attention")	COMMENTS (facilitating and impeding factors, areas where need assistance, things that need to be discussed changed)	Implications for next year's work
		pro-poor urban strategy; the Project Manager and DSO Director were sponsored by Concern to attend the International Urban Health Conference in Baltimore in October 2007, where they joined their Bangladesh colleagues for discussions and planning.	
Mapping health partners for Cite Okay with the Bureau Communale	Done	The DSO has completed mapping funded by European Union for the metropolitan area. As the Cite Siclait health center currently has MoH permission to function, the mapping exercise is no longer needed. However, the Haiti Med organization managing the center has trouble finding funding for their running costs, and thus certain basic standards of services are not being respected.	We will work on an MoU with HaitiMed specifying basic standards to be met in terms of medical waste management, environment of the building, and management of essential drugs. If they manage to meet the basic criteria by mid 2008, we'll continue working with them. If not, we'll concentrate our work in that area on the community.
Contribute to revision of the national TBA curriculum with MSPP, MSH, UNICEF, and other CS grantees	Attention	Staff had difficulty engaging with MSH focal person on this activity. MNC intervention scheduled for Year 4. MSH and USAID focal points have changed and MSH's role in new USAID health program has changed.	Follow-up with MSPP, USAID and UNICEF for further information about status on how to get involved in the review. Provide input for new MSH roles on what assistance is needed for stakeholders to be involved in revising the TBA curriculum.
Special Studies/Tools			
Adolescent focus group studies on attitudes and practices	Done	Discussed in key achievements above.	Findings to inform identification of key factors in behavior change strategy.
Nutrition Survey	Done	Nutrition survey completed. Report scheduled for October 2007. The team was unable to pull together a willingness to pay module that was concise and practical enough to be used so it was decided to use the findings from GRET's more extensive study to inform pro-poor strategies for health service access. Survey was completed in all five neighborhoods.	Dissemination of results, reassess nutrition strategy and consider field testing outpatient care for severe acute malnutrition as part of national CTC feasibility exploration to demonstrate service delivery and uptake. UNICEF is the funder of the demonstration phase.

B. Challenges/impediments and actions taken

The project team faced several challenges while implementing the project plan due to both external and internal causes. The following table was developed by the team to analyze the major issues that hindered progress, what actions have already been taken and what more needs to be done in the coming year to mitigate the effects of the problem.

Table 2: Analysis of Issues and Actions to Reduce Project Impediment

<i>The Issue</i>	<i>What has been done</i>	<i>Further action/support needed</i>
Lack of consensus with government health centers about performance incentives	Concern is conducting a series of meetings with health centers. This process has been stressful and resolution has not yet been achieved. One health center, San Martin, refused to allow project staff to visit unless they provided incentives even though criteria had not been established. Concern did not acquiesce and access was again granted after 3 months.	Concern met with the new USAID Mission child survival backstop. This issue was highlighted as one that needed USAID guidance to avoid customary restrictions on providing salary supplements to government health centers. Performance incentives have been supported by USAID in other countries (e.g. Rwanda), but options available to the CSP need to be clarified.
Community priority in water & sanitation (hardware)	Inventoried need in three neighborhoods. Working to complete documentation and leverage financial support from alternative sources such as Concern's Urban Peace Building Project and other urban environmental health programs. Advocacy strategy still under development. Staff turnover in Concern, CSP partners and DSO have slowed down development of advocacy strategy.	Include access to clean water in MTE quantitative survey. Inventory other donor supported water/sanitation projects in PAP. Ask USAID Mission assistance to identify key decision makers and GOH officials for advocacy efforts.
Changes in MoH at national and West Department (DSO) level	Lack of MSPP and DSO CSP champions remain as major obstacles towards moving urban platform and training plans forward. DSO counterpart will accompany CS Project Director to International Urban Health Conference in Baltimore in October 2007.	Issue identified at meeting with new USAID/Haiti Child Survival focal point. She offered assistance in identifying and facilitating introduction to appropriate MSPP and urging cooperation between West Department DSO and CSHGP grantees.
Youth leaders' motivation strategy has not yet been developed.	Youth leaders have identified benefits of their participation that include respect from the community and feeling that they are contributing to improving health conditions of mothers and children. Their major request for motivation is subsidized vocational education.	Consultant lined up to help in December 2007/January 2008 finalize our strategy for work with youth. Specific meetings to be scheduled between project management and youth leaders devoted to this topic, not as one topic in a full agenda. Concern to meet with USAID to see if opportunities can be provided in the new Mission-funded youth project to link volunteers with vocational education opportunities. CWUS to meet with International Youth Foundation and Red Cross opportunities to develop opportunities to meet the youth volunteers' request.
Absence of key staff at Concern. Some partner personnel not fully engaged in project.	New administrative assistant will be tasked with maintaining M&E system and producing indicator tables for monitoring of progress against set targets. In addition, a new M&E consultant will support team and partners in analysis of the indicators for decision making until full time health program coordinator has been recruited.	Continue to prioritize recruitment; hire a long-term international acting health coordinator to assist Project Director if suitable candidate can not be located within Haiti. Provide technical assistance for Quality Assurance and BCC Strategy implementation from consultant. Partner managers to meet and review terms of subagreements and consider seconding partner staff who are 100% paid by project to be

<i>The Issue</i>	<i>What has been done</i>	<i>Further action/support needed</i>
		supervised by CSP Project Director.
Challenges in communications and misunderstandings between implementing partners, health centers and CBOs	Continues to be an issue related to personality conflicts and turnover between partner staff assigned to the project. Partners made recommendations for improving communication during Year 2 Annual Review. CW managers called meetings between partners to review agreements and terms of MOUS.	Opportunities for exchange between HC and CBOs to be created. Develop MoUs with HCs and possibly CBOs. Ensure all staff have strong understanding of vision and strategies through more orientation to program through regular meetings and strategy reviews. Partners to hold a specific strategy session on work with health institutions.

C. Technical Assistance Needs

The following technical assistance needs were identified in the DIP and/or as part of the annual review by the project team. In 2008, the following technical support will be required and have been incorporated into the project work plan and budget for the year:

- Until a Health Coordinator is recruited, an international public health consultant will work on a short term retainer basis to support the Project Manager with project strategies and partnerships. Particular support will be provided in facilitating strategic thinking of relationships with health centers and quality assurance. The consultant will also guide the review of the youth strategy and development of a formalized motivation strategy.
- Technical guidance in formative research to identify key factors for the behavior change strategies by using the barrier analysis method and through inclusion of doer/non-doer elicitation questions into the KPC survey. This support will be provided by the CW US Health Advisor who's a member of the CORE Social Behavior Change Working Group and a BEHAVE trainer.
- A local consultant skilled in Circles of Change methodologies will provide post training follow-up to the Facilitators and train health providers on the stories developed by the Facilitators.
- The CW US Program Officer will guide the project team in the application of an updated health facility assessment which will include update baseline tool with the new CSTS/CORE Child Health Provision Assessment tool which Concern has used in Rwanda.
- An external consultant will be hired to lead the midterm KPC survey and to re-analyze the 2006 survey data for non-HIV indicators for St. Martin, Cite Okay and Descayettes only.
- An external midterm evaluation team leader will be sourced by the US office. The US office will also engage in the planning for the protocol and participate in the field work for the evaluation.

D. Project Monitoring System

While the community mobilization of youth volunteers is just getting under way, most of the emphasis of programming monitoring has been done at the health center level in follow-up to the establishment of common reporting formats for all five health centers. The M&E contractor made quarterly visits to each health center to review quality of record keeping and promote local analysis of data. The database designed to capture key project information from the health center and youth groups has not yet been put into operation partially because it is not well understood by the project staff. A decision has been made to review the M&E contractor performance and to hire an Administrative Officer who will be charged to maintain the database and support the Project Manager in generating reports and flagging performance issues. The intent is that this data will be used for quarterly reviews and reports.

E. Substantial Changes

No substantial changes in terms of objectives and indicators, interventions, specific activities, location, beneficiaries, local partner, or budget lines have been made since the approved DIP of June 30, 2006. However, baseline measures of the non-HIV intervention indicators need to be recalculated as they current include the FOCAS working areas of Jalousie and Bois Moquette which are not funded under this grant.

Some malaria activities were introduced during this year as part of collaboration with PSI as well as community demand in terms of the social marketing of mosquito nets. These were purchased using Concern matching funds. As mentioned in the DIP, malaria is not among the leading five causes of child morbidity nor mortality but cases are reported among the top 10 burdens of disease by the local health centers that use microscopy for confirmation.

There has been some reorganization and change in sequence of activities as reflected in the annual workplans, but nothing that would be considered “substantial” as per our cooperative agreement.

F. Sustainability Plan

During this year, major work was done with the support of GENESIS in developing community assessment tool kit to capture the dimensions and indicators for the organization and community capacity levels. Unfortunately, the reports from GENESIS capturing and analyzing the information from this assessment have been delayed. It is currently expected that these reports will be submitted and finalized in December 2007.

In 2007 Concern Haiti’s Acting Health Coordinator and Project Manager met with CSTS+’s Capacity Building Advisor about the struggle they were facing in defining the institutional goals. There is a feeling that the neighborhood capacity belongs in the community capacity dimension while the institutional dimension is more appropriate for the local health department. The CW US had a follow-up discussion with him and this issue has been tabled back to the CORE Sustainability Interest Group regarding criteria and dimensions for this area. In 2008, the project will be dedicating greater time and resources to work with the DSO its Bureau Communales in visioning and capacity defining to help provider greater shape to this critical dimension.

Figure 1: Outline of CSSA for the Haiti Urban Health Project

The sustainability vision has already been articulated as the project’s strategic objective:

“Sustained Improvements in health status of mothers, children and youth in disadvantaged neighborhoods”

Dimension I HEALTH GOALS

Component 1: Health Status (13 indicators, includes most of the rapid catch indicators)

- improved preventive child health practices
- improved care seeking for sick child
- improved MNC
- enhanced youth HIV/AIDS protection

Component 2: Quality health services: Enhanced availability, access and quality of health care

- number of services providing IMCI
- drop-out rate DPT3 – DPT1

- number of HCs deemed “youth friendly”
- number of services with formal referral mechanism with hospital
- number of TBA referrals
- number of health facilities with formal exemption scheme for poor

Dimension II ORGANIZATION GOALS

Component 3: organization capacity and component 4: viability

KDSM, SNELAK, Comite Pilot Cite Okay, and CBOs of Bois Moquette & Jalousie:

- **Analysis & Planning** (Awareness of local health problems, Creation of defined objectives and interventions to address problems, Development and execution of activity plans to address objectives)
- **Dialogue & Negotiation** (Identification of principle social actors and poles of interest, existence of a communication mechanism between actors, seek consensus between actors/social groups on common problems and objectives)
- **Structure & Organization** (Existence of organization structure representing different social groups, Representation of existing organizations, Internal structure of organization (roles & responsibilities, mgmt functions, Existence of initiatives and actions in response to known problems);
- **Links to health system** (Awareness of services offered at health institutions, communication with health workers [management and clinicians], Influence on attitudes and health care seeking strategies);
- **Resource mobilization** (Know resources available for health, Seek additional resources for health within the community, Seek additional resources outside the community)

Dimension III COMMUNITY GOALS

Component 5: Empowered communities with increased knowledge and interest in health

- Changes in community awareness of preventive and care-seeking practices
- Participation in the neighborhood’s health planning and monitoring
- index of participation of in health promotion activities
- number of health meetings bringing together 3 or more CBOs in past month (depth)

Component 6: Socio-ecological environment

- household dietary index
- Violence/insecurity
- Natural disasters (floods, fires, hurricanes)
- Inflation/unemployment
- index of development of an urban health policy

G. Additional Requested Information

As part of USAID's review of the first annual report, Concern was requested to respond to the following issues:

1. Health Coordinator situation. Recruitment of talented public health professional with significant experience and appropriate language skill is very challenging given insecurity levels in Haiti. Both the international and national NGO communities are struggling with this. The position is being widely advertised and was spotlighted during a recruitment campaign at the Global Health Council in May 2007. During 2007 Concern Haiti was able to contract an acting coordinator who provided good support to the project throughout the year. This was a temporary measure and as of the end of September 2007 that individual moved on to a position at WHO in Port-au-Prince. Following her departure, CW Haiti has contracted a child survival specialist on a short term retainer to provide technical leadership to the Project Manager as a stop-gap measure. Efforts to recruit a health and HIV program coordinator will be resumed in 2008.

2. Insecurity in St. Martin & Descayettes affecting level of activity on the ground. The security situation has improved considerably throughout Port au Prince, including in project communities that were inaccessible in the early part of the project. Working with CBOs and youth volunteers has proven extremely valuable as these groups can move easily in many of the communities where there has been tension during certain times of the project. There were no significant insecurity problems in the neighborhoods this year and as of March 2007, activities officially recommenced in Descayettes, a neighborhood that had been highly affected and designated as a "red zone" since the project started.

3. Community priority in water & sanitation. Please include details on your efforts to document the need, seek financial support as well as your advocacy efforts. Inventorying of latrines and fountains has been completed in Descayettes, St. Martin and Cite Okay but has not yet been compiled into a situation analysis document. As discussed in section B, the need for water and sanitation hardware remains an impediment and while the project has outlined plans for documenting the situation with the CBOs, great care is required to avoid raising expectations to unrealistic levels.

It should also be noted that the program design was based on the fact that significant hardware investment had already been completed in St. Martin & Cite Eternal and that some resources would be available to support basic needs under Concern's urban violence initiative for Cite Okay, freeing up limited resources for community health mobilization and improved quality and access to health services. However since the design a number of things have happened that are stressing the situation including:

- 1) the GRET operational area had to be relocated from Cite Eternal to Descayettes in the first year where less investment has been made on the hardware side. Piped water has not been available in this neighborhood since May/June 2006 due to conflicts in the community.
- 2) The FOCAS areas are not included in the diarrhea intervention with this project as they are funded already for this under MSH which does not provide water and sanitation hardware support.
- 3) There are continued needs for more hardware support in St. Martin which require significant urban engineering innovation (e.g. not enough space for adequate latrine coverage, lack of sewage system, limited running water supply from the city) than what other Concern funds alone can tackle directly.

- 4) Current government priorities are not favorable to major investments in increasing urban access to water. The urban public water authority (CAMEP) has been in an institutional crisis for over a year. Major funding agencies are giving priority to increasing access to water in rural areas.

In October 2007, the CW US Health Advisor participated in a panel on the developing world urban health issues along with senior technicians from UNFPA, the World Bank, Johns Hopkins University, and WHO at a UN week event at George Washington University. Further, she networked at the International Conference on Urban Health in Baltimore. Participating in these events has opened up a network to several influential persons who have offered to engage in dialogue about the situation and to look for support. However, the situation must be carefully documented before this advocacy can effectively get started.

To date, the project has not been engaged in coordinated advocacy efforts to increase clean water supply. This was discussed with the partners as part of the Annual Report preparation. More strategizing on advocacy around this issue will be undertaken in Year 3. Concern will join the newly re-established Potable Water and Sanitation platform which reunites NGOs who work in the water sector in the country. The first point on their agenda is to discuss the new proposed legal framework on water with the national authorities. Within this platform, and with partner GRET who is one of the most informed stakeholders regarding the issue of access to water in urban areas, Concern will work on developing an advocacy strategy if partners and Platform members estimate that such a strategy has any chance for success.

4. Changes in MoH at national and West Department (DSO) level. Please describe your progress in developing relationships with new persons, developing an MoU, and initiating the urban platform to strengthen your operational links with MoH. An MoU had already been established with the DSO regarding Concern's health and HIV & AIDS work in the metropolitan area for the period of August 2006 through December 2007. With the start of the Child Survival project, a one-page addendum was agreed to outlining objectives, location, roles and responsibilities of the DSO and its Bureaux Communales as well as Concern to the project. This agreement is up for renewal in December 2007 and provides an opportunity to update the commitments.

Gaining interest from the West Department on urban health for disadvantaged neighborhoods has had a mixed reception giving the broader geographic delineation of the region. During the year, the Acting Health Coordinator meet with the DSO regarding orientation to the project and the start-up of the proposed urban health platform; however, the level of interest was not very high and the strategy shifted to; 1) advocating to the DSO about the need for better coordination of urban health actors and developing best practices and lessons learned in meeting the health needs of the urban poor; and 2) bringing to the table the community of NGOs operational in the urban slums to discuss interest in developing a coalition and/or learning group.

As an important step of the first part of this strategy, Concern Worldwide sponsored the current Health Director of the West Department, Dr. Hans Legagneur to attend the 3-day ICUH in Baltimore to better understand why urban health for the poor should be given special consideration and what is happening in other developing countries on this front. He attended with the Project Manager and CW US Health Advisor and were joined by staff who participated on panels from CW Bangladesh. Follow-up discussion and planning is underway as new momentum has been established. The project's aim is to work with the DSO to assign

an individual point person for urban health and to make a commitment to spear-head an urban health actors mapping

The new USAID Mission Child Survival backstop, Reginalde Masse, who offered assistance in identifying and setting up appointment's with the right MOH and DSO personnel to facilitate opening a dialogue with them. All of the current Child Survival grantees (Amesada, Global Health Action and Concern Worldwide with FOCAS and GRET) working with the Western Department and could benefit from strong working relationships with them.

5. Youth leaders have unattainable expectations and selection done with limited resident's involvement. Please include details on your efforts to develop a broader motivation strategy, to engage other actors in skill building opportunities for youth leaders and to ensure government acknowledgement of the curriculum and government certification of the training.

Note, the project cannot take on responsibility to design a national curriculum for youth leader training that will be reviewed and endorsed by the government at this stage. Rather it is based on available curricula in country as well as some topics imported from the Bangladesh training of Community Health Volunteers.

Refer to section A. achievements for overall progress on recruitment, activity levels and retention. During this year careful attention has been place on the recruitment and orientation of youth volunteers including clearly communicating that this is a non-remuneration appointment. In discussions with the youth about their expectations, it is clear that they have major concerns about their own precarious livelihoods – one area that interests them greatly is vocational training.

A consultant has been engaged to help to project work with the youth to establish a specific, written motivation strategy in early 2008.

6. Challenges in communications and misunderstandings between implementing partners, health centers and CBOs. Please describe your efforts to improve communications.

This has been tackled on two fronts. First, to improve understanding of the project's objectives, strategies as well as direct inputs and roles of all partners, the Country Director personally facilitated two workshops; the first one was held among the Concern project staff and the second one with the two subgrantees with the Bureau Communal. An output of these consultations was a detailed matrix by intervention stratified by community and health services level that showed what was the aim in terms of both improving access, quality and behavior change. Copies of the matrix are with all partners in French and available from Concern Worldwide.

The Project Manager has worked diligently to improve the monthly staff meetings and to help the partners report on their activities but there remain major challenges in both consistent attendance at the meetings and the ability of partner staff to actually report on activities. During the year, a total of nine monthly meetings were held. This is partially due to the junior status of the partner staff and their need to clear reports to their managers in their own organization but also to the fact that the partners are delivering the CS activities within frameworks of different organizational strategies in their respective neighborhoods. As stated by Jean Capps who served as a resource person during the annual review, it often seems like the group is talking about three different projects.

Quarterly management meetings were held in March and June 2007. This format has been better in terms of the depth of discussion and attendance. As needed, individual meetings have taken place regarding financial reporting.

Further partnership review meetings were conducted individually with GRET and FOCAS following the annual review. The purpose of these meetings was to assess strengths and weaknesses of the partnership, discuss how collectively the project would best be put back on track, review major areas of the subagreement (engagement, values, structures and procedures), and review the financial situation and process for year three budget setting.

There were particular problems in collaboration with the government facility of St. Martin II due to conflict emerging regarding a performance incentives strategy and more particularly dissatisfaction with the proposed credit capitalization offered by Concern. Discussions are underway regarding alternatively strategies that are acceptable to all parties, and allowable under USAID regulations. The issues of how to provide monetary incentives and medicines to government health facilities (even though both have been done through USAID-funded health projects to private NGO health centers in the past should be thoroughly discussed with USAID at both the Mission and DC levels.

Regarding HaitiMed's clinic in Siclait, the project team worked hand in hand with the BC Health Director of Delmas on issues relating to coordination of health service providers in section 33 known as Cite Okay. Despite invitation, one of the key actors, Grace Children's Hospital, did not participate.

H. Behavior Change Strategy

Please see the first annual report for details of the strategy. As mentioned in section A., technical assistance was provided to build staff and partners' skills in behavior change strategy design. A copy of the report and current frameworks is included as Annex 4.

I. Phase Out for Final Year

Not yet applicable but will be discussed as part of preparations for the midterm review in 2008.

J. Family Planning Program

Not applicable.

K. Tuberculosis Program

Not applicable.

L. MANAGEMENT SYSTEM

Financial Management system:

Basic systems in terms of finance and administration guidelines are in place and implementation monitored in the Country Office and with the subgrantee partners – GRET and FOCAS. A review of advances and expenditures as well as process was carried out with each partner separately on October 3-4, 2007.

Quarterly financial reports are submitted to Dublin and New York and reviewed at the Quarterly Management Meetings in Port au Prince with all three agencies.

Concern Worldwide US submits quarterly financial reports to USAID/W as required under this agreement. Generally, expenditures are on track; however, expenditure with GRET has been understandably slower due to implementation delays in Descayettes.

Human Resources:

At the time of the annual review, all full-time project positions had been filled consistently since May 2006 with the exception of the Project Support Officer which had not yet been approved for posting. However, following this year's review, a decision has been made to approve and fill this position by December 2007 as its need is more clearly recognized.

Vacancies at the Management level continue to be an issue as the recruitment of talented public health personnel is challenging as described earlier. Stop gap measures have been taken including a consultant retainer for Concern's Health Coordinator functions. GRET has allocated responsibilities of the designated Health Program Manager to the Programs Manager as they were unable to recruit for the position. FOCAS' headquarters backstop is spending a substantial amount of her time in-country to support operations.

Communication system, team development and Local Partner Relationships:

MoUs are in place with the subgrantees (FOCAS & GRET), the DSO, and between GRET and SNELAK and FOCAS and OBDC and MEI, and CONCERN and KDSM. To clarify expectations and formalise the relationship between Concern and the loose network of Cite Okay CBOs with whom we work, the project will develop an annual plan with these CBOs and formally ask them to sign off on it. This document will then become the compass for our collaboration over the following year. The outstanding MoU required is thus with HaitiMed for its clinic in Siclait.

Please see section G for information on steps taken to improve communications and coordination among implementing partners during the year.

For the coming year, much attention has been taken between Concern, FOCAS and GRET to ensure clear expectations are set for each actor in terms of fulfillment of the workplan, financial and activity reporting, and meeting participation.

A consultant is working with us to review relationships with the health centers including clarifying the strategy for quality assurance and performance incentives in the first quarter of the year.

PVO Coordination / collaboration

While attending ICUH 2007, the Project Manager met with Lindsay Lincoln the Together We Can Youth Peer Education Consultant International Services American Red Cross based in DC to talk about their strategies in working with youth and areas for collaboration in Haiti.

See section M regarding the initiation of CS grantees quarterly meetings and evaluation sharings in country.

M. MISSION COLLABORATION

As outlined in the DIP on pages 69-71, this project contributes significantly to the USAID Mission's Performance Management Plan (PMP) and receives Mission co-funding.

During this year, Concern Haiti played a key role in organizing a quarterly meeting with all USAID's Child Survival grantees in country – AMESADA, Haitian Health Foundation, and Global Health Action and gaining the participation of key staff from the Health, Population and Nutrition section of the USAID Mission. During the year there were four meetings of the group, including one centered on feedback from the HHF midterm evaluation where Management Sciences for Health and James Ricca of CSTS+ participated.

As part of the annual review, a briefing was held with Reginalde Masse, the CS focal point regarding progress and constraints. The focal point offered USAID support in organizing meetings and dialogue with CAs particularly MSH for better coordination and technical support as well as reviewing the climate in terms of the national IMCI strategy. There was also mention of an upcoming flagship program working with youth that could serve as a significant resource to the project's youth volunteer component.

N. TIMELINE FOR NEXT YEAR

The year three workplan is presented as Annex 1.

Major pieces of work for the coming year include:

- Completion and roll-out of behavior change strategies for adolescent reproductive health and HIV, sick child care and feeding, and drinking treated water.
- Monitoring delivery and effectiveness of the behavior change strategy by the Facilitators and Project staff
- Reviewing and redefining strategies for quality assurance, urban water and sanitation advocacy, and youth volunteers motivation
- Working with traditional healers on identification and referral of pneumonia cases
- Roll-out of facility IMCI in St. Martin and Cite Okay
- Strengthening partnership and accountability across the three implementing agencies and participating health facilities
- Midterm surveys and evaluation. Note that it will include a health facility assessment, compilation of baseline community assessment data, and a rapid KPC assessment for child health in Descayettes, St. Martin and Cite Okay neighborhoods only and Youth Sexuality and Reproductive Health in all five neighborhoods.

Changes to the workplan include carrying forward the maternal & newborn care component to year four which includes health center training, training of TBAs, clean delivery kits, and behavior change strategy.

O. RESULTS HIGHLIGHT: *Improving Access to ORS and Condoms*

Uncovering the Barriers: Prior to Concern Haiti’s Child Survival Program, ORS was only available at health centers during their daily operating hours. After hours, very few local grocery stores carried ORS packets. This made it difficult for mothers to access ORS packets when needed, for example, during weekends, in the evening and on holidays. The use of ORS for diarrhea control was low as illustrated by the KPC baseline survey: 50% of mothers of children 0-23 months old reported using ORS for diarrhea control.



A Youth Volunteer from St. Martin

Concern Haiti had several open dialogues in two neighborhoods (Saint Martin and Cite Okay) and raised specific question regarding use, access and knowledge about ORS. Concern learned that mothers of children under 5 years of age know about the ORS product however they are not sure about local preparation and its effectiveness as the right intervention for diarrhea. Ultimately, access was identified as the main barrier as well as the price for the poorest (often UNICEF’s ORS packets, which are free, are not available at the health facility due to poor management of subsidized products donated to the Ministry of Health).

In the case of condoms, the rupture of the stock supply is high at the health centers. Moreover, at the community level there are concerns regarding the cost of condoms at local shops and confidentiality. During focus group meetings with Concern and its partner, GENESIS, the youth expressed that they do not feel comfortable disclosing information about their sexual activities and do not want others “to know their business.”

Improving Access to ORS and Condoms at the Community Level: To address the situation and create viable options for accessing both ORS and condoms, the CSP established convenient distribution points in Saint Martin and Cite au Cayes, Descayettes and Jalousie/Bois Moquette. A list of these locations, as well as free condoms and free ORS, are distributed during health events in the communities. In addition to establishing the distribution points, Concern is training and mobilizing youth volunteers who serve as distributors in their respective neighborhoods.

Engaging Youth Volunteers and CBOs The system is set up so that the health centers and Bureaus communal replenish the ORS and condoms for the youth volunteers. However, in the event that these designated sites don’t have them, the CSP project team directly restocks the supplies for the youth volunteers. Currently, Concern is exploring a sustainable system of locally restocking the distribution points so that they can continue on their own; Concern’s aim is to have the system up and running on its own by the end of Year 3.

For the distribution points, Concern has identified members of CBOs and relatives of the youth as the distributors. See the table below for details about the number of ORS packets and condoms distributed in the health centers and communities: one health center in St Martin and one in Cite Okay. The ORS is also distributed in Descayettes and condoms are supplied by GRET though their own agreement with UNFPA.

ORS and Condom Stock and Distribution, Yr 2 Oct 2006 – September 2007

Source	ORS	Distributed	Condoms	Distributed
UNICEF ORS Donation	3000 packets	2,881	36,000	28,830
UNFPA Condom Donation	(3 large boxes)		(5 boxes)	
Purchased from PSI	10,000 packets (10 boxes)	10,000	50,200 (6 boxes)	50,200

1 large box of condoms = 7,200 pieces

1 box of ORS = 1000 packets