

Save the Children/Haiti Child Survival 10 Midterm Evaluation Report

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Glossary

ARI	Acute Respiratory Infection
CHW	Community Health Worker
Club des meres	Mother's Clubs
GMP	Growth Monitoring and Promotion
<i>Groupe de sante</i>	Health Education Group
ICC	International Child Care
IEC	Information, Education, Communication
jaden <i>lakou</i>	Home Garden
JHU	Johns Hopkins University
KAP	Knowledge, Attitude, Practice
LAM	Lactational Ammenhorea Method
LQA	Lot Quality Assessment
MARCH	Mirebalais Agency for Rural Child Health
MSPP	Ministry of Health
MTE	Midterm Evaluation
NCIH	National Council on International Health
NDF	Nutrition Demonstration Workshops
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PMS	Professional Management Services
PVO	Private Voluntary Organization
SCF	Save the Children Federation
VAC	Vitamin A Capsule
WCMs	Women's Club Members

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EXECUTIVE SUMMARY

This mid-term evaluation, requested by the Agency for International Development in their cooperative agreement with Save the Children/Haiti (SC/H), was undertaken by Professional Management Services (PMS), with Dr. Frantz Simeon as principal investigator. He was assisted by Dr. Yves Marie Bernard as public health specialist in charge of the analysis of the Health Information System and Mr. **Dumé Dupuis**, sociologist responsible for the study of community aspects. The field visits in the project areas lasted 10 days and 2 days were spent in Port-au-Prince, for a total of 12 days. The total cost of the MTE was \$8000.

Project Goal

The goal of the project is to reduce child and maternal mortality and morbidity through the training of mothers in behaviors that can improve the nutritional status and the quality of life of children and mothers.

Evaluation Goal

This evaluation of the WAND project intended: (1) to analyze the accomplishments of the project during the 18 months it was functioning not only in terms of project outputs but also in terms of the process followed in its execution; (2) to identify strengths and weaknesses of the project; (3) to suggest ways to solve identified problems and to reinforce project strengths; and (4) to offer to the partners of the WAND project a useful tool for decision making.

Methodology

Four data collection techniques were used in conducting this evaluation: (1) documentation review at all levels (central, regional, local); (2) focus groups discussions, which were organized in the field with employees and project beneficiaries; (3) semi-structured interviews conducted with certain project officers as well as key informants; and (4) direct observations of activities in the field.

Results

The results attained by the WAND project are up to now very promising despite some major constraints. Its strengths transcend its weaknesses. The administrative staff of the project are highly motivated and the Community Health Workers (CHW) are well trained and dedicated. The information system is functional even though it needs further standardization for data collected within the framework of the WAND project. The excellent community approach attracts the support of well structured community groups.

I. INTRODUCTION AND METHODOLOGY

introduction

SAVE THE CHILDREN, in partnership with two other NGOs working mainly in the field of health, International Child Care (ICC) and Mirebalais Agency for Rural Child Health (MARCH), started in October 1994 a maternal child health project " Women's Action for Nutrition and Development" (WAND). This project, aimed at creating an approach of collaboration on a district level, covers the communes of Maissade, Mirebalais, Cerca la Source and Hinche, areas served by the three partner NGOs.

Goal and Objectives of the Evaluation

The objectives of this mid term evaluation of the WAND project are to measure the results obtained since the project's inception; to compare project results with planned objectives; to determine project performance; to identify project innovations, if any, and any problems which arose in the course of project implementation; to propose solutions to these problems; to give the WAND project a tool which would allow the partners to make any necessary corrections to provide better services in the future; and to assure project sustainability. It should be noted that the emphasis of the evaluation is more on the process of project development than on project impact, given that most of the activities of WAND which started in October 1995 were delayed due to problems beyond the control of the partners.

Project Activities Examined during the Evaluation

The principal activities (as outlined in the DIP) examined during this evaluation were:

- breastfeeding in the immediate postpartum period and during the first six months of life;
- utilization of oral rehydration therapy for diarrhea;
- growth monitoring of children (0-48 months) and the distribution of Vitamin A capsules (6-72 months);
- women's training in behaviors that help improve the nutritional status of children;
- delivery of infants by trained personnel;
- treatment of malaria for target groups;
- treatment of acute respiratory infection (ARI) for target groups;
- preparation and use of home garden for fruits and leaves rich in Vitamin A, iron and other vitamins.

The following points were also taken into account in the evaluation of the above activities:

- Service statistics served as a base for coverage studies. The evaluation analyzed the instruments used in data collection and the management of this data. On this occasion, the investigators took into account the groups targeted under the project objectives to ensure that these target groups were in fact given priority for project services.
- Health delivery models were also studied to determine their relevance.
- Control and supervision approaches were assessed.
- The quality of services was given great attention. The welcome given to clients; the messages addressed to them during health information or education sessions; the actions of health workers; the materials and tools used; and the manner of preserving, and storing these materials served as quality control indicators. There were also observations of the physical state of the service delivery sites, of their level of cleanliness, and of the working conditions of the technical and administrative personnel of the project.
- The management of human and financial resources was also evaluated. Rules, procedures, and policies were consulted and analyzed. As with the coverage objectives above, a comparison was made between the theoretical and the practical application of management instruments. Expenditures were analyzed (see Appendix for pipeline analysis) in terms of obligations, documentation, respect for accounting principles, and the terms of the project agreement, as well as efficiency and cost-effectiveness.

At the community level, the manner and degree of participation was studied, and the perception of the project and its acceptance or rejection by the concerned groups, particularly the target groups, were determined. The efforts undertaken by the project to constitute new groups or to support existing ones, by the transfer of knowledge, technology or responsibility, or by social promotion, were also evaluated.

All of the categories cited above were considered in light of the USAID guidelines for the scope of work given to PMS which includes the following seven points in relation to the project under study:

1. Accomplishments;
2. Effectiveness;
3. Relevance to Development;
4. Design and Implementation;
5. Sustainability;
6. Recommendations;
7. Summary.

Methodology

Four research techniques were used:

1. DOCUMENTATION

Project documentation was reviewed, including the Project proposal, the Detailed Implementation Plan, the First Annual Report, quarterly reports, statistical reports, analytical reports, educational materials, instruments for data collection, and personnel job descriptions.

2. SEMI-STRUCTURED INTERVIEWS

Key personnel of the project - coordinators, auxiliary nurses, statistician, CHW, nutrition animatrices/monitrices and community leaders - were interviewed. Community Health Workers were interviewed on their degree of knowledge of different aspects of the WAND project. (see appendix IV for list of people interviewed).

3. FOCUS GROUPS

Focus groups were organized with: mothers participating in mothers clubs, care givers who have participated in nutritional demonstration workshops (NDF) and those who participated only in rally posts and who do not benefit from any special health education sessions. The knowledge and potential for adopting behaviors promoted by the project were compared among these different groups.

4. OBSERVATIONS

Different activities were observed: 1 rally post (ICC), 2 NDF (ICC and SC), 1 "Groupe de Sante" (ICC) and 5 home garden (**jaden** lakou) (SC **and** MARCH). These observations served as a basis to verify the degree in which the project norms were applied.

Survey instruments

Different instruments of data collection were implemented to conduct semi-structured interviews and focus groups. Observation forms and questionnaires were also prepared in order to collect quantitative and other data (attached in Appendix II).

Pre-Testing of Instruments

The instruments were tested in health centers in Port-au-Prince. The necessary adaptations were made before use for evaluation in the field.

Survey Management

Survey Personnel: this mid-term evaluation was conducted by a management, research and consulting firm, Professional Management Services (PMS), which was created in April 1992. Three investigators, consisting of two specialists in public health having an MPH with respectively 12 and 7 years of experience, and a sociologist with 6 years of experience in the area of research constituted the evaluation team (see CVs in Appendix III). The financial aspects of the project were analyzed by the firm "HAZEL ET ASSOCIES".

The roles were distributed as follows:

Dr. Frantz SIMEON, who holds a Masters Degree in Public Health in Health System Management, was responsible for analysis of project area interventions and administrative management aspect of the project.

Dr. Yves Mane BERNARD, who hold a **Master's** Degree in Public Health and Tropical Medicine was charged with the statistical data and analysis of instruments of data collection. He also assisted in interviews and focus group discussions, analysis of results and report writing.

Dume DUPUIS, a sociologist, was primarily responsible for community aspects, community promotion, assessment of the potential for sustainability.

The firm "HAZEL ET ASSOCIES" was responsible to evaluate the financial aspects and to verify respect for accounting principles.

The principal investigator was responsible for preparing the final report.

Organization of Field Surveys

Organization of semi-structured interviews:

Semi-structured interviews were conducted by the principal investigator and the public health specialist, one asking the questions and the other taking notes. During the course of these in-depth interviews, themes relative to the evaluation were discussed at length.

The people interviewed were:

1. The project Director;
2. Mid-level managers at the regional level;
3. Key informants in areas served by the project. These key **informants** were interviewed in an informal manner. Before the interview took place the evaluation members met the informants to explain the importance of the subject which would ultimately be discussed with them, and to put them at ease.

More than 15 interviews were conducted.

Organization of Focus Groups

The focus groups were organized in the following fashion:

Relatively homogeneous groups of 5 to 12 people (on average 10 people per group) were organized. The meetings were held in a pleasant environment where the people felt at ease.

The length of each focus group did not exceed 2 hours, in order not to fatigue the participants.

Each focus group was conducted by two people; one played the role of facilitator and asked the questions; the other served as secretary and took notes during the course of the discussion, and controlled the tape recorder which recorded the discussion.

On a daily basis, the facilitator and the secretary prepared a synthesis of the data collected from the focus groups.

Plan for Field Observations

In addition to direct field observations, the investigators completed observation forms, talked to community organizers in order to assess the degree of project progress and identify project weaknesses to be addressed.

Survey Planning

All of the logistical arrangements for the evaluation were handled by project officials in Port-au-Prince during the week which preceded the team's departure for the field. The choice of sites to visit were randomly selected from a list of localities provided by Save The Children. The project officials made arrangements to prepare the scheduled visits. The photocopies of survey instruments were made in Port-au-Prince.

Data Treatment and Analysis

The results of the interviews, focus groups, and field observations served as the basis of the final report. These notes were made on the same day the data was collected, in order not to lose certain significant details. The collected data were summarized and analyzed, taking into account the evaluation objectives. After collecting data in the field, the interviewers discussed the analysis of the data with the principal investigator.

Evaluation Report

The evaluation report is recommendation-driven. Each recommendation is based on facts and is followed by expected outcomes.

II. RESULTS

A. Accomplishments

The project has been operating for eighteen (18) months; however, due to some constraints such as the delay in signing sub-agreements (both subgrants were signed in May 1995) field activities started behind schedule. Following are the major accomplishments for each intervention. These accomplishments are also summarized in Table 1.

I- NUTRITION

a)- breastfeeding practices

FACTS

It has been found that breastfeeding practices are promoted mostly in NDF, "Groupes de Santé", "Club de femmes", "Club des meres" and during prenatal visits.

In the NDF the number of mothers is between 20 to 25. The community health worker in charge of this activity has plenty of time (10 days) to go over different health education subjects.

The "Groupes de santé" (Health Education Group) are organized only by ICC. Within these groups of 20 to 25 persons (men, women, adolescents) are taught 10 health subjects (including breastfeeding) over 12 to 18 months before being graduated.

The "Clubs de femmes" (Women's Clubs) exist only at SAVE THE CHILDREN. Those women receive health education (including breastfeeding), literacy training, and training in management. They also have income generating activities, participate as "**déléguées**" in the NDF of Maissade, and contribute to other development activities,

The "Club des meres" (Mother's Clubs) are organized groups of mothers found only in MARCH. Those groups receive health education and training in management. They do income generating activities.

The groups of SAVE THE CHILDREN are the only ones up to now which fulfill the objective of participating in NDF to help the **CHWs** and to work toward self sustainability.

Senior staff attended at least four national breastfeeding Committee meetings and one partner (SC) sits on the board of the National Breastfeeding Committee.

The practices of breast feeding in the immediate post **partum** and exclusive breast feeding during the first 6 months of life, and the conservation of breast milk constitute the key messages promoted during the educational sessions.

Women who had participated in different types of organized groups and in NDFs demonstrated (during focus group discussions) good understanding of the importance of

breastfeeding within the first 8 hours after delivery and of exclusive breastfeeding during the first 6 months of life.

Some focus groups conducted with women who go to rally posts and who do not attend any special educational sessions show that they are not aware of good breastfeeding practices. The traditional practices persist among them. They use a kind of non sterile laxative (LOK) to free the children from the meconium. In fact, this (LOK) is a major source of gastrointestinal infection and diarrhea. They wait 1 to 3 days before starting breastfeeding. They introduce food supplementation as early as 8 days after child birth. These considerations demonstrate that the rally post is a missed opportunity to teach mothers about breastfeeding.

The management of the project has already tested different types of baby carriers and adopted one of them. The mothers breastfeeding solidarity groups and the baby carriers have not been implemented yet as foreseen. But information on lessons learned by other **NGO's** about breastfeeding solidarity groups has been gathered from other projects in Haiti.

According to WAND project statistical reports, up to June 1996, 31 health staff personnel, 87 **TBA's** (traditional birth attendants), 5408 pregnant women attending prenatal clinics, and 6 **WCMs** (women's club members) have been educated on breastfeeding.

After 18 months, one quarter of the number of expected staff personnel and **TBA's** have been trained. All staff personnel interviewed demonstrated good awareness of breastfeeding practices. It appears that they received training in past Child Survival Activities and that the training of health personnel is underreported. However, more than the expected number of women attending prenatal clinics have been trained in breastfeeding.

CONCERNS

The evaluation team thinks the rally post (with an average of 80 mothers attending) is one of the greatest opportunities to teach breastfeeding and other health subjects to as many mothers as possible, otherwise it is a missed opportunity. Moreover, the mothers in the **NDF** are those of malnourished children. The rally post could help prevent malnutrition. The "groupe de **santé**" which are small groups of 20 to 25 persons cannot have the same effectiveness. They can do no more than three groups at the same time for 12 to 18 months. So 10 healthworkers (the mean for each of the partners) will reach only 600 to 750 persons by this strategy every year. During the three years of the project only 1,800 to 2250 persons will have access to this kind of education. If this strategy becomes the only one used for health education of mothers it will not justify all the resources used during the life time of the project.

RECOMMENDATIONS

Continue to encourage mothers to put into practice knowledge acquired through health education, promote the solidarity group of breastfeeding mothers and the use of the baby carriers. Some kinds of incentive could be offered to those who succeed. They could receive some kind of recognition with a certificate or small gift during a special rally in front of other mothers who could be inclined to use them as role models; the Health Worker who is in the area could also receive an Award.

Change the strategy of health education in the rally posts. Instead of waiting for the whole group and talking to everybody at the same time, the person in charge of education can repeat the same message to groups of ten to twelve mothers. So, without any additional human resources, all different groups of mothers would be reached; those who have normal children and those who have malnourished children. The cycle could be like this:

station 7	station 2	<i>station 3</i>	<i>station 4</i>
Waiting area Any group size	Health education Small group	Weighing	Immunization

A first-come, first served system could free earlier those who come early and decrease for everybody the waiting time.

b)- Growth monitoring

FACTS

Growth monitoring takes place in rally posts, NDFs and during home visits prior to NDF. This activity allows the detection of malnourished children (Gomez M2, M3 classification) targeted by the project. It is also a means to evaluate the impact of the NDFs on the nutritional status of the participating children.

Women interviewed demonstrated good understanding of the necessity and the importance of growth monitoring for children.

As of June 1996 it has been reported that 2397 health rally posts and 7892 Road to health cards have been distributed, 27 monitrices involved in the project have been trained in GMP. These accomplishments are satisfactory in terms of planned objectives. But no reports of training of **TBAs** and **WCMs** has been noted although it has been found that **WCMs** in Maissade demonstrated some skills in NDFs in weighing babies (skills gained through previous trainings before the CSIO project).

CONCERNS

It seems that there is no systematic training of **TBAs** and **WCMs** who could play a major role in growth monitoring in NDFs and rally posts.

RECOMMENDATIONS

Train **TBAs** and mothers in GMP as planned in the project

c)-Implementation of Nutritional Demonstration Foyers (NDFs)

FACTS

As of June 1996 60 NDFs have been held in project area, 957 mothers have been trained through **NDFs**, NDF guidelines have been revised, translated into Creole, and distributed; 734 children have received **deworming** medicine through NDFs.

Even though NDFs started later than planned in the ICC and MARCH areas about 40% of the expected number of mothers have been trained.

NDFs are a good context for mothers to acquire good knowledge on better nutritional practices, the importance of Vitamin A, hygiene, breast feeding, child spacing and maternal health, management of diarrhea, preparation of a balanced meal and SRO packet and water treatment. The organization of NDF involves community participation.

In fact, observation of mothers' participation in NDF training sessions and focus groups revealed strong knowledge on these matters. Observations have shown that dynamics of NDFs are well suited to attract mothers' attention and participation with good animation techniques (songs, theater, roles playing). The NDF guides are followed strictly. All materials necessary for NDF organizations were present in the ones observed. In Maissade (SC area) as planned in the DIP, women from mother's clubs participated in the delivery of services in the rally posts. They helped the "Monitrice" (health personnel in charge of the NDF) with health education sessions and the weighing of the children. The community leaders interviewed during the visits to NDF sites were very supportive of the NDF activities. The Community provides NDF sites and lodging for the monitrices.

CONCERNS

In general, there is no effective followup after NDFs to monitor progress in behavior and practices of mothers and nutritional status of children who have participated in NDFs as planned even though ICC has started attempts to do so. Since the change of habits through health education sessions is mandatory, it is necessary for the field staff and management staff to assess the effectiveness of NDF by regular follow up.

It should be stressed that management is aware of this problem, but according to **CHWs** in the field, after regular hours of work there is not much time left to go out in the field and visit mothers who graduated from the NDFs. Who then should do the follow up and when?

In ICC and MARCH, WCMs are not involved in NDF activities. Also because of weaknesses noted in the skills of the women in Mothers Clubs who help with growth monitoring and health education sessions, the evaluation team wondered if this type of personnel has the necessary background to master this activity. As a matter of fact, management at SAVE THE CHILDREN observed that these mothers are in literacy classes and will gradually improve their educational background.

Few children (5% of the expected number) have received **deworming** medicine raising the concern of the appropriateness of only distributing through NDFs.

RECOMMENDATIONS

Prepare a follow up plan for NDFs including observation forms with clear indicators which help focus on planned objectives and revise job descriptions of **CHWs** to allocate time for this activity.

ICC and MARCH should involve WCMs in NDFs. The evaluation team suggested also that ICC apply its idea of using people trained in health groups ("groupe de **santé**") in the NDF activities. Because NDFs are the backbone of the WAND project, proper selection of these types of personnel in terms of literacy level should be made.

Strategy for the distribution of deworming medicine to children needs to be revised. For example it could be distributed in rally posts, during home visits and even at schools.

d) Establishment of home gardens (Jaden Lakou)

FACTS

Observations and interviews with key people revealed that home gardens have been implemented in MARCH and SAVE THE CHILDREN areas, but not in ICC area. The home gardens implemented at SAVE THE CHILDREN are still in existence and have varieties of local plants rich in vitamin A. Those in MARCH are experiencing some difficulties due to the fact that mothers are asking for varieties of plants that do not exist in their area. According to those mothers the agronomist of the project used to provide seeds, but it seems that for economic reasons this can no longer continue.

Generally, "jaden lakou" is perceived by the beneficiaries as a good link between the project and community development because they can increase their food production in a sustainable manner.

It has been reported that as of June 31, 1996, 5267 "jaden lakou" have been implemented with varieties of food rich in vitamin A introduced.

CONCERNS

The home gardens are a way for communities to produce by their own means Vitamin A rich food in order to prevent xerophthalmia and mitigate other serious childhood morbidity and mortality. The lack of this activity is a lost opportunity to involve the community in the project and to insure a certain degree of sustainability. Also, the cessation of this activity in the MARCH area could negatively affect the motivation and confidence of the mothers in the project staff and management.

RECOMMENDATIONS

Provide technical assistance to the mothers to help them reinforce the activity of home gardens where it is already implemented. Technical assistance to MARCH by training mothers on the importance and availability of local varieties is necessary. And ICC could start to implement this activity by using the agricultural expertise of SAVE THE CHILDREN staff. Unused funds could be used to hire an agronomist who could provide the level of technical assistance needed in each project area. Transfer of techniques of home gardens could be done through training of a number of trainers involved in this activity as planned.

Follow up on the use of the Vitamin A rich foods produced by the "jaden lakou" to be sure that the target groups are the real beneficiaries of these products.

e)- Distribution of micronutrients

FACTS

The distribution of micronutrients was uneven. For some it was a regular activity but others did not go according to project expectations.

Statistical reports revealed that as of June 30, 1996, 200 children and 3581 pregnant women have received iron with folic acid, 39,481 Vitamin A capsules were distributed to children and 233 VACs were distributed to lactating women in the 30 days period post-partum. No iodine has been distributed.

The Vitamin A is distributed to children and lactating women in rally posts, in health centers, dispensaries and during home visits. The above data indicates a very high level of distribution to children and a very low level of distribution to lactating women. The partners understand that the distribution of Vitamin A to lactating women during the 30 days of postpartum is difficult in health centers given that usually mothers would not leave home before 40 days postpartum. They now have adopted the strategy of home distribution to resolve this cultural constraint.

Ferrous sulfate with folic acid has been distributed satisfactorily (69% of the expected number) to pregnant women in health centers, dispensaries and in rally posts while very few children received this micronutrient due to a government suspension on the distribution of ferrous sulfate made locally.

Iodine has not been distributed at all. The management of Vitamin A is working in a committee with UNICEF, PAHO and the Ministry of Health and others to prepare norms for iodine use. The health personnel already received training on this subject; a little stock was provided to each partner, who are only awaiting for approval of the Ministry of Health for distribution to target groups.

CONCERNS

The actual situation could prevent the WAND project from reaching its objectives for distribution of iodine and ferrous sulfate to target groups.

The WAND project needs to further define criteria for the distribution of ferrous sulfate to children so that a greater number of children will be reached rather than limiting distribution to only the NDFs.

RECOMMENDATIONS

The coordination of Vitamin A should use its relationship with the committee in charge of preparation of norms to get government written approval for iodine distribution.

The distribution of ferrous sulfate should resume as soon as the constraints preventing its use are lifted. Subtarget groups for ferrous sulfate distribution should be clearly defined according to specific criteria such as children at risk for anemia. Iron deficiency is common with 40-50% of preschool children suffering from anemia (BON 1979). However, if this drug is provided to every child there is a big potential for waste for those not in physiological need for it.

Continue the strategy of home distribution of Vitamin A to lactating women in the 30 days of postpartum but study a way to reach as many of them as possible. This way could be based on some form of follow up of pregnant women or the use of TBAs as distributors.

Technical assistance is highly recommended for all unsolved issues on micronutrient distribution. Unexpended funds could be used for this.

2- DIETARY MANAGEMENT OF DIARRHEAL DISEASES

FACTS

Monitrices/Animatrices and CHWS have been trained on management of diarrhea and in fact demonstrated good knowledge on this subject. Also, training sessions for women were held in NDFs and in organized groups.

Focus group discussions with mothers revealed that they acquired in women's clubs, mothers' clubs, NDF, and "Groupe de Sante", strong knowledge on the importance of ORT, on how to prepare and give ORS and on how to prevent diarrhea1 diseases.

In general the different groups of mothers (mothers club, mothers having attended NDF) interviewed did not master the preparation of ORT by means of home ingredients. In NDFs, there is no demonstration of home made ORS and mothers interviewed have confusion about the preparation of this kind of ORS.

It has been reported that as of June 30, 1996, 15,054 oral rehydration salt (ORS) packets have been distributed to target groups throughout the project area, 134 distribution posts have been installed in the ICC area, 957 women through NDFs and 281 women through health groups (ICC) have been trained in appropriate feeding practices during diarrhea, and at least 34 CHWs and 26 TBAs have been trained.

These data show that ORS has been satisfactorily distributed, but only ICC has been actively involved in installing new distribution posts of ORS packages.

CONCERNS

The project area is not evenly served by distribution posts of ORS which is one of the best ways to make ORS packages available to mothers. It seems evident that the recipes for homemade ORS are difficult to teach and understand by the majority of the mothers of the target groups and that the way they prepare homemade ORS could do more harm rather than save lives of children with diarrhea.

RECOMMENDATIONS

Continue the distribution of ORS packets, the training of mothers in their use and install more distribution points throughout the project area. For example, the houses of community health workers or community leaders could serve as distribution posts.

Reinforce the promotion of ORS packages, the use of liquid of all types (tea, juice, soup), and continuation of breastfeeding rather than the use of home made ORS preparation.

3 - CHILD SPACING/ WOMEN'S HEALTH

FACTS

a) Child Spacing

Modern contraceptive methods as well as Lactational Amenorrhea Method (LAM) are taught essentially in NDFs and "Groupe de Sante". Maternal Health Cards have recently been introduced throughout the project; however, distribution has only begun in the MARCH project area (407 cards).

It has been reported that until June 1996, only 4 health staff, 18 **CHWs** and 87 **TBA**s have been trained in family planning; 9 monitrices have been trained in LAM.

b) Women's Health

As mentioned above, ferrous sulfate with folic acid has been distributed to pregnant women and Vitamin A to lactating women in the first 30 days of postpartum.

Until June 1996, only 2 health staff personnel and 87 **TBA**s have been trained in prenatal and postnatal care and equipped with delivery kit. One of the partners, ICC, has not begun training for trainers of **TBA**s even though it has already identified this category of personnel. No **WCM**s have been trained in that area. An important number of pregnant women (3581) have received iron and folate supplement but none of them have received iodine. Only 23% of **TBA**s have been trained in child spacing.

CONCERNS

Since the number of people trained in family planning methods is very low after 18 months a risk factor of having not enough child spacing remains and may influence the nutritional status of children.

The delay in training of **TBA**s in ICC area could prevent the project from reaching the overall stated objectives related to maternal health.

RECOMMENDATION

ICC could use the expertise of partners to implement as soon as possible the **TBA** training. More health professionals should be trained, too. Additional special training in reproductive health is highly recommended for senior health staff.

4- MALARIA CONTROUPREVENTION

FACTS

CHWs demonstrated good knowledge on malaria control. Only ICC has trained women through “Groupe de Sante” on malaria control. Drugs and treatment being given in the health centers was observed.

Only 2 health staff, 47 CHWs and 126 women through health groups (ICC) have been trained in malaria. Chloroquine is not available at all community levels (TBAs, Health Agents) so that treatment is mostly conducted at institutional level (health centers, dispensaries etc.).

CONCERNS

It does not seem there is a commitment or a strategy to implement malaria treatment at community level and to reach the objective of the project to treat all pregnant women with fever.

RECOMMENDATION

Discuss malaria community-based treatment with the Ministry of Health and get authorization to implement it.

Train more community health workers in malaria control according to accepted protocol, prophylaxis and the recognition of signs of the disease. TBAs can be very useful if they refer women with fever refer to health centers.

Technical assistance is highly recommended for all unsolved issues on malaria. A SC staff member should attend the Malaria Technical Update training for PVOs offered by Johns Hopkins University. Unused funds could help in that matter.

5- CONTROL OF PNEUMONIA

FACTS

Training has taken place for health staff and CHWs. Drugs are available in dispensaries observed. SC has developed an adapted protocol that all partners agreed to follow.

CONCERN

It is not evident that SC protocol is being used by all partners. Also, even though this is not planned in the DIP, the evaluation team thinks that implementation of community based treatment of ARI could help to widely reach the stated objective.

RECOMMENDATION

All partners should put into effect the protocol adopted and design a community strategy for pneumonia diagnosis and treatment.

TABLE 1. ACCOMPLISHMENTS VERSUS EXPECTED OUTPUTS

OUTPUT EXPECTED	ACCOMPLISHMENTS	%
<p>1. Nutrition</p> <p>Breast-feeding</p> <ul style="list-style-type: none"> - 120 health staff personnel trained in breast-feeding - 385 TBAs identified and trained - 5180 pregnant women attending prenatal clinics trained in breastfeeding - 462 WCMs trained in breastfeeding - 50 breastfeeding solidarity groups - 50 baby carriers distributed on a pilot basis - Participation in the national breastfeeding committee meetings 	<ul style="list-style-type: none"> - 31 Health staff personnel trained in breast feeding (ICC-MARCH) - 87 TBAs trained - 5408 pregnant women attending prenatal clinics have been trained - 68 WCMs trained in breastfeeding - No breast feeding solidarity groups have been constituted - No baby carriers have been distributed - 4 National breast feeding committee meetings attended 	<ul style="list-style-type: none"> 26 22 104 15 0 0 100

OUTPUTSEXPECTED	ACCOMPLISHMENTS	%
<p>GMP/NDF</p> <ul style="list-style-type: none"> - 5424 rally posts held - 7980 Road to health cards will be distributed. - 100 scales distributed - 27 monitrices trained in GMP and NDF - NDF guidelines revised, translated in Creole and distributed. - 385 TBAs trained in GMP and NDF - 462 WCMs trained in GMP and NDF - 2553 mothers/women trained in NDF - 11970 children receiving iron - 1721 children receiving deworming - 15000 children receiving a capsule of iodine each year - no output specified in DIP - no output specified in DIP 	<ul style="list-style-type: none"> - 2397 Rally Posts have been held - 7892 health card have been distributed - 40 scales have been distributed - 27 monitrices have been trained in GMP and NDF - NDF guides have been revised, translated in Creole and distributed - No TBAs have been trained in GMP and NDF - 68 WCMs have been trained in GMP and NDF - 957 mothers/women have been trained in NDF - Around 200 children received iron (MARCH). - 734 children received deworming medicine. - No children have received Iodine. - 39481 children have received Vitamin A - 60 NDF have been held. 	<p>44</p> <p>99</p> <p>40</p> <p>100</p> <p>0</p> <p>15</p> <p>37</p> <p>2</p> <p>43</p> <p>0</p>
<p>JADEN LAKOU (HOME GARDENS)</p> <ul style="list-style-type: none"> --4 new varieties introduced --2553 women trained in home gardens --100 home gardens established with protective fencing 	<ul style="list-style-type: none"> -5267 jaden lakou (home gardens) have been established with protective fencing 	<p>5267</p>

OUTPUT EXPECTED	ACCOMPLISHMENTS	%
<p>2. CHILD SPACING AND WOMEN'S HEALTH</p> <p>120 health staff (including 20 aux. nurses and 65 CHWs) trained in reproductive health; one senior staff trained in LAM</p> <p>TOT in LAM for 40 monitrices/animatrices</p> <p>5180 women trained and mother's health card distributed.</p> <p>385 TBAs trained in reproductive health and modern contraceptive methods and LAM</p>	<ul style="list-style-type: none"> - All CHWs have been trained in reproductive health - 4 health staff have been trained in FP (ICC and SC) - 1 senior staff trained in LAM - 9 Monitrices have been trained in LAM - 407 maternal health card have been distributed - 87 TBAs have been trained 	<p>58</p> <p>22</p> <p>8</p> <p>23</p>
<ul style="list-style-type: none"> - 120 health staff trained in prenatal and postnatal care - 385 TBAs WCMs trained in postnatal and prenatal care - 462 WCMs trained in postnatal and prenatal care 	<ul style="list-style-type: none"> - 2 health staff have been trained in prenatal and postnatal care. - 87 TBA have been trained - No WCMs have been trained. 	<p>2</p> <p>23</p> <p>0</p>
<ul style="list-style-type: none"> - 385 TBAs trained and equipped with delivery kit - 5180 pregnant women receiving iodine, iron and folate supplement in rally post - 5180 deliveries assisted by trained TBA 	<ul style="list-style-type: none"> - 87 TBAs have been trained and equipped with delivery kit - 3581 pregnant women have received iron and Folate supplement. No pregnant women have received Iodine. - Not being measured 	<p>23</p> <p>69</p>

OUTPUTSEXPECTED	ACCOMPLISHMENTS	%
3. DIETARY MANAGEMENT OF DIARRHEA		
- 5180 mothers will be trained in appropriate feeding practices during diarrhea.	- At least 957 women in NDF have been trained in appropriate feeding practices during diarrhea.	18
- 65 CHWs trained in diarrhea1 disease management	- 34 CHWs have been trained	52
- 385 TBA s trained in diarrhea1 disease management	- 26 TBA s have been trained	7
- 462 WCM trained in diarrhea1 disease management	- 281 Women have been trained	61
- 3 stock management training (1 in each site)	- no stock management trainings	0
- 10 animatrices trained in diarrhea1 disease management	- All Animatrices have been trained in diarrhea1 disease management	100
- no output specified in DIP	- 134 distribution posts have been installed	----
- no output specified in DIP	- 15054 ORS packages have been distributed	

OUTPUTS EXPECTED	ACCOMPLISHMENTS	%
4. MALARIA PREVENTION - 6650 mothers trained in malaria prevention and treatment - 20 auxiliary nurses trained in malaria prevention and treatment - 65 CHWs trained in malaria prevention and treatment - 6650 mothers have access to chloroquine in their villages	- 126 women have been trained in malaria - 2 health staff have been trained - 47 CHWs have been trained - Mothers only have access to chloroquine in village clinics	2 10 72 ----
- Stock management per health centers - 6797 pregnant women will receive prophylactic doses of chloroquine.	- stock managed - systematic prophylaxis not started	100 0
- 65 trained CHWs : Treatment guide developed - 20 auxiliary nurses trained		0 0 0

OUTPUT EXPECTED	ACCOMPLISHMENT	%
5. CONTROL OF PNEUMONIA		
6650 mothers trained	-no mothers have been trained in control of pneumonia.	0
12 health centers equipped with appropriate drugs for ARI	- all health centers equipped with appropriate ARI drugs	100
65 trained CHWs in ARI control	- All CHWs have been trained in ARI	100
Treatment guide developed	- Treatment guide has been developed by SAVE THE CHILDREN	100
20 auxiliary nurses trained in ARI control	- no training held	0
Protocol for treatment of ARI developed	- protocol developed	100

B. EFFECTIVENESS

Project performance is evaluated not only by the quantitative data, which are very promising for such a short period of time of service delivery, but also by the stages of project development. Even though much remains to be done, what has been accomplished is impressive.

NUTRITION

The main activities related to nutrition such as the NDFs are fully functional in all areas of the project. Target groups (mothers of malnourished children) (37.5% of objective) have been reached effectively in spite of the delay noted in the start of this activity in ICC and MARCH. Follow up of NDFs have not taken place because of time constraints for health workers and lack of well defined strategy.

Exclusive breastfeeding up to six months has been promoted among target groups: prenatal (104% of objective) lactating women, mothers attending NDFs. Much remains to be done to support the practice of exclusive breastfeeding like solidarity groups and baby carriers.

MICRONUTRIENTS

Some micronutrients are satisfactorily distributed to target groups such as Vitamin A to children (39,481 capsules distributed) and ferrous sulfate to pregnant women (69% of objective). But the distribution of Vitamin A to lactating women in the 30 days postpartum is very low. Some constraints such as the lack of national norms has prevented the implementation of iodine distribution.

DIETARY MANAGEMENT OF DIARRHEA

A large quantity of packets (15,054 packets) have been distributed throughout the project area. Mothers have been trained and have demonstrated good awareness of diarrhea management. However distribution posts are not adequately installed over all the project area.

CHILD SPACING AND WOMEN'S HEALTH

Because one of the partners has not started training TBAs (ICC has now completed recruitment) and the other two have not conducted training in child spacing with the TBAs, there are several trainings that should be done. This training remains the key to successfully reach target groups and meet the stated objectives in child spacing.

MALARIA CONTROL

Even though staff have been trained in malaria control, chloroquine is not available at all community levels. There is no promotion of community treatment of target group (pregnant women). This could also be the result of lack of national norms for community treatment.

PNEUMONIA CONTROL

Health professionals have been trained. Drugs and treatment protocol for ARI are available in health centers and dispensaries as planned.

III. RELEVANCE TO DEVELOPMENT

The WAND project, conceived as mainly a set of health activities, is integrated within already existing programs which are part of rural development. These can empower the community, providing it the technical, material and financial means which permit it to progressively assume responsibility for planning and conducting health activities or increasing its capacity to pay for services. For example, due to literacy training in the SC Maissade area more women have the minimal literacy skills to begin conducting the NDFs. Due to access to credit women also have more disposable income to pay a user fee when they attend a clinic.

Each partner is working in different ways with organized groups. ICC for example is studying ways of providing credit to the different local groups to enable them to do income generating activities. SC and MARCH have more than ten years of supporting credit programs with mother's clubs and other groups. Other current development activities include informal community education, agroforestry, management training, and water and sanitation.

The WAND project activities contribute to the development of the areas where it is operating by the prevention of diseases among vulnerable groups. By health education it provides better health habits to the mothers to protect the life of their children. It decreases the expenses that could be incurred for diseases and by this means can help save money for investment in income generating activities. By the promotion of home gardens it provides foods rich in Vitamin A and other vitamins and teaches the community lessons about how they can do things by their own means to solve their problems.

RECOMMENDATIONS

Continue the efforts to empower the community groups to become more active in the child survival activities such as the approach of WCMs and health group members participating as volunteers in the NDFs.

IV. DESIGN AND IMPLEMENTATION

A. DESIGN

CHANGES MADE IN PROJECT DESIGN

Some changes have been made in the project design and some objectives were modified in response to the baseline survey and the concerns and recommendations in the technical review of the DIP. These changes were noted in the first annual report and are also noted below:

MODIFIED MEASURABLE OBJECTIVES

NUTRITION:

- 70% of infants will be breastfed within the first 8 hours after delivery.
- 20% of infants will be exclusively breastfed through 6 months of age.
- 50% of children referred to the NDF will show an increase in weight after 2 weeks of participating in this activity.

ACUTE RESPIRATORY INFECTION

- 75% of children under 5 who had an ALRI (pneumonia) will be treated by a trained health professional.

CONTROL OF DIARRHEAL DISEASE

- 40% of children with diarrhea will receive the same amount or more of breastmilk, the same amount or more of other fluids and the same amount or more foods during recovery.

TYPE OR SCOPE OF CHILD SURVIVAL INTERVENTIONS

Concerning interventions for malaria control, instead of a prophylactic treatment with chloroquine for pregnant women, a presumptive treatment with chloroquine will be initiated for each pregnant woman presenting with fever. (Source: annual report of the Vitamin A project, October 1995)

B. MANAGEMENT AND USE OF DATA

Different types of data have been collected including a baseline survey and routine data collection.

Save the Children and MARCH have a population-based system of data collection. Rosters are established through census and lists of target groups are established. Each community health worker keeps a roster for the families under his responsibility. He must update his roster for death, birth, and in and out-migrations. ICC has not yet implemented a population based system like this.

a) In the NDFs the following data are collected: number of children and child caretakers having participated, the weight of children at the beginning and at the end of NDF session, the number of children having received vitamin A and **deworming** treatment (Albendazole).

Also in the localities where NDFs will take place, the following information is collected from mothers and community leaders: the kind of plants grown in the community, the source of food and the kind of cattle rearing in the community, the existence of home gardens, the kind of water used in the community, nutritional practices of mother. Two questionnaires are used by the monitrice/animatrice to collect this information: one for mothers and another for community leaders.

b) At rally posts and during home visits, the following WAND data are collected: the number and the nutritional status of children weighted, the number of children and lactating women having received vitamin A, the number of ORS packets distributed and the number of children having received deworming medicine and of women having received ferrous sulfate. These data are recorded by the **CHWs** together with other data on a form designed for this purpose.

c) At the dispensary level, on a day to day basis, data are collected on the number of health rally posts, home visits, health committee meetings held as well as the number of pregnant women who received prenatal care, were educated and treated for malaria and the number of ARI cases treated, the number and nutritional status of children weighted. They are collected on a form called the monthly dispensary report (Rapo mensyel dispense).

d) At the office level of each partner, the project coordinator keeps track of information such as: the number of health professionals, **TBAs**, **CHWs** and monitrice/animatrices trained and the number of NDFs held. In MARCH data collected in NDFs are processed manually by the WAND Coordinator and those collected at the health rally posts are processed by computer by the statistician. In SC (Maissade) and ICC (Hinche) data are processed manually by a statistician. All three partners then compile their statistics on a monthly report form which is sent to the WAND project Coordination Office and to the SC headquarters in Port-au-Prince. At the WAND office all data collected are processed onto a worksheet report which is then sent back to each institution. This consolidated report has LOP data for each partner as well as for all three partners combined. This allows each institution to evaluate their progress in obtaining project outputs. During the quarterly meeting particular problems are identified and discussed.

In general the data collection methodology and processing is functional and should generate valid data for monitoring of the WAND project. Through their observations the evaluators confirmed that field workers have good skills in the use of the data collection forms. Although there is ongoing supervision of field work, other systematic quality control of data collection is not being used (for example, LQA).

The data collection is managed and maintained at all levels starting from the **CHWs**, the supervisors, the statisticians, the coordinators and the project director. There is also a good system of sharing the results of information collected with project staff at all levels and in monthly reports to the regional MOH authorities. The results are also shared with the communities. For example, at the end of the two week NDF the results of the children's' progress is shared during the community meeting held on the last day. Each quarter the results of progress on key indicators such as number of Vitamin A capsules distributed is reported back to communities in the form of pie charts. This type of feedback is important to stimulate the participation of community volunteers such as the WCMs who are leading the NDFs. More efforts could be made both in the field and headquarters to document and share the lessons learned. One example of this occurring is the study on the impact of NDFs which has been shared. (Sylvestre, Zayan and Swedberg, 1994) Further analysis of this data and a future study is planned.

C. COMMUNITY EDUCATION AND SOCIAL PROMOTION

There is an even balance of health promotion/social mobilization and service provision in this project. Health promotion is also often combined with services provision activities such as during prenatal visits and in health rally posts. As noted earlier there could be a stronger emphasis on health education during the health rally posts. There are also more opportunities for service provision that should be exploited such as distribution of iron to children in the rally posts. The project should be commended for the effort it is making in community IEC activities such as through the 560 women's groups and in the NDFs. The project staff are careful to use the data from the baseline survey and from national research and contact with community leaders in developing the messages used. Messages are refined and pretested, in particular the printed material used by the partners. ICC in particular uses flipcharts on nutrition, control of diarrhea¹ diseases and breastfeeding. SC has developed a useful guide (in Creole) for **CHWs** on family planning which is being used in Maissade but should be adapted by the other partners. This guide was extensively pretested before a final revision,

The level of learning is assessed through group and individual evaluations which are made by the CHW supervisors after a cycle of health education with a particular group. In ICC each member of the groups is evaluated and if their level of knowledge is judged satisfactory there is a community ceremony to which the leaders and other community members are invited. This ceremony is also a creative approach to educating other community members and non-traditional methods such as drama and song are used. A similar activity also takes place at the end of the NDF in which the participating women share their new knowledge with others in the community. In April a theatre group which had developed a drama to promote breastfeeding made a tour of five of the largest towns in the region.

In all the areas of service the three partners adopt a participatory approach for the organization of their work. One example is the organization of **NDFs**. Before each NDF starts the "Monitrices" meet with members of the community (mothers, leaders) to explain what will take place, to get their approval and to choose with them a site every one agrees on. During the process of the NDF the mothers play a large role by participating in the buying and the cooking of the food.

In some places, especially in Maissade where SAVE THE CHILDREN is working and where the NDF activities have a longer life, the participation goes even further by empowering some leaders of the Mothers' Clubs called "delegates" to even participate in the delivery of health messages and in the growth monitoring of the target group of children. These "delegates" also work with the health team in the rally posts to help with different health activities.

The community groups, like mothers clubs, are doing income generating activities mainly with credit from the office of SAVE THE CHILDREN. Some of them have united their forces into bigger groups called "associations" in order to be able to do bigger income generating projects. Some of the associations are already discussing the possibility of taking charge of executing particular health activities when the project ends. They have their bank accounts and executive committees and are currently executing other activities. The community participates also in the choice of CHW by identifying many candidates for one particular position. The final choice is then done by the institution after an exam. Some leaders voluntarily give their time

for **motivation** of the community before and during rally posts. This was observed in the rally posts of ICC in Hinche.

Semi-structured interviews with leaders show that they are aware of and are very happy with the health activities the different partner institutions in the WAND project are doing in the field. Some of them said they have been contacted for different degrees of participation. Others expressed the desire to have a greater involvement in the project. Some of the community groups do not have direct contact with the project even if some of their members may participate in some of the health activities. Members of the “Mouvement Paysans Papaye” (MPP) and “Tet Ansanm Do Palais” (TADOP) which seem to be prominent community groups in the Plateau Central where the WAND project is taking place hope for a collaboration between their organizations and the WAND project .

D. HUMAN RESOURCES FOR CHILD SURVIVAL

In the field coordination office in Hinche there is one program manager and one senior trainer. Each partner also has a program coordinator in each of their project areas as well as supervisors and then the different types of Community Health Workers (monitrices, health agents, and assistant health agents). There are also administrative support staff paid by the project both in the offices in Port-au-Prince and in the program areas.

Table 2: Project Personnel

Institution	Category	#	CSIO salary
MARCH	monitrice (CHWs)	10	100%
	coordinator	1	100
	assistant coord.	1	100%
	Exec. Director	1	5%
	Financial Dir.	1	5%
ICC	Project Coordinator	1	100%
	monitrices (CHWs)	18	100%
	Supervisors	3	100%
SC/H	Project Director	1	100%
	Training Coord.	1	100%
	Coordinator	1	50%
	Health Technical Director	1	50%
	Chief Accountant	1	33%
	Driver	1	100%
	Janitor	1	100%
	Secretary	1	100%
	monitrices	6	100%

The types of personnel match the different types of project activities, There is no lack of technical and managerial needs. But the numbers of CHWs based on interviews with some CHWs appear to be inadequate to carry out the operational workload. The CHWs interviewed were relatively young, almost the same number of men as women. One is being a model by exclusively breastfeeding her baby for up to six months. They are all well motivated. The level of education varies between the second year of elementary school and the fifth year of secondary school. All have followed seminars on the health activities of the WAND project.

Staff are recruited on a competitive basis. The recruitment of community health workers is done with the participation of the community. Each locality presents more than one candidate on the recommendation of its leaders. The best among these candidates is hired based on his qualifications. Based on the workload sometimes others are called to help with the health activities.

Other people not paid by the project (volunteers) participate in the implementation of project activities. Community volunteers are: mothers from Women's Club who participate as trainers, motivators and role models in the NDFs; members of Health Committees. There are seven active community health committees, four in Maissade and three in Cerca-la-Source. The committees normally meet at least on a monthly basis. In Maissade they assist in logistical support and management of the revolving drug fund. In Cerca-la-Source the committees work closely with health staff in latrine building and spring capping projects. These volunteers are very stable and normally perform these roles with very low drop-out rates. The volunteer mothers who are executing the NDFs have just started this activity so it is too early to comment on their drop-out rates.

Each category of employee is required to know their job description. It should be noted that almost the same criteria are found on all of the job description forms. There is an evaluation form for each type of employee. Personnel evaluations are done annually. After each evaluation the information is used for decision making by the management on how to improve the performance of the employee. This evaluation is also a self-evaluation because it is counter-signed by the evaluator and the employee.

Table 2: Child Survival Training Program Summary

Nutrition

Themes	NGO participant	Trainer	Types of personnel	# of participants	Time	# of sessions
Nutrition and Execution of NDF	ICC, SC, MARCH	Wand training coordinator	nutrition educators (monitrices, animatrices)	27	40 hours	3
Execution of NDFs	MARCH	WAND training coord.	monitrices	9	40 hrs.	5
Growth monitoring and NDF	ICC	Wand training coordinator	health educators (vaccinators, animatrices)	20	24 hours	2
Education for adults	SC	Wand training coordinator	nutrition educators (monitrices)	3	24 hours	1
Nutrition Breastfeeding	SC	SC	traditional midwives	72	1 day	no data
Breastfeeding	MARCH	UNICEF	monitrices	8	16 hrs.	
Education for adults	ICC	ICC coord.	CHWs	7	16 hrs.	
	MARCH	MARCH coord.	Monitrices	9	8 hrs.	
Control of Iodine deficiency (training of trainers)	SC, MARCH, ICC and 6 other institutions	SC, MOH, UNICEF, WHO	health program coordinators, physicians & nurses	30	16 hrs.	6 sessions
Homegardens	SC	Agronomist	model farmers	30	16 hrs.	
	MARCH	Agronomist	model farmers	27	16 hrs.	

Dietary Management of Diarrhea1 Diseases

Themes	NGO participating	Trainer	Types of personnel	# of participants	Time	# of sessions
Dietary management of diarrhea1 diseases	ICC, SC	SC, Wand training coordinator	nutrition educators (monitrices, animatrices, vaccinators)	26	24 hours	2
Individual and Environmental hygiene	SC	SC and Wand training coordinator	health agents animatrices, auxiliary nurses	49	24 hours	3
Environmental hygiene	MARCH	MARCH	nutrition educators (monitrices) and health agents	30	one day	1
Water Chlorination	SC	SC (Maissade)	water committees	50 water c'tees.	no data	no data

Child Spacing/Women's Health

Themes	NGO participating	Trainer	Types of personnel	# of participants	Time	# of sessions
Insertion and Extraction of cutaneous implants (Norplant)	SC Maissade	INHSAC	physicians and nurses	2	5 days	-
Counseling for cutaneous implants	SC	INHSAC	nurses, auxiliary nurses	2	no data	-
Reproduction and Planning Familial	SC	SC	nutrition educators (animatrices) and health agents	28	2 days	2
Contraceptive methods and how to use FP manual	SC	SC	animatrices and health agents	28	2 days	2
Counseling FP and using the FP manual	SC	SC	animatrices & health agents	18	2 days	1
FP health system information	SC	SC	health agents	20	no data	1

Malaria Control

Themes	NGO participating	Trainer	Types of personnel	# of participants	Time	# of sessions
Clinical Diagnosis, Treatment and prevention of malaria	ICC	WAND	health educators (vaccinators, animatrices and supervisors)	29	16 hours	2

Pneumonia Control

Themes	NGO participating	Trainer	Types of personnel	# of participants	Time	# of sessions
Clinical Diagnosis, Treatment and control of ARI	ICC	ICC coord.	health educators (vaccinators, animatrices and supervisors)	29	16 hours	2
ARI	MARCH	MARCH comm. health coord.	CHWs	10	24 hrs.	

For the **TBA**s in the MARCH area (15) and the SC area (72) there has been a general ongoing training. There have also been other training opportunities for project staff including the participation of one coordinator and the training coordinator in the Family Planning Conference in Senegal June 24-28, 1996 (organized by World Vision and JHU) and the participation of the project director in the NCIH conference in Washington, D.C. in June 1996.

E. SUPPLIES AND MATERIALS

Each referral site and each type of worker has their essential materials and supplies (according to quarterly reports). For example, the **CHWs** who are conducting a health rally post need vaccination supplies (which are supported through complementary funding), child scales, stocks of **deworming** medicine, Vitamin A, ferrous sulfate (syrup for children and capsules for women), health education supplies and other general supplies such as rain jackets. These different systems were checked in the field offices of each partner and the different materials and supplies necessary to run this project were available. The particular problem noted during the evaluation was the lack of iron syrup due to the temporary ban on its use in Haiti due to quality control problems of the local pharmaceutical industry. Although there were 100 scales originally projected for purchase some of the partners already had fully functional scales. Thus only 40 have been purchased and distributed to date.

F. QUALITY

The knowledge and skills essential for each type of health worker was determined by evaluating the specific activities each type of staff would be involved in. For example if a worker is required to teach about malaria prevention a training curricula was developed by the senior trainer to teach the essential knowledge and skills pertinent to the malaria prevention intervention. The quality of the trainings are uniformly evaluated by pretests and posttests and follow-up trainings are done as necessary.

Many training activities have already been carried out: training in nutrition, dietary management of diarrhea¹ diseases, child spacing and women health, and malaria control. Different categories of personnel have been trained: physicians, nurses, nutritional educators, health workers, monitrices, animatrices, auxiliary nurses, health agents, water committees, vaccinators, traditional birth attendants. Training of mothers has also taken place in **NDFs**, women's clubs, mother's clubs and health groups.

Health personnel's knowledge and skills are also evaluated on an ongoing basis through direct supervision while other formal and informal methods are used for evaluating the knowledge and skills of mothers.

The evaluation team used interviews, focus group discussions and observations to assess the level of knowledge of different categories of personnel and mothers trained. In light of these interviews and observations the evaluation team determined that the personnel has a good awareness of health subjects and demonstrated good communication skills. Mothers who attended special health education sessions are well aware of the subjects taught to them.

G. SUPERVISION AND MONITORING

The system of supervision is based on observation through which supervisors evaluate the way different work sequences are being completed. For example the supervisors of CHWs almost on a daily basis visit an activity such as a NDF, health rally post, or education session. Supervisors do not intervene while services are being provided. S/He observes and takes notes (checklists have not been implemented) on the performance. S/He asks the person being supervised to make his or her auto-evaluation and then discuss with him or her the way to correct weaknesses. The ratio of supervisors to those being supervised in the field are approximately 1 supervisor to 6 CHWs. The coordinator of each program for each partner also supervises the activities once or twice a week. Some supervision is done in the form of monthly staff meetings to discuss particular problems and to plan the schedule of activities for the following month. The WAND program manager and the training coordinator also visit each partner site on a monthly basis (this sometimes varies due to the training schedule), The ratio of supervisor to those being supervised is an appropriate ratio which gives adequate support, performance evaluation and on-the-job education. This level of supervision of each health worker assures quality of service.

The planning and implementation of the activities to reach project objectives are developed during quarterly meetings of mid-level management held at the WAND office in Hinche. After discussion of progress made to date and sharing of lessons learned, annual plans are subdivided into quarterly plans, monthly plans and even weekly plans. Review of objectives when necessary is done. Realization of planned activities is closely followed by the management team at the central, regional and local levels.

Decisions are made at different levels (among partners or at each institution's level) following discussions based on analysis of available information. The degree of openness from top to bottom permits to everyone to contribute his or her experience to the process. However, the system put in place by the project to collect and analyze data should be able to take greater advantage of the valid information generated in order to review the objectives and to adjust the project to field reality.

H. REGIONAL AND HEADQUARTERS SUPPORT

The WAND project receives on a regular basis good support from three different Port-au-Prince headquarters (SAVE THE CHILDREN, ICC, MARCH) and headquarters support from Westport, CT. Each partner has a technical director based in Port-au-Prince who provides technical support to the program coordinator of each partner. This director usually participated in the quarterly meetings held by the WAND coordination. The MARCH director, however has not been able to attend recent meetings over the past year. There needs to be better coordination and harmonization of strategies among the three partners so that each benefits from the experience of the others. The headquarters support from Westport, CT has been in the form of evaluating the DIP, assisting in annual report writing, provision of the latest technical information on interventions, and administrative and financial support.

I. USE OF TECHNICAL SUPPORT

From the WAND annual report of October 1995, the following technical support was given to the project:

Baseline survey

Purpose: To assist WAND in the baseline survey

Name of Provider: Technical Advisory Group

Outcome: Data collected from 3 project sites

Technical review of Detailed Implementation Plan (DIP)

Purpose: To assist WAND in readjusting objectives

Name of Provider: USAID

Outcome: New Detailed Implementation Plan

J. ASSESSMENT OF COUNTERPART RELATIONS

The main counterpart to the WAND project is the Ministry of Health. The MOH is invited and has participated in several of the quarterly meetings of the project. Together with the MOH the project organized a public ceremony to initiate the breastfeeding campaign in the region. For the organization of the ceremony funds from UNICEF were exchanged with the MOH. The MOH also has staff working in all three organizations. These MOH staff are effectively supervised by the NGOs and the NGOs provide training for them. This technical support to the MOH increases the capacity of the MOH to conduct child survival activities. The WAND project together with the MOH planned the iodine TOT and in the future plans to coordinate the TBA training in one area where there are several other institutions with health facilities. The MOH provides all three partners the logistical support for some materials such as family planning supplies, growth monitoring cards, and other drugs such as treatment of malaria and ARI. SC is part of a management committee together with the MOH and some other NGOs which is responsible for the operation of the regional drug depot. The present MOH district director is Dr. Dubuisson who was the WAND project director during the first year of the project, He has been very supportive of the project and spoke highly of the good working relationship that the WAND project has with the MOH.

Another important counterpart to the project has been the national UNICEF and WHO office especially in the development of protocols, educational materials **and the distribution and** monitoring system for iodine capsule distribution.

The organized community groups are also strong counterparts but in a different fashion from the MOH. Some members of these groups are already integrated into WAND activities as

volunteers, for example the health committees and the **NDFs**. In the **NDFs** the women volunteer 10 days of their time two or three times a year.

K. REFERRAL RELATIONSHIPS

The WAND project complements already existing preventive and curative services. Direct referral takes place currently between different levels of the system. Referrals are made from rally posts to dispensaries, from dispensaries to health centers and from health centers to hospital depending on seriousness of diseases. Referrals are also made from rally posts to NDF for malnourished children (M2, M3). The team met with health personnel of four dispensaries in the area served by SAVE THE CHILDREN, visited one health center in Cerca La Source ICC area, and a hospital in Mirebalais under MARCH management. The health facilities visited seem to be quite well equipped and to have an adequate mix of personnel. Referrals are also made by the project sites to the state hospital at Hinche but no visit was done to this center. There is a specific referral form used when cases are referred from one center to another. This form assists in good communication between the various levels. Access between referral sites is sometimes a problem due to the poor state of roads or lack of roads altogether. Thus each partner is attempting to ensure that services are available as close to the communities as possible. For example ICC has been negotiating with the MOH to provide nurses for the three clinics it has built in the outlying areas of Cerca-la-Source.

L. PVO/NGO NETWORKING

The partners of the WAND project developed a good relationship with other **NGOs** in their area. For example, SC has a contract with Comite de Bienfaisance de Pignon (CBP) to install three wells in the SC project area. Another example is the visit of the WAND coordination to the Albert SCHWEITZER Hospital to share lessons on **NDFs**. The members of the project are also members of the regional coalition for the prevention of **AIDS/STD** which has been very active in the region. This coalition is one of the strongest examples of effective partnership and is a forum in which **NGOs** in the area network and exchange ideas and experience on a regular basis. Duplication of efforts and services in the project areas have been avoided due to the opportunities for sharing and dialogue with other **NGOs** working in the area.

There is also networking on a national level which avoids duplication of efforts. For example the program manager is a member of the National Committee on breastfeeding; he is also participating in a Committee with ICC, PAHO, UNICEF and MSPP to prepare **norms** for iodine distribution to target groups.

M. BUDGET MANAGEMENT

The total project budget including subgrants is **U.S.\$755,885.00** for a three-year period. Project expenditures are below the project budget due to some constraints among which the most important was the time elapsed before the beginning of field activities by the subgrantees. 41.9% of the budget is expended as of August 1996 (see attached pipeline). Overall the subgrants are 33% expended but they are anticipating more rapid expenditures in the next year especially now that the number of activities such as **NDFs** will be doubled. The partners of the WAND project should be able to meet project objectives with the amount of

money remaining. But given that after the mid life of this project there is much less than 50% of the budget expended, the evaluation team recommends an in depth analysis of the planned budget for the remaining period of the project and that steps be taken early on to ask, if necessary, for a no cost extension.

V. SUSTAINABILITY

The transfer of knowledge and technology is usually a relatively slow process which does not favor short term empowerment of the population. The institutions of the project have been working in the field for more than ten years. Some community groups (specially in Maissade) are already mature and are taking steps toward assuming responsibility for the continuation of health and other development activities, if in the future, for some reason, they will have to. Small groups are uniting their forces into bigger groups called "associations" in order to be able to undertake larger income generating activities. But, taking into consideration the fact that it took more than ten years for these groups to reach this level of capability, a relatively long time is still needed before a transfer of responsibility and self management to the population can be achieved.

The project knows how to attract community groups working in the zone who want to collaborate with the project. But it needs to go a step further, as in Maissade, to integrate the community members of organized groups in project activities. Inquiries show that the project has a sound management structure. It is very well regarded and elicits the admiration even of beneficiaries who want to collaborate in whatever way possible with programmed activities.

Table 3: Sustainability Goals, Objectives, Mid-term Measures, and Steps Taken/Needed

Goal	End of Project Objectives	Steps taken to date	Mid-term Measure	Steps needed
4) Skills transfer	<p>1) # of mothers adopting protective behaviors</p> <p>2) ## of functioning women's clubs</p> <p>3) # of TBAs recruited</p>	<p>1) ongoing training of women at all opportunities</p> <p>2) work with existing and form new clubs</p> <p>3) TBAs trained in SCF & MARCH area</p>	<p>1) will be measured in final KAP survey</p> <p>2) 560 clubs functioning (100%)</p> <p>3) 87 TBAs trained and 130 recruited in ICC area</p>	<p>1) more health education in the health rally posts</p> <p>2) continue trainings in breastfeeding, ARI, and malaria</p> <p>3) recruit 168 TBAs in Hinche commune</p>
B) Community involvement in activities	<p>1) # of TBAs performing services at health rally posts</p> <p>2) # of women who completed NDF training and held NDF workshop</p> <p>3) # of women's clubs with access to credit</p>	<p>1) TBAs not trained yet to be involved in rally posts</p> <p>2) 68 women completed training</p> <p>3) obtained funding for credit activities for ICC area</p>	<p>2) 14% of objective</p> <p>3) 530 women with credit in SC area</p>	<p>1) train TBAs and involve them in health posts</p> <p>2) train women in ICC and MARCH areas</p> <p>3) start credit and microenterprise activities in other areas</p>
C) Collaboration with other institutions	<p>1) # of gov't. paid personnel in project activities</p> <p>2) # of conferences held to share lessons learned</p>	<p>1) integrated gov't. personnel in project</p> <p>2) SC/H held a conference on partnering</p>	<p>1) 6 gov't. personnel in project and other personnel attend meetings</p>	<p>1) invite district gov't. personnel to all meetings</p> <p>2) hold another conference to share lessons learned</p>

VI. RECOMMENDATIONS

MAJOR RECOMMENDATIONS ARE:

- 1- Continue to encourage mothers to put into practice knowledge acquired through health education such as promoting the solidarity groups of breastfeeding mothers and the use of the baby carriers.
- 2- Change the strategy of health education in the rally posts so that more time is spent with groups of IO-12 mothers.
- 3- Train **TBA**s and mothers in GMP as planned in the project.
- 4- Prepare a follow up plan of NDF including observation forms with clear indicators which help focus on planned objectives and revise job descriptions of **CHWs** to allocate time for this activity. Specifically ICC and MARCH should involve WCMs in **NDFs**.
- 5- Strategy for the distribution of deworming medicine to children needs to be revised.
- 6- The strategy for the distribution of ferrous sulfate to specific target groups should be clearly defined with specific criteria.
- 7- Provide technical assistance to the mothers to help them with the activity of home gardens (in the ICC area in particular).
- 8- The coordination of the WAND project should try to get government written approval for iodine distribution.
- 9- Continue the distribution of ORS packets and the training of mothers in their use. Promote the use of liquids of all types including tea, juice, and soup. Promote continuous breastfeeding whenever the child has diarrhea even while using the packet of ORT. Make the packets more available.
- 10- Promote the use of family planning methods through more trainings and health education.
- 11- Discuss malaria treatment protocol with the Ministry of Health and train **CHWs** in malaria prophylaxis and the recognition of signs of the disease.
- 12- Reinforce community participation (in **NDFs**, health rally posts, health committees) and integrate other local groups eager to collaborate with the project. Continue all other efforts toward empowerment of the community such as credit programs.
- 13- Given that the budget is underspent after the mid life of this project the partners should analyze the planned budget for the remaining period and take steps, early on, to ask, if necessary, for a no cost extension.