

Annual Report

1 October, 2001 – 30 September, 2001

Child Survival XVI Project

USAID FAO A-00-00-00026-00

DFID CSCF:92

Port-au-Prince HAITI

Submitted to:

**United States Agency for International Development
and
Department for International Development**

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COVER SHEET

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Name and locality of project: Child Survival XVI Project
Carrefour
Port-au-Prince, Haiti

CSD reference number: CSCF:92

Name of local partner: ADRA Haiti

Project header: The ultimate goal of this program is improved health for the mothers and children of Diquini and adjacent neighborhoods in the Carrefour township. Strategic objectives for improved health are: #1 Community health status improved (interventions include nutrition, reproductive health, pneumonia case management, control of diarrheal disease and immunizations); #2 Community active in identifying and advocating for its own health needs; #3 public and private health care service providers collaborate to provide increased quality and range of services in response to community health needs.

Type of report: Annual Progress Report

Period covered by the report: 1 October 2000 – 30 September 2001

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ACRONYMS

ADRA	Adventist Development and Relief Agency
AH	Adventist Hospital
AI	Appreciative Inquiry
AIDS	Acquired Immunodeficiency Syndrome
ARI	Acute Respiratory Infection
ASDEKA	Association de Santé et de Développement de Carrefour
CDD	Control of Diarrheal Disease
CHA	Community Health Association
CS	Child Survival
CSCF	Civil Society Challenge Fund
DFID	Department For International Development (British AID)
DHA	Diquini Health Association (which became ASDEKA)
DPT	Diphtheria, Pertussis and Tetanus
DIP	Detailed Implementation Plan
FFP	Food For the Poor Hospital
FOCAS	Foundation of Compassionate American Samaritans
FP	Family Planning
HA	Health Agent
HHF	Haitian Health Foundation
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PSI	Program of Health Information
PVO	Private Voluntary Organization
RH	Reproductive Health
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TT	Tetanus toxoid
UCS	Community Health Center (Unit Communautaire de Sante)
USAID	United States Agency for International Development
WHO	World Health Organization
WRA	Women of Reproductive Age

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PROJECT SUMMARY SHEET

Work Plan	Achievements	Comments on progress	Rating	Lessons Learned/ Recommendations
COMMUNITY ORGANIZATION				
Baseline survey	Baseline completed with final survey of previous project	--	1	--
DIP preparation	DIP completed and reviewed with USAID	Two major recommend. made by USAID to be reported on in this Annual Report	1	-Revise indicators to show baseline and objective values -Include capacity building/ phaseover plan for health assoc.
Recruit new HAs	New HAs recruited	2 HAs had to be hired	3	Another HA will be hired next quarter.
HIS implementation -Census training Community relations w/ new zone	Completed with new HAs	The community requests that this be completed in stages so that they do the data collection and then begin implementing so that the community begins to see results more quickly.	3	Close collaboration with communities words wonders.
Development of health association -Strategy plan	ASDEKA has been formed	ASDEKA is enthusiastic but needs a clear plan for phaseover and a lot of guidance in that process	3	See page 2 of the report
Feedback to communities	Being accomplished once each quarter	The community and its leaders appreciate this a lot.	2	Project staff noticed that diarrhea was a lot higher for the new area, Source Corossil. Discussions with the community led to them to a decision that they needed a small water project to improve the situation. ADRA is working with other donors, partners and the community to achieve this.
COMMUNITY HEALTH OUTREACH				
School health ed -teacher training -Health Days	Teachers ready and willing to include health education in curriculum and a number of sessions completed.	Teachers still a little disorganized and not enough preparation time given.	3	Work closely with teachers to prepare health ed materials and sessions.
GM and Hearth	On-going	GM rally posts are well-attended. Hearth sessions are initially successful but mothers have difficulty in continuing what they learn.	6	Hearth Programs need to be accompanied with economic development components.
Mothers'/Fathers' Clubs	On-going	When members attend they appreciate what they learn but it is difficult to keep attendance regular and it is labor intensive for HAs.	6	Include some type of incentive to keep attendance regular.

Work Plan	Achievements	Comments on progress	Rating	Lessons Learned/ Recommendations
COMMUNITY HEALTH OUTREACH (con't)				
Health Posts	On-going	Good attendance	6	--
TBA Program -recruitment -training -FU	Completed with external funding but still needs FU and monitoring.	Relationships between TBAs and referral centers needs encouragement.	2	TBA training program is an excellent complement to CS activities. Partnership building with referral centers is crucial.
HA Training/ Refresher Courses				
Immunization refresher course	Training completed	--	1	--
ARI training course	Training of Trainers , field staff, HAs and leaders	Training well received by leaders	1	But we have to consider a refresher course next year . ARI is a new activity for a lot of staff
CDD refresher course	Not done	Next year	5	--
IMCI training course	Training for trainer and HAs	Training made by a consultant under the supervision of the MOH.	1	Good collaboration between the MOH and ADRA HAs. The MOH decided to provide a program for free essential medicines for HAs. This training has to be done also at the level of the community. We are waiting for training materials for the community level.
RH refresher course	Training completed	Done in collaboration with MSH and PSI. We have to do this again this next year.	1	I put a rating of 1, but this refresher course needs to be repeated.
Nutrition training	Not done	Will be done first quarter next year	5	--
Social marketing of ORS and condoms	On-going	Highly successful except for the unreliable/ decreasing supply of condoms.	6	Partnership with PSI has improved visibility of ORS and condoms in the community.
Formative research on RH and ARI	Done for ARI but some data collection and analysis was not done correctly by former employee.	To be done again next year	5	--

- * Rating scale:
- 1: fully achieved
 - 2: largely achieved
 - 3: partially achieved
 - 4: achieved to a very limited extent
 - 5: not achieved
 - 6: too early to judge

Annual Report 2000-2001

Child Survival Project XVI

I DETAILED IMPLEMENTATION PLAN

ADRA conducted a four and a half day Detailed Implementation Plan Workshop in Carrefour, in October 2000 with community partner organizations. There were 50 participants, including program staff, health agents and representatives from community health committees, the Adventist Hospital, Food for the Poor Hospital, Haiti Adventist University and the local Catholic Church.

The workshop was highly participatory, using the Appreciative Inquiry (AI) model for partnership building. During the initial **DISCOVERY** phase of AI, participants in small groups, followed by plenary discussion, explored the strengths, values, qualities, and successes of the community (including the ADRA/community partnership), culture, and organizational partners. It was agreed that a strong community spirit, value of family traditions, popularity of group functions (mother's clubs, men's clubs, youth clubs, etc.), respect for community health care providers (health agents, traditional healers and traditional birth attendants), and an emerging spirit of altruism are community attributes that are especially valued.

With much lively discussion, they came to consensus on five **DREAMS** that encompass their "preferred futures" that they envision for the community.

In the **DESIGN** phase of AI, workshop participants began the process of developing a Community Health Action Plan (CHAP) for achievement of the DREAMS. They came to recognize the value of continued dialogue and health action planning. Capacity building objectives were derived from that discussion.

In the **DEMONSTRATION** phase of AI, there was unanimous agreement in the value of organizing for the purpose of on-going coordination, planning, implementation and advocacy in community health development. They met again, with ADRA's facilitation, to organize the Community Health Association and continue the CHAP process (see next section).

II COMMUNITY DEVELOPMENT and MOBILIZATION

A. Association of Health and Development

The implementation of this association of health and development is one of the greatest challenges for CSPXVI during this year. The need for this association was recognized in the CSPXII. The community and ADRA-Haiti team understood this need. For the new project, the position for a Community Development Coordinator was created to facilitate this goal and was hired immediately in October 2000. Awareness has been done (and continues) during this first year to establish the health association. The essential points considered during the awareness building included:

- The necessity for the community to organize itself.
- The need for the community to organize itself in order to become a privileged negotiator for ADRA, Adventist hospital, MOH and other partners.
- Collaboration at all levels with the functions of the project.
- Participate in all steps of the project.
- Making appropriate decisions for the benefit and future of the association.

To reach our goal at the end of the first term of the fiscal year, a great meeting gathered leaders and different institutions. Following this meeting a committee of six members was elected to write the statutes of the association. Finally, in the last term of the fiscal year, during a large meeting, ASDEKA (Association de Santé et de Développement de Carrefour), the Association for Health and Development was born. The association has established statutes and executive officers are to be elected regularly (every two years with reelection permissible) and members are beginning to enroll. It's an association of groups and institutions in the community whose principal objectives are to improve the health, environment, literacy and economic situation of families in their community. Currently, approximately 30 groups are interested in joining this association.

One year has been necessary to finalize this work. It's a difficult and sensitive work. The unstable socio-political situation of the country discourages community group mobilization that requires long-term work. Furthermore, many of the so-called "community groups" are not really community groups, because they are not properly structured and very often do not have statutes or definite goals. Consequently, they need training and technical assistance. As soon as the executive committee was established, a training in association management was offered and facilitated by the ADRA Country Director. ASDEKA has initiated the procedure to obtain government accreditation at the Ministry of Social Affairs. Much remains to be done:

- Facilitate the new group's cohesion and ability to work together
- Continue training in association management
- Assist ASDEKA in completing its internal policies and procedures
- Develop a workplan including the phaseover of the essential project activities to ASDEKA
- Obtain office space
- Complete government registration
- Assist ASDEKA in defining its Strategic Plan
- Improve fund raising and membership fee collection
- Open a bank account

Photo 1: Meeting for training of ASDEKA.



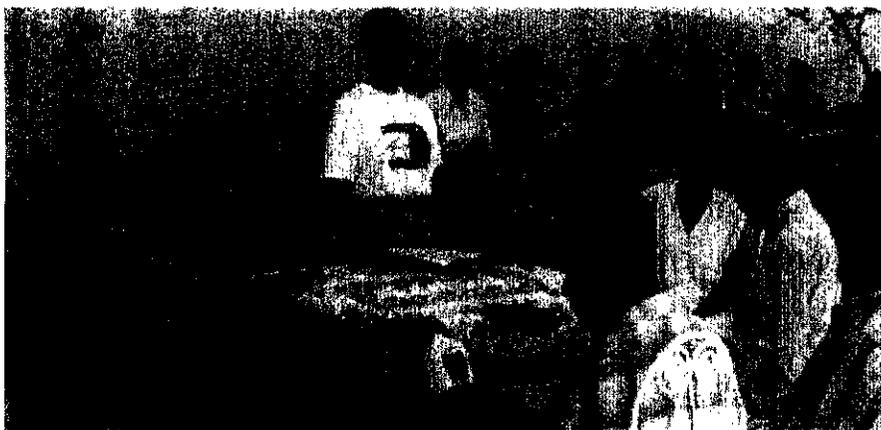
B. Training and Mobilization of the Community

After the CSPXII, the CSPXVI continued to implement activities of mobilization and training in the community. All day-to-day community activities took place as planned for this year.

Community meetings include health information kiosks, awareness raising days and feed back to the community. Community days are well received by the community. Health information kiosks are mobile posts staffed by health agents to which the community members come to have health questions answered, see ORT demonstrations, receive condoms and/or pamphlets on a particular subject.

Photo 2: A community meeting in Diquini.

The feed back meetings in the community are as important for the project as they are for the community. For example, when the project began its activities in the new territory (Source Corossol) a problem with diarrhea was soon detected. Indeed the incidence of diarrhea cases was very high.



With the help of simple graphs, the problem was exposed to the community. An analysis with the community ensued to discuss their living conditions and the water system for drinking water and helped us to quickly put the finger on the cause of these many cases of diarrhea. A drinking water project will be put in place with the help of ADRA UK and in collaboration with the community and CAMEP.

Rally Posts each health agent is responsible for conducting at least one post per month. During this first year, 283 rally posts have provided immunizations, vitamin A, health education, growth monitoring, etc. for mothers and children.

Home Visits also enable health agents to be more sensitive and alert to the needs of mothers and children. Health agents visit an average of 10 families per day with an estimated 25,231 visits during this last year.

Hearth Program ADRA Haiti started to implement this component in January 2000. The first results have shown a positive and appreciable effect on mothers' nutritional knowledge and other health subjects. ADRA's monitrices insist on establishing personal relationships with mothers during the 15 days of demonstration. The small groups (maximum of eight mothers) facilitate good communication and allow for favorable exchanges. Initial analysis shows that the increase of nutritional/health knowledge (see HIS section for statistics). However, their economic status is a tremendous barrier for mothers to practice what they learn. The search for economic support to help these women is critical. ADRA is in search of additional funding to meet this need. The problem is compounded by low literacy and numerous other factors.

Immunization Campaigns This year immunization campaigns were organized with the MOH two Sundays in January and February 2001. These campaigns are highly supported and promoted by community leaders and university nursing students. In May, a national polio campaign was organized because of an outbreak.

Reproductive Health This intervention is progressing well, there is a good referral system in place for both the Adventist and MOH Hospitals. They can receive counseling, depo provera, tubal ligations, vasectomies, Norplant, IUDs, gel/foam, contraceptives, etc. At the community level, the project makes condoms available through health agents and here there are serious concerns. Men's Club members normally request 20 condoms per month, but now health agents are only able to supply half as many. Health agents are not able to fulfill the demand because there is not a consistent supply. The project has attempted to solve this with social marketing training, but people, particularly men, are not willing to pay for condoms.

Photo 3: Hearth demonstrations.



Health Education in Schools

Health education in schools is a pilot project. Seven schools are now enrolled in the program and targets children ages 12 to 20. Thirty to forty minutes of health education has been integrated into the school curriculum. In collaboration with school principals, ADRA selected the subject of responsible sexuality. There is consensus in the fight against sexually transmitted diseases and early pregnancy.

Sessions are appreciated by both teachers and students and the overall experience has been somewhat successful. A lot of interest has been generated by the discussions and students, boys and girls alike, and they are asking for more. One anecdote of success, relates the situation of one of the students who lives in a home affected by AIDS. This person was able to share his fears that the facilitator was able to put to rest. There may even be opportunity to present materials to parents when they come for parent-teacher meetings and help to

facilitate communication between parents and their children.

Some of the problems encountered include:

1. Principals were not prepared to receive ADRA staff and venues were not conducive to discussion.
2. Amount of time given to conduct group discussions was inadequate.
3. Barrier of being able to discuss things openly with students in the presence of their teachers and school directors.

In the next phase of the project, ADRA plans to work with teachers to:

1. Prepare more structured lesson plans that include pre- and post-tests in order to evaluate impact of sessions.
2. Organize a plan that includes sessions in school curriculums and schedules.

Principals will need to show evidence of these points in order to be enrolled in the program.

Photo 4: School health education being done in a local primary school.



Photo 5: Graduation of Model Mothers taking place at the local university on 22 June.



messages spread from the Adventist Radio station 4VVE 89.7FM. The radio broadcasts twice a day health messages in line with the MOH's strategic health plan and includes vitamin A, family planning, immunizations, nutrition, etc. The materials used for broadcasting were furnished by MSH. The messages are culturally appropriate have been tested and used throughout the country.

Training of Community Leaders Before beginning any activity in the field, leaders participate in training. This is to first of all make them aware of how new activities will be implemented in their communities, secondly to introduce basic health aspects relating to a topic and thirdly to train them in mobilization so they can prepare their residents. This strategy has

Clubs for Mothers, Men and Youth

These meetings take place at least once a month, but more often it is twice a month and sometimes once a week. Individuals are enrolled in clubs for six months. Men's Clubs are organized in communities particularly motivated. Men are mostly interested in issues regarding sexually-transmitted diseases, family planning and environment. In June 2001, 118 "Model Mothers" graduated. Among them, 35 were selected and trained by PSI (Programme de Santé et Information) in social marketing techniques for ORT and condoms. PSI makes these available for sale to the mothers.

The component of social marketing will be initiated in the next quarter of the project.

Engaging club members, however, requires a dedicated effort and perseverance from health agents. Mothers are especially busy with daily chores and family business and often arrive late to meetings.

Radio Broadcasts Since February 2001, another community outreach activity has been health

been used to introduce the ARI intervention in the third quarter so the community is just beginning to reap the benefits.

III TRAINING ACTIVITIES

Important training activities have been accomplished in the past year.

A. Traditional Birth Attendant Training

This training was a good complementary activity for the project. This special one year project was funded by ADRA Canada and ADRA Norway.

About 70 traditional TBAs (both men and women) are registered in the project area and 40 of these accepted to be trained. This training was implemented realized by the CS team and Adventist Hospital in partnership. Training sessions took place in the hospital. Two groups of 20 completed the 12 week program of the MOH. At their graduation, each student received a kit containing sterilized materials for performing deliveries. Apart from the training itself, these TBA are supervised by a TBA Coordinator. The coordinator is actually one of ADRA's male HAs, selected from among the female auxiliaries of the project. He was selected because of his

enthusiasm and desire to do good work. His work of sensitizing and motivation are appreciated in the community not only by TBAs but also by mothers and community leaders. There are numerous testimonies given to this fact (see inset).

The TBA training began in December 2000 and arrived at a crucial moment for the community. January to August the 2001 the nation experienced a shortage of tetanus vaccines. The pregnant women of the community could not be immunized any more. The project took this opportunity to focus on the necessity to have high standards for hygiene during deliveries and in cutting of the umbilical cord.

Since their training, TBAs meet once a month at the Adventist Hospital to receive continuing education and follow-up training, to give their report and to receive new delivery kits as necessary. A system of reporting was designed and adapted for the illiterate women. From the beginning, it was crucial that the training took place in the hospital and now ADRA insists that follow-meetings continue at the same institution. This is to encourage phaseover of monitoring once the project has been completed. In addition, we wanted to facilitate a closer relationship between community TBAs and the hospital. TBAs are

Personal Encounters

Around mid-March, a woman from Source Corossol, a little far from the health center, was in labor for three days. The woman's mother couldn't take her daughter's suffering any more and decided to take her to a voodoo priest. She thought an evil spirit was preventing her daughter from having the baby. They were about to leave when a neighbor came by and asked them to see an ADRA trained TBA, Mr. Evener. Mr. Evener examined the young woman and discovered that she had a breech delivery and referred the case to the nearest hospital. A few hours later, the young woman gave birth in the hospital and the family went to Mr. Evener's house to thank him for having saved two lives through his timely advice.

At the end of April, in the area of Tunnel, a non-trained TBA performed a delivery. She did not know how to cut the umbilical cord and the placenta was not delivered. Panicked, the family was getting ready to go to the nearest hospital. Jacob, a neighbor, suggested calling an ADRA trained TBA. Josama came quickly, cut the cord, asked the mother to breastfeed the child immediately, thereby facilitating the evacuation of the placenta. Within 30 minutes the problem was solved.



naturally apprehensive of how they will be received by a sophisticated institution and that they may be perceived as insignificant. This is a completely new and frightening concept for them. By building the relationship, TBAs are becoming more comfortable with referring presenting signs of danger.

Traditional birth attendants are expected to continue to attend regular meetings at the Adventist Hospital. In order to ensure a continual development of the relationship, the hospital needs to take steps that improve their reception of TBAs and their patients. This may include improving standards of quality.

Analysis made by the CSPXVI shows that the ideal would be to maintain the position of the TBA Coordinator for yet another year in order to strengthen what is now only a foundation and to reinforce the link between TBAs and the hospital. At the moment, the only possible partial solution is for health agents to carry some of the duties of the TBA Coordinator.

A more exhaustive evaluation of this project will take place in November of this year.

Photo 6: Graduation of TBAs on 3 August 3 2001.



B. Training of Trainers

It is the intent of ADRA to build the capacity of all health providers in the area. When trainings are planned, invitations are sent to partners such as Food for the Poor, Adventist Hospital, ASCOSADEC and the MOH.

Acute Respiratory Illnesses Acute respiratory illnesses constitute one of the major problems of health for the children of Haiti. The management of ARI is an important intervention that was added in the first year of CSPXVI. A training of trainers was implemented for ADRA staff and also for those of the Adventist Hospital. ADRA has received technical support from MSH and FOCAS Haiti, who has already had experience in this intervention.

Integrated Management of Childhood Illnesses This important training was done with the help of a consultant and under the supervision of the MOH. Staff from ADRA, the Adventist Hospital and the MOH of Carrefour participated in a 13 day training session on IMCI with curriculum from the MOH/WHO. The MOH also provided the didactic materials needed. The field practicum took place both at the Adventist Hospital and at the MOH hospital.

The MOH appreciated this collaboration and promised to provide free essential drugs to the Adventist Hospital. The MOH is currently preparing training materials for community-based IMCI, to be implemented within the next year.

C. Training for Field Staff

Approximately every two months the field staff have benefited from training sessions. New health agents were recruited for the project's new territory and to replace those who had to leave for various reasons. Trainings conducted, included methods for conducting a census, community animation, management of diarrhea and ARI, immunizations and reproductive health.

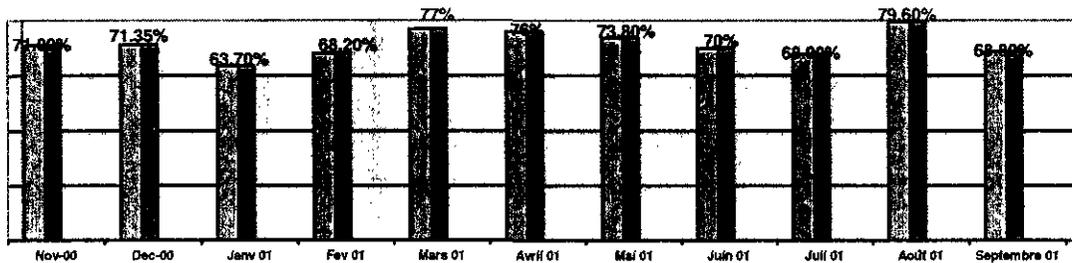
IV THE HEALTH INFORMATION SYSTEM

A. The Census

The CSP16 intended to increase its territory by 20,000 people. The new territory was selected in agreement with the MOH and according to the needs of the community. Two areas were selected: La Fraicheur and Source Corossol. The health agents started the census at the beginning of January 2001. The current population is approximately 75,500. It took longer than expected to complete the census. It was at the request of the community that the project decided to immediately implement activities for each area as it was counted. There are still 4,500 to be registered. This is to be completed at the beginning of the next quarter.

B. Statistical Information

1. Immunization of Children - % of children completely immunized (12-23 months)

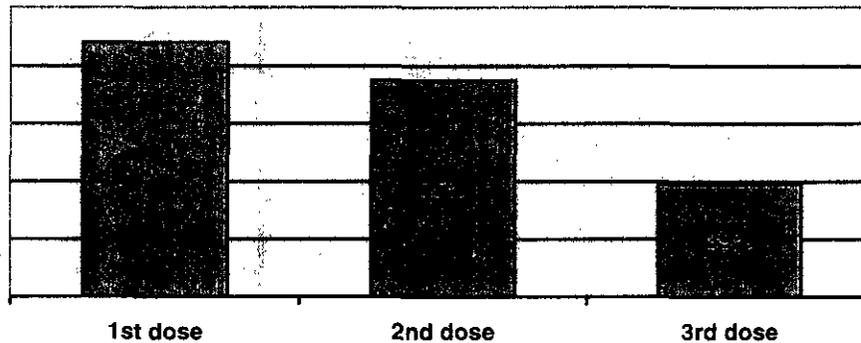


In comparison with metropolitan (Port-au-Prince, Carrefour, Delmas, Petionville) and national estimates (31.2% and 33.5% respectively), ADRA's project area is doing extremely well at 68.8% for the month of September and nearly 80% the previous month (*Emmus III*, 2000).

2. Immunization of Women - The percentage of WRA immunized against tetanus is only 7% because of a vaccine shortage that occurred from January to August 2001.

3. **Vitamin A** - The objective was to give two doses of vitamin A to 50% of children 12-23 month of age. This was exceeded.

Percentage of children 12-23 mos who received vitamin A



4. **Hearth Program** – Results of Five Hearth Rounds

At this stage, the project is only able to make a simple analysis of its impact for this component. The graph below depicts preliminary data of five rounds of children who have been followed for six months.

After 6 months:

33.7% of children gained weight

31.5% maintained their weight

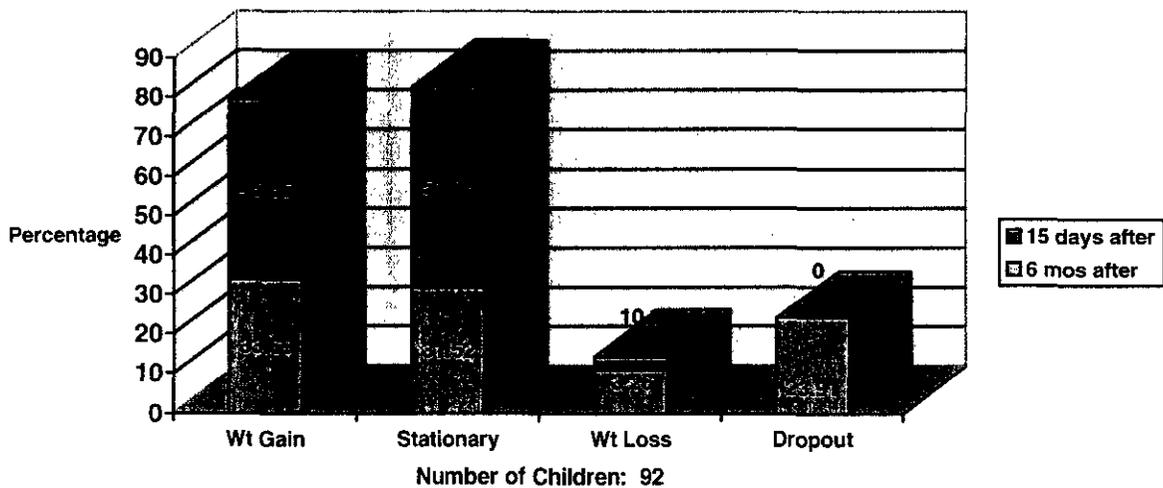
10% lost weight

23.9% dropped out of the system most likely due to migration

Number of voluntary mothers trained and enrolled: 75

Numbers of children enrolled in the hearth program during the year: 282

Results of Five Hearth Rounds



V PARTNERSHIPS

Hands of Love The planned partnership has not been what it was intended. They continue to be a referral center but their community outreach does not reach within the boundaries of Carrefour.

The community through **ASDEKA** (see Community Development and Mobilization section)

The Adventist Hospital a memorandum of understanding between the two institutions was established. It contains all the plans for training, referral system, reporting (to MOH and MSH), monitoring, etc.

Management for Science of Health has become a special partner during the past year. Through a common project, ADRA Haiti/AH, the project receives from MSH funding enabling them to have more community mobilization activities with the community groups and schools. The project also receives technical assistance from MSH. Some of the staff have been able to attend several training sessions organized by this institution in the area of management of ARI, STDs, family planning and others.

The Ministry of Health wanted to update the UCS (Unité Communale de Santé) of Carrefour. It has organized planning sessions in order to make strategic planning for the commune. A draft of plan has been made but there is still much to do. One of the meetings included a variety of partners (MOH, ADRA and health providers of Carrefour) who prepared a plan for all the health and development activities of the Carrefour commune.

Food for the Poor was present during the preparation of the DIP and actively participated in the process. But they are not very involved in the community activities. After all they are a hospital giving curative care. They are overwhelmed with their own activities. ADRA HAs also refer patients to this hospital.

ASCOSADEC is a partner with whom ADRA has established a new relationship with last year. It's a well-known association that exists in the new territory of the project. It offers health services in the community. This association was elected Associate Secretary of ASDEKA.

FOCAS is an international PVO with whom ADRA has partnered for ARI training of ADRA's trainers (key ADRA staff). Their assistance was requested based on their experience of ARI.

Program Goals and Objectives

Objective	Indicator	Measurement	Major Activities
<i>Pneumonia Case Management – 20% of effort</i>			
1. Increase from 11% to 50%, caretakers of <2 year old children who know that rapid breathing is the principle danger sign of pneumonia.	% of caretakers of <2 year old children who know that rapid breathing is the principle danger sign of pneumonia	Baseline and final surveys Focus group discussions	Training of health care providers Community health education
2. Increase from 32% to 40%, caretakers of <2 year old children who seek medical attention for cough with rapid breathing in the same or next day.	% of caretakers of <2 year old children who seek medical attention for cough with rapid breathing in the same or next day	Baseline and final surveys	Training of health care providers Community health education Home visits and referrals by HAs Build partnerships with referral centers
<i>Control of Diarrheal Disease – 15% of effort</i>			
1. Increase from 26% to 75%, caretakers of <2 year old children who know 2 or more signs/ symptoms of dehydration.	% of caretakers of <2 year old children who know 2 or more signs/ symptoms of dehydration.	Baseline and final surveys Records of ORS sales	Training of health care providers Community health education ORS made readily available to the community Promotion by TBAs
2. Increase from 73% to 83%, caretakers who give the same amount or more of food to <2 year old children during diarrheal episodes.	% of caretakers who give the same or more of food to <2 year old children during diarrheal episodes		
3. Increase from 85% to 95%, caretakers who give the same amount or more of fluids to <2 year old children during diarrheal episodes.	% of caretakers who give the same or more of fluids to <2 year old children during diarrheal episodes		
4. Increase from 81% to 90%, caretakers who treat their <2 year old children with ORT during diarrheal episodes.	% of caretakers who treat their <2 year old children with ORT during diarrheal episodes		
5. Increase from 62% to 85%, caretakers of <2 year old children who can demonstrate ability to properly prepare ORS.	% of caretakers of <2 year old children who can demonstrate ability to properly prepare ORS	Baseline and final surveys Observation	Training of health care providers Community health education

Objective	Indicator	Measurement	Major Activities
Immunizations – 15% of effort			
1. Increase from 59% to 80%, children fully immunized before age 12 months.	% of children given DPT3, polio3, and measles vaccine before age 12 months	Baseline and final surveys HIS health card	Training of health care providers Community health education Monitor vaccine supply and cold chain Supervise rally posts Conduct immunization campaigns
2. Decrease from 13% to 8%, the difference between DPT1 and DPT3 doses (drop-out rate) before age 12 months.	Drop-out Rate: % difference between DPT1 and DPT3 doses for children before age 12 months	Baseline and final surveys HIS health card	Community health education Training of health care providers Home visits and follow-up by HAs
Nutrition – 25% of effort			
1. Increase from 16% to 20%, <6 month old children exclusively breast fed.	% of <6 month old children exclusively breastfed	Baseline and final surveys Mother's Club records	Training of health care providers Community health education Mother's Clubs Promotion by TBAs
2. Increase from 45% to 70%, 6-23 month old children who have received 2 vitamin A capsules.	% of 6-23 month old children who have received 2 vitamin A capsules	Baseline and final surveys HIS health card	Training of health care providers Community health education Monitor supply of vitamin A capsules Hearth sessions
3. Increase from 57% to 70%, caretakers of <2 year old children weighed in the past 3 months with nutrition counseling.	% of caretakers of <2 year old children weighed in the past 3 months with nutrition counseling.	Baseline and final surveys HIS health card	Training of health care providers Community health education Monitor bi-monthly rally posts Hearth sessions
4. 10% of children with mild to moderate malnutrition improve by the end of each year of program.	% of children with mild to moderate malnutrition whose low weight for age improves by 1 standard deviation, by the end of each year of program.	Baseline and final surveys HIS health card Hearth session records	Training of health care providers Community health education Hearth sessions

Objective	Indicator	Measurement	Major Activities
Reproductive Health – 25% of effort			
1. Increase from 10% to 50%, WRA immunized with 2 doses of TT.	% of WRA immunized with 2 doses of TT	Baseline and final surveys HIS Mother's cards	Training of health care providers Community health education Monitor HA and TBA prenatal care Build partnerships with referral centers
2. Increase from 78% to 85%, pregnant women who have at least 2 prenatal consultations.	% of pregnant women who have at least 2 prenatal consultations	Baseline and final surveys HIS Mother's cards	Training of health care providers Community health education Strengthen FP clinics Promotion by TBAs
3. Increase from 68% to 80%, pregnant women who have received at least 60 iron/folate capsules during pregnancy.	% of pregnant women who have received at least 60 iron/folate capsules	Baseline and final surveys HIS Mother's cards	Training of health care providers Community health education Monitor supply of iron/folate capsules
4. Increase from 34% to 55%, women visited by a HA within 24 hours after home delivery.	% of women visited by a HA within 24 hours after home delivery	Baseline and final surveys HIS Mother's cards	Training of health care providers Community health education Home visits made by TBAs
5. Increase from 46% to 60%, women given a vitamin A capsule within 30 days after delivery.	% of women given a vitamin A capsule within 30 days after delivery	Baseline and final surveys HIS Mother's cards	Training of health care providers Community health education Promotion by TBAs
6. Increase from 22% to 32%, WRA, who desire to delay their next birth, who use a modern contraceptive method.	% of WRA, who desire to delay their next birth, who use a modern contraceptive method	Baseline and final surveys	Training of health care providers Community health education Women's clubs Monitor availability of modern contraceptive methods Build relationships with referral centers
7. Increase from 25% to 50%, WRA who can name 2 methods of preventing STIs and HIV/AIDS.	% of WRA who can name 2 methods or preventing STIs and HIV/AIDS	Baseline and final surveys Focus group discussions	Training of health care providers Community health education Mother's Clubs and Men's Clubs School health programs Condom distribution
8. Increase from 26% to 50%, 15-49 year old men who can name 2 methods of preventing STIs and HIV/AIDS.	% of 15-49 year old men who can name 2 methods or preventing STIs and HIV/AIDS	Baseline and final surveys Focus group discussions	

Logical Framework

PROJECT GOAL		MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>To empower communities with the ability to assess and manage the health and well being of their families. ADRA aims to accomplish this goal through community development and organization, by building linkages between partners and increasing the use of quality child and reproductive health services by the END OF PROJECT in 2003.</p>		<p>Achievement of the three purpose statements:</p> <ol style="list-style-type: none"> 1. Improved health status of Diquini Community. 2. Communities are active in identifying and advocating for their own health needs. 3. Public and private health care service providers collaborate to provide increased quality and range of services in response to community health needs. 	<p>Final Evaluation</p>	
<p>PURPOSE STATEMENT #1: Improved health status of Diquini Community.</p>				
<p>#1A PNEUMONIA CASE MANAGEMENT</p> <p>To reduce the number of severe pneumonia cases for children under two.</p>		<p>There is an increase in knowledge and behavior change in the treatment of ARI episodes.</p>	<p>Baseline and final surveys Focus group discussions Mid-term & final evaluations HIS health indicators</p>	<ul style="list-style-type: none"> • ADRA's partnership with PROMESS remains intact. • Acceptance of referrals by hospitals. • Supply of antibiotics into Haiti is reliable throughout the life of project.
<p>OUTPUTS</p>				
<p>1. Increase from 11% to 50%, caretakers of <2 year old children who know that rapid breathing is the principle danger sign of pneumonia.</p>		<p>% of caretakers of <2 year old children who know that rapid breathing is the principle danger sign of pneumonia</p>	<p>Baseline and final surveys Focus group discussions</p>	
<p>2. Increase from 32% to 40%, caretakers of <2 year old children who seek medical attention for cough with rapid breathing in the same or next day.</p>		<p>% of caretakers of <2 year old children who seek medical attention for cough with rapid breathing in the same or next day</p>	<p>Baseline and final surveys</p>	
<p>ACTIVITIES</p>				
<p>1. Training of health care providers</p> <p>2. Community health education</p> <p>3. Home visits and referrals by HAS</p> <p>4. Build partnerships with referral centers</p>	<p>INPUTS</p> <p>Health Agents (salaries) ARI Training Training Materials Supplies: timers, antibiotics, etc.</p>		<p>Financial Statement Procurement Documentation Training reports Inventory Lists</p>	

PURPOSE STATEMENT #1 (cont')	MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
#1B CONTROL OF DIARRHEAL DISEASE To reduce incidence of dehydration through caretakers' ability to manage diarrheal episodes with oral rehydration therapy.	There is an increase in knowledge and behavior change for the treatment of diarrheal episodes.	Baseline and final surveys Focus group discussions Mid-term & final evaluations HIS health indicators	<ul style="list-style-type: none"> Partnership between ADRA and PSI remains intact. There is a reliable supply of ORS into Haiti. Acceptance of referrals by hospitals.
OUTPUTS			
1. Increase from 26% to 75%, caretakers of <2 year old children who know 2 or more signs/symptoms of dehydration.	% of caretakers of <2 year old children who know 2 or more signs/symptoms of dehydration.	Baseline and final surveys Focus group discussions	
2. Increase from 73% to 83%, caretakers who give the same amount or more of food to <2 year old children during diarrheal episodes.	% of caretakers who give the same or more amount of foods to their <2 year old children during diarrheal episodes	Baseline and final surveys	
3. Increase from 85% to 95%, caretakers who give the same amount or more of fluids to <2 year old children during diarrheal episodes.	% of caretakers who give the same or more amount of fluids to their <2 year old children during diarrheal episodes	Baseline and final surveys	
4. Increase from 81% to 90%, caretakers who treat their <2 year old children with ORS during diarrheal episodes.	% of caretakers who treat their <2 year old children during diarrheal episodes with ORS	Baseline and final surveys Records of ORS sales	
5. Increase from 62% to 85%, caretakers of <2 year old children who can demonstrate ability to properly prepare ORS.	% of caretakers of <2 year olds who can demonstrate the ability to properly prepare ORS.	Baseline and final surveys Observation	
ACTIVITIES			
1. Training of health care providers	Health Agent (salaries)	Financial Statement	
2. Community health education	Training Materials	Training reports	
3. ORS made readily available to the community	Social marketing activities	Staff activity reports	
4. Promotion by TBAs	Supply of ORT	Inventory	

PURPOSE STATEMENT #1 (cont.)	MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>#1C NUTRITION To increase the percentage of children with appropriate weight for age.</p>	<p>There is an increase in knowledge and behavior change in breastfeeding and other child feeding practices and a decrease in the incidence of malnutrition.</p>	<p>Baseline and final surveys Focus group discussions Mid-term & final evaluations HIS health indicators</p>	<ul style="list-style-type: none"> • Source of deworming medication has reliable supply. • ADRA's partnership with PROMESS remains intact. • Households are able to continue learnt feeding practices under economic strain. • Hearth approach is culturally appropriate.
OUTPUTS			
1. Increase from 16% to 20%, <6 month old children exclusively breast fed.	% of <6 months old children exclusively breastfed	Baseline and final surveys Mother's Club records	
2. Increase from 45% to 70%, 6-23 month old children who have received 2 vitamin A capsules.	% of 6-23 month old children who have received 2 vitamin A capsules	Baseline and final surveys HIS health card	
3. Increase from 57% to 70%, caretakers of <2 year old children weighed in the past 3 months with nutrition counseling.	% of caretakers of <2 year old children weighed in the past 3 months with nutrition counseling.	Baseline and final surveys HIS health card	
4. 10% of children with mild to moderate malnutrition improve by the end of each year of program.	% of children with mild to moderate malnutrition whose low weight for age improves by 1 standard deviation, by the end of each year of program	Baseline and final surveys HIS health card Hearth session records	
ACTIVITIES			
1. Training of health care providers	Health Agents and Monitrices (salaries)	Financial statements	
2. Community health education	Training and health education materials	Training reports	
3. Mother's Clubs	Commodities for Hearth Program	Staff activity reports	
4. Promotion by TBAs	Supplies: Growth monitoring cards, scales, deworming medicines, Model Mother certificates, vitamin A capsules, etc.	Inventory	
5. Monitor supply of vitamin A capsules			
6. Hearth sessions			
7. Monitor bi-monthly rally posts			

PURPOSE STATEMENT #1 (con't)	MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
#1D IMMUNIZATIONS The prevention of immunizable diseases through regular immunization services.	Reduced incidence of immunizable diseases.	Baseline and final surveys Focus group discussions Mid-term & final evaluations HIS health indicators	<ul style="list-style-type: none"> Adventist Hospital and PROMESS partnership remains intact. There is a reliable supply of vaccinations in Haiti. Cold chain continues to function efficiently and maintenance is accessible. ADRA's partnership with the MOH (re: immunization campaigns) remains intact.
OUTPUTS			
1. Increase from 59% to 80%, children fully immunized before age 12 months.	% of children given DPT3, polio3, and measles vaccine before age 12 months	Baseline and final surveys HIS health card	
2. Decrease from 13% to 8%, the difference between DPT1 and DPT3 doses (drop-out rate) before age 12 months.	Drop-out Rate: % difference between DPT1 and DPT3 doses (drop-out rate) for children before age 12 months	Baseline and final surveys HIS health card	
ACTIVITIES	INPUTS		
1. Training of health care providers 2. Community health education 3. Monitor vaccine supply and cold chain 4. Supervise rally posts 5. Conduct immunization campaigns 6. Home visits and follow-up by HAS	Health Agent (salaries) Health Training Supplies: syringe safety boxes, vaccinations, etc.	Financial statements Staff M&E activity reports Inventory	
#1E REPRODUCTIVE HEALTH			
Families have the ability to make informed choices regarding all aspects of reproductive health.	Deliveries are safer and families are making informed choices regarding all aspects of reproductive health.	Baseline and final surveys Focus group discussions Mid-term & final evaluations HIS health indicators	<ul style="list-style-type: none"> There is a reliable supply of iron/folate, TT, vitamin A capsules in-country. Adventist Hospital Family Planning clinic and other local health clinics have reliable, affordable supply of contraceptive options.
OUTPUTS			
1. Increase from 10% to 50%, WRA immunized with 2 doses of TT.	% of WRA immunized with 2 doses of TT	Baseline and final surveys HIS Mother's cards	

PURPOSE STATEMENT #1E (con't)	MEASURABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
2. Increase from 78% to 85%, pregnant women who have at least 2 prenatal consultations.	% of pregnant women who have at least 2 consultations	Baseline and final surveys HIS Mother's cards	
3. Increase from 68% to 80%, pregnant women who have received at least 60 iron/folate capsules during pregnancy.	% of pregnant women who have received at least 60 iron/folate capsules	Baseline and final surveys HIS Mother's cards	
4. Increase from 34% to 55%, women visited by a CHA within 24 hours after home delivery.	% of women visited by a CHA within 24 hours after home delivery	Baseline and final surveys HIS Mother's cards	
5. Increase from 46% to 60%, women given a vitamin A capsule within 30 days after delivery.	% of women given a vitamin A capsule within 30 days after delivery	Baseline and final surveys HIS Mother's cards	
6. Increase from 22% to 32%, WRA, who desire to delay their next birth, who use a modern contraceptive method.	% of WRA, who desire to delay their next birth, who use a modern contraceptive method	Baseline and final surveys	
7. Increase from 25% to 50%, WRA who can name 2 methods of preventing STIs and HIV/AIDS.	% of WRA who can name at least 2 methods of preventing STDs/AIDS	Baseline and final surveys Focus group discussions	
8. Increase from 26% to 50% 15-49 year old men who can name 2 methods of preventing STIs and HIV/AIDS.	% of men of the age group 15-49 who can name at least 2 methods of preventing STDs/AIDS	Baseline and final surveys Focus group discussions	

PURPOSE STATEMENT #1E (cont)		MEASURABLE INDICATORS		MEANS OF VERIFICATION		IMPORTANT ASSUMPTIONS	
ACTIVITIES		INPUTS					
<ol style="list-style-type: none"> 1. Training of health care providers 2. Community health education (Women's Clubs, Mother's Clubs and Men's Clubs School health programs, etc.) 3. Monitor CHA and TBA prenatal care 4. Build partnerships with referral centers 5. Strengthen FP clinics 6. Promotion and home visits made by TBAs 7. Vit A supplementation 8. Monitor supply of iron/folate capsules and availability of modern contraceptives 9. Condom distribution 		Health Agents (salaries) Health training Health Education materials Supplies: Model Mother certificates, contraceptives, vitamin A capsules, iron/folate capsules, condoms, etc.		Financial statements Training reports Staff M&E activity reports Inventory			
PURPOSE STATEMENT #2: Communities are active in identifying and advocating for their own health needs.		The health association is representative of the Diquini Community (and their interests).		The health association has a strategic plan that reflects community felt health needs.			
OUTPUTS		INPUTS					
Communities establish a Diquini health association (DHA) to meet their health priorities.		Community / DHA has funding mechanisms in place that enables the sustained provision of select CS interventions.		DHA financial records Organizational documents			
ACTIVITIES		INPUTS					
<ol style="list-style-type: none"> 1. Hold Strategic Planning sessions w/ community health committees (CHC) to determine vision for sustainability (current plan is DHA). 2. Hold planning sessions with DHA (w/ CHC representation) to determine its role and funding mechanisms to ensure sustainability. 3. Train DHC/community on financial management, design and use of budget. 		Consultants Community-level strategic planning materials (in Creole) Training Materials		Quarterly and Annual Activity reports Strategic Plans DHA Minutes		<ul style="list-style-type: none"> • Strategic Planning materials are available as scheduled. 	

MEASURABLE INDICATOR(S)		MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>PURPOSE STATEMENT #3: Public and private health care service providers collaborate to provide increased quality and range of services in response to community health needs</p>			
<p>OUTPUTS</p>		<p>MEANS OF VERIFICATION</p>	
<p>1. MSP/MOH demonstrates increased level of support to and participation in Diquini health outreach activities.</p>	<p>1. DHA authorized by MSPP to provide health services. 2. MSPP appoints a representative to DHA 3. MSPP cooperates with DHA to monitor and/or accredit private clinics in program area.</p>	<p>MSPP documentation DHA operating licence (or authorization of some type) Representative of MSPP</p>	
<p>2. Increased level of cooperation/teamwork between FFP and AH to increase the quantity/quality of health care services in the project region.</p>	<p>1. AH and FFP share results, reports and cooperate in health service delivery 2. AH has new systems in place that broaden its response to community demand for services in ARI, EPI and FP.</p>	<p>Monitoring Plan Cooperative Agreement Trained personnel in ARI at AH Service records from AH family planning clinic Service records from the AH polyclinic</p>	
<p>3. MSPP strategy for UCS public / private collaboration and decentralization of health care services achieved.</p>	<p>1. Common strategies are outlined for sustained health delivery of core package (CDD, ARI, EPI and RH) and points of collaboration. 2. Quarterly assemblies by all institutions to review results and progress.</p>	<p>UCS plan Minutes of UCS Coordination meetings</p>	
<p>ACTIVITIES</p>		<p>INPUTS</p>	
<p>1. Collective strategic planning sessions 2. Design with AH and FFP training that meets identified areas of growth in both institutions. 3. Provide to and train AH and FFP in the system software for ADRA's HIS system, which may be modified to their needs and used to monitor health issues in project area.</p>	<p>Consultant Strategic Planning Materials HIS software HIS coordinator Training Materials</p>	<p>Collaborative strategies exist for sustained service delivery in project area. Ongoing project M&E reports HIS documentation (from AH or FFP)</p>	