



## ANNUAL REPORT

Oct 2004 - Sept 2005

Name of PVO	Haitian Health Foundation
Program Location	City: Jeremie Department: Grand'Anse Country: Haiti
Cooperative Agreement Number	<b>GHS-A-00-04-00020-00</b>
Beginning & End Dates	2004-2009
Submission Date	October 31 <sup>st</sup> 2005

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## ANNUAL REPORT

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### A. MAIN ACCOMPLISHMENTS OF PROGRAM

The main accomplishments of KOMBIT in Year 1 of the grant were the establishment of strong relationships among the partners, linking with other CBOs, baseline data collection through KPC and Facilities Assessment, utilization of baseline data for partners and community planning, training and implementation of SDM as a new method of child spacing, development and implementation of BCC, and the creation and pilot use of clinical and M & E tools. Each of these areas will be addressed in more detail in the following paragraphs as well as the table of progress on activities related to the project objectives.

#### Partnership Development:

A major accomplishment of this year was establishing working relationships between HHF, MSPP and SGS. This began prior to the beginning of the grant year through conversations and meetings. The first official Partners Meeting was held in October, 2004 and regular meetings were held, initially every 1-2 weeks and, more recently, every month. These meetings have provided an opportunity to identify resources and tools, work through problems, and establish trust. The partners were involved in designing and conducting the Facilities Assessment; Dr. Bourdeau, Medical Director of HHF, Dr. Dady Montinord, UCSII Director, Sister Marie Ninoche Emile, Liaison from Sisters of the Good Shepherd, and Dr. Warren Berggren, the Acting KOMBIT Director, visited each dispensary (two people in each team). This was a critical collaborative process because of the shared communication about programs, facilities, and resources. The data from the facilities assessment and the KPC were used by the Partners to revise objectives and improve strategies for the DIP.

This baseline information was also used when the partners made decisions about the supplies and equipment most critically needed for Year 1. The partners also used this information to develop the 5 year work plan. In addition, a Visioning meeting was held in March, 2005, with selected representative from partners and collaborators. The partners played a key role in presenting the goals and baseline assessments, and stimulating discussion for a joint vision. The foundation for the significant progress that was made in developing the partnership in year 1 was provided by collaborative work on a one year pre-KOMBIT program grant, which is described in the next section.

#### Linkages:

During the first year of KOMBIT, there were numerous opportunities to discuss maternal mortality in the Grand Anse with the Director General, Dr. Leandre, of MSSP. In January, 2005, HHF presented the health situation in the Grand Anse and requested additional obstetrical support for the local hospital. The Grand Anse was promised two additional obstetricians. None have been sent as yet. A HHF pre-KOMBIT staff nurse was sent to the government nurse midwifery program and graduated in February of 2005. It is significant to note that the government accepted a PVO (HHF) nurse for this training; it was previously only for government nurses. This nurse midwife

graduate is now the maternal newborn nurse supervisor for KOMBIT. It is hoped that additional nurses will be sent for midwifery training over the next 4 years.

The Chief Epidemiologist for MSSP, Dr. Roc Magloire, has actively participated in the development of RAMOS and the verbal autopsy process. He has also shared national data sets with KOMBIT to assist in measurement and program evaluation. The chief nurse epidemiologist for the government has made special efforts to participate in KOMBIT activities. Most recently, she provided the death certification training for partner nurses and staff.

Another major activity in the pre-KOMBIT period was the use of the JHPIEGO birth preparedness/ complication readiness matrix (BP/CR matrix) in an educational program with over 900 participants from the mayor to mothers. This strengthened KOMBIT relationships and linkages with other programs, community leaders, and community residents. It stimulated conversation across all participants to determine which key activities, from the family to the provider, reduces maternal mortality. It was the first time the JIPIEGO matrix was used as an educational tool at the community level.

Relationship with other organizations:

1. *Pan American Health Organization (PAHO)*. Numerous communications and meetings were held with PAHO regarding the implementation of neonatal IMCI in Haiti and training in the SIP (Perinatal Information System), a perinatal soft ware program which is now available in French. Although no concrete activities were implemented for this year, two programs are in process.
2. *Catholic Medical Mission Board (CMMB)* recognizes HHF's capacity for community based ARI and has had numerous discussions about KOMBIT being a site for Neonatal IMCI. CNMB's is instrumental in the piloting and implementation of community IMCI which has to be in place before NIMCI. CMMB's progress in supporting community IMCI through PAHO and MSSP has been limited by issues of translation, finding and implementing pilot sites, and political instability. HHF's well-established relationship with CMMB assures that KOMBIT will participate in NIMCI as these issues are resolved.
3. *Gebeau Methodist Rural Development Project* is a local CBO collaborator. Gebeau health staff, including nurses and health agents, have participated in all KOMBIT trainings to date.
4. *Medecin du Monde* was a very active participant in KPC and Facilities Assessment.
5. *CARE Jeremie* participated in all local meetings
6. *Conference of Baptists in Jeremie*. KOMBIT has been presented to the leaders of all the Baptist churches in the greater Jeremie area, and the church members have demonstrated their willingness to participate in KOMBIT.
7. *Faith Mission (Methodist)*. US Faith Mission Board supports KOMBIT, and the National Mission President has agreed to local collaboration in KOMBIT. The local Mission leadership has identified churches in the KOMBIT areas without health agents and will be partners in developing Femmes KOMBIT.
8. *Catholic Church*. Caritas was identified by the Monsignor to help organize Femmes KOMBIT in areas without health agents, and preliminary meetings have been held.
9. *Other Local Organizations*: *The League of Pastors* (all Protestant churches in Grand Anse), *the Association of Journalists* and *Fam la Kay* (a women's rights group) have participated in KOMBIT training and planning sessions. *Paradi des Indiens School* in Abricots is willing to provide community outreach to areas that have no health agents;

about 100 teachers have participated in training on danger signs and family planning. All these groups are interested in working as KOMBIT collaborators.

Linkage with the USAID Mission in Port au Prince was also significant both in pre-KOMBIT and in Year 1 of KOMBIT. See Section I of the report for a more detailed discussion of this linkage.

### **Baseline Data Collection and Utilization:**

The KPC and Facilities Assessment were major accomplishments of the past year. The KPC was conducted under the supervision of Dr. Warren Berggren. Dr. Warren Berggren, Dr. Bourdeau, and Mr. Casimir Alfred, the KOMBIT BCC/Field Coordinator, trained HHF and partner nurses in how to conduct the KPC, and supervised the HHF nurses who actually did all the interviews. The process of the Facilities Assessment is described under the partnership heading. The results of both of these assessments were used to write the DIP and plan effective program strategies. The data from the KPC has already been useful for the development of new studies of EBF and HIV knowledge, pregnancy danger signs, and maternal nutrition.

### **Training and implementation of SDM:**

In January, the program manager and one staff member from the Georgetown Institute for Reproductive Health (IRH), Caroline Blair and Bernard Balibuno, conducted a 1 day workshop to introduce SDM. This was attended by 75 people representing KOMBIT partners, collaborating agencies, pastors, journalists, and other programs in UCS2. Drs. Jolicourt and Mallet from USAID and MSH flew in from Port au Prince to participate in this meeting. In April, Bernard Balibuno and another IRH staff member, Trinity Zan, conducted 3 one-day training sessions for 90 health providers, church leaders and community members. SDM will provide an ongoing child spacing method for women who have completed LAM, as well as, provide an accessible and economical method of FP to any woman who desires to use it.

Getting a steady supply of SDM necklaces had initially been difficult to establish because they are produced in Asia, take a long time get to Haiti, and there are payment issues. The implementation in KOMBIT has, at the end of Year 1, been moving along. There is a 3 month lag in establishing a woman's cycle, and for that reason the number of users is still low. A system has been established for tracking community education and documenting new acceptors and success rates. Continuing education will be provided by Georgetown in Year 2.

### **Development and Implementation of BCC:**

BCC includes community education, mobilization and training to improve communication for health professionals in the clinics and for Health Agents in the community. A meeting was held in May to develop and prioritize BCC messages. This meeting was attended by key KOMBIT partners, staff, and field personnel. As a result of this meeting, 20 health messages were developed and 5 were prioritized for use on the radio. These 20 messages were discussed by the KOMBIT team and modified for clarity, reviewed by the partners, and piloted with a mothers' club in Jeremie. As a result of feedback, the messages were refined. Those prioritized for the radio were professionally recorded, and started playing as radio spots in September. The effectiveness of the radio spots will

be informally assessed. All 20 of the messages will be used in community education by health agents, clinics, theater troupes, and mothers', fathers', youth, and church groups. Songs, skits, and banners are being adapted and modified for YEAR 2.

Another BCC activity was the initial implementation of community education on *Where Women Have No Doctor*, which started in the last quarter of the year. The KOMBIT BCC/Field Coordinator and Nursing Supervisor met leaders from the Dayere area (100 people) and introduced the book *Where Women Have No Doctor*. The emphasis of this introduction was to discuss with the community danger signs when women are pregnant and during delivery, and how to keep women healthy. The nursing supervisor read the book, made a summary of the main points of each chapter, and then used the summary in teaching the community leaders. Key points were put on flip charts and those in attendance made notes to take home. The nursing supervisor used a similar process with 11 mothers' clubs. *Where Women Have No Doctor* was also introduced to the Health Agents. In Year 2 Health Agents will receive copies of the book, will review one chapter with the nurse supervisor each month at their continuing training day, and then will present and discuss chapters with mothers' clubs.

Other BCC Activities in Year 1 included the following. Every year, HHF hosts a meeting for all the community leaders in the area, this past year the BCC/Field Coordinator presented KOMBIT to over 600 key people from communities in the region. The BCC/Field Coordinator also conducted a day long workshop with 300 women leaders in protestant churches on safe motherhood initiatives and messages. At the Jeremie Mother's Day celebration, the UCSII Director, the HHF Medical Director and the KOMBIT BCC/Field Coordinator gave a presentation about the work of KOMBIT. The BCC/Field Coordinator provided a day long workshop on danger signs during pregnancy, delivery and post-partum, as well as, family planning to 100 teachers in the Paradi des Indiens Schools serving the Abricots area. The teachers will then educate school children and encourage them to take the messages to their parents and the community. This offers one approach to community education and mobilization in areas without Health Agents.

BCC and linkages with churches.

*Baptist Churches.* Last November at the annual Baptist Convention, two HHF physicians who are Baptist church members presented an information session on breast feeding, uterine and breast cancer, menopause, and provided an overview of KOMBIT and maternal health risks. After this, Dr. G. Berggren and the KOMBIT Administrator met a few times with the Baptist Church Departmental Coordinator and his wife who is President of the Women's Groups in Grand Anse. They gave the Departmental Coordinator a list of all UCS2 villages in the KOMBIT catchment area, and had him identify villages where there are Baptist churches. The Departmental Coordinator attended the SDM training. In August, KOMBIT BCC/Field Coordinator met with 300 women leaders of the Baptist church at the request of the President of the Women's Group.

*Methodist Churches.* KOMBIT staff met with the other large protestant church group in the area, Faith Mission (Methodist). At Faith Mission's Annual Congress in Jeremie, Dr. G. Berggren spoke to all the leaders (50) of the women's groups (dorcas) about the maternal risk components of KOMBIT and presented the concept of a birth plan. KOMBIT staff also met with the US Faith Mission's Board (one of whom is the nurse in charge of health programming) and presented the whole KOMBIT plan. The National Mission President agreed to a local collaboration in the implementation of KOMBIT, and identified UCS2 villages in the KOMBIT catchment area (including

Bonbon and Abricot) where there are Methodist churches. The local Mission President attended the SDM training. KOMBIT has been invited to present at this year's Conference in November.

*Other Protestant Churches.* The League of Pastors is an organization that includes all the Protestant pastors in Grand Anse, and it meets the first Friday of every month. The League invited KOMBIT to present and discuss the planning for areas without Health Agents.

*Catholic Church.* Several informal conversations were held with the Bishop and his staff. Caritas was identified as the best way to identify strong local women's groups. The Caritas staff person responsible for Women's Groups came to the KOMBIT office to meet with the Medical Director, Acting KOMBIT Director, M&E Administrator, Grant Administrator, Partner from Sisters of Good Shepherd, and BCC/Field Coordinator. The staff presented KOMBIT and discussed how collaboration might work with the catholic women's groups. KOMBIT was invited to present to the whole staff at Caritas, and this presentation is scheduled in Year 2. The Catholic Church was represented in many of the planning sessions for KOMBIT. Three priests, representing the Catholic Diocese of Grand Anse, attended the first maternal mortality audit, SDM Training, and the Visioning meeting.

Health and Human Rights Training.

The BCC/Field Coordinator, who is also a lawyer, developed an integrated maternal health risk and health/human rights training session. In Year 1 three sessions were conducted in the KOMBIT areas, and another one in a non-KOMBIT HHF area. This day-long training session is taught by the BCC/Field Coordinator, a Judge de Section, and 2 other lawyers. The structure of the training is that 110 community leaders and members are invited to attend a workshop in a central, rural location. A mid-day meal is provided because most must travel a considerable distance on foot. The program always consists of four components: encouraging village participation in a maternal death surveillance program; birth plan and complication preparedness; laws relevant to marriage, divorce, widowhood, cohabitation, and adultery; and, the difference between legitimate, natural, and children from an adultery relationship.

Interpersonal skills education.

An important KOMBIT BCC activity is training health provider staff. The BCC/Field Coordinator provided 3 days of interpersonal skills training with all the nurses in KOMBIT and one nurse from each of the partner clinics. The BCC/Field Coordinator also provided training for the MSPP nurse and HHF nurses on community mobilization and communication for health. Staff training addressed communication and engagement at both the individual and community levels.

### **Creation and Pilot Use of Clinical and M & E Tools:**

Maternal Mortality Audit

In 2000, the Haitian Health Foundation (HHF) began using deaths certificates to track all deaths in Jeremie, in areas where they had health agents. The RAMOS has been administered by Health Agents since January 1, 2005 for all deaths to women 14-49. During 2004, the RAMOS was administered by nurses as a pilot project. The purpose of the RAMOS is to (1) identify maternal deaths previously identified, (2) identify maternal deaths previously classified as other causes of deaths, and (3) specify causes of death previously classified as unknown. All possible maternal deaths are followed up with a Verbal Autopsy that is performed by a nurse. The Verbal Autopsy

investigates all possible social and medical causes of potential maternal deaths. All KOMBIT health personnel conduct monthly "maternal morbidity/mortality" audits to consider whether the maternal death was preventable. These audits provide information to support new approaches to program implementation, and for health policy recommendations at every level. RAMOS has been administered on 77 women who died in 2004, and 25 women who died in 2005. Verbal Autopsies have been performed on 17 of these deaths in 2004 and 4 deaths in 2005 as of September, 2005. Two Maternal Mortality Audit meetings have been conducted, and 8 cases reviewed. The RAMOS and Verbal Autopsy questionnaires, as well as the process for Maternal Mortality Reviews, has undergone continuous adaptations and revisions to obtain better, more complete information, and to make it more applicable to the Grand Anse area.

A number of monitoring tools have been piloted by KOMBIT:

1. A birth delivery plan form has been developed and piloted at the HHF health posts and clinics. Currently, nurses and a field manager are in charge of counseling and completing the form for pregnant women, which is then clipped to the women's health card. Health agents will be trained to continue the activity in their areas. A system to monitor the use of the plans through clinic reporting and health card spot checks will be developed in Year 2.
2. Referral forms have been in use by HHF, but a counter referral form and tracking system are to be developed in Year 2. Tickler boxes have been piloted in two HHF clinics to identify and provide outreach to women with high risk pregnancies who have been lost to follow-up.
3. Natural family planning methods in used by each woman are tracked by health agents on their monthly registers. This information is entered in HHF's HIS, along with dates of pregnancy, allowing calculation of number of acceptors and success rates.
4. Each BCC activity is monitored by a health education checklist to note the level of knowledge prior to the activity, and which messages were taught in each session. This eliminates the need for lengthy hand written reports. Learner evaluation checklists are also done at the end of individual and group counseling sessions, such as for SDM.
5. Case finding forms were used to track activities at the market place.

A number of monitoring tools have also been developed by KOMBIT:

1. An insert sheet has been created to attach to the monthly forms collected by MSPP from the clinics to get more detailed information on KOMBIT indicators.
2. A pregnancy register will be used by Femmes KOMBIT groups to register all pregnancies and outcomes. This form will complement the health agents' pregnancy registers.
3. A newborn assessment form was developed for use by clinic nurses as currently only minimal vital statistics for the newborn are recorded. Health agents have an assessment form already in use.
4. A list of localities in non-HHF areas has been compiled and this is being linked to other information such as church groups and the distance to facilities. The localities are being mapped using GIS software. Health agents will group these localities to determine the best sites to develop evacuation transit points and post feedback to the communities.

## Capacity Development:

KOMBIT has been instrumental in providing technological skill development for both HHF and for their partners and collaborators. HHF was already using LQAS in some of their other programs, but this was incorporated with the KPC for baseline data collection in KOMBIT. HHF and their partners were trained in the scientific methods of community research, and applied this training in Year 1. The KOMBIT staff developed skills in writing program goals, objectives and program outcomes. They have learned to work together to develop annual work plans to meet the program objectives, and to use data for decision making. The verbal autopsy methodology is one example of how they are collecting data for decision making.

KOMBIT is also concerned with building clinical capacity in the centers providing health services. This has been accomplished through training staff in the facilities, providing essential needed supplies and equipment, and educating the community. The partners work together to develop better recording systems, referral systems, and more accurate collection of health care data. It is clear from KOMBIT's initial community organizing that the community is enriched in many areas in addition to health including the development of leadership and shared responsibility.

KOMBIT is the first program in Haiti that has approached maternal mortality from a shared partnership among a PVO, the regional health department, and a CBO. Including our collaborators in the training sessions has increased the capacity of even more agencies to help prevent maternal mortality and improve pregnancy outcome. As evidenced by a report about KOMBIT on the radio in Port au Prince, this program is developing a national reputation that if successful has potential for replication. Documentation of success will make it likely that it will be accepted and replicated in other parts of the country.

Project Objectives	Key Activities	Status of Activities
<b>Maternal/Newborn Care</b> 1. Increase number of women that can name at least 2 danger signs during pregnancy	<ul style="list-style-type: none"> <li>- Seminar to develop messages.</li> <li>- Brochure that includes the role of Center of Hope (MWH) for high risk rural women.</li> <li>- Train medical personnel (MDs, nurses), distribution of appropriate reference materials</li> <li>- Train supervisors of HAs to train HAs in danger sign health messages</li> <li>- Train the women leaders of CBOs to train women representatives for their entire communities.</li> <li>- Contact church leaders in Jeremie area :               <ul style="list-style-type: none"> <li>- Baptists</li> <li>- Methodists</li> <li>- Catholic</li> </ul> </li> <li>- Formation of Theater Troupes for health messages; roving theatre troupe at key market places and other KOMBIT sites</li> </ul>	<ul style="list-style-type: none"> <li>- Seminar held in May, 20 messages developed</li> <li>- Brochure is complete and is being printed</li> <li>- Completed</li> <li>- Completed, ongoing implementation in KOMBIT areas</li> <li>- Church leaders were contacted in January and in August 2005 to discuss KOMBIT and how to organize training sessions</li> <li>- Preliminary discussion in August, to be implemented in year 2.</li> </ul>
2. Increase number of women that can name at least 2 danger signs during labor and delivery	<ul style="list-style-type: none"> <li>- Seminar to develop messages</li> <li>- Develop brochure</li> <li>- Train or retrain medical personnel (MDs, nurses), distribution of materials</li> <li>- Train supervisors of HAs to train their HAs to get messages out</li> <li>- Train the women leaders of CBOs to train women representatives for their entire communities</li> <li>- Contact church leaders in Jeremie area :               <ul style="list-style-type: none"> <li>- Methodists</li> <li>- Baptists</li> <li>- Catholic</li> </ul> </li> <li>-Formation of Theater Troupes for health messages; roving theatre troupe at key market places and other sites</li> </ul>	<ul style="list-style-type: none"> <li>- Messages developed</li> <li>- Brochure is complete and is being printed</li> <li>- Completed</li> <li>- Completed, ongoing implementation in KOMBIT areas</li> <li>- Church leaders were contacted in January and in August, 2005 to discuss KOMBIT and how to organize training sessions</li> <li>-Preliminary discussion in August, to be implemented in year 2.</li> </ul>
Project Objectives	Key Activities	Status of Activities
3. Increase number of women that can name at least 2 post partum danger signs	<ul style="list-style-type: none"> <li>- Seminar to develop messages.</li> <li>- Brochure that includes the role of Center of Hope (MWH) for high risk rural women.</li> <li>-Train medical personnel (MDs, nurses), distribution of appropriate reference materials</li> <li>- Train supervisors of HAs to train HAs in danger sign health messages</li> <li>- Train the women leaders of</li> </ul>	<ul style="list-style-type: none"> <li>- Seminar held in May, 20 messages developed</li> <li>- Brochure is complete and is being printed</li> <li>- Completed</li> <li>- Completed, ongoing implementation in KOMBIT areas</li> </ul>

#### Notes on above table:

- KPC and facilities assessments provided baseline information for all indicators.
- Technical interventions were included in the status of project objectives.
- The comment section of this table was removed for easier reading, because the narrative provides a more detailed discussion.

See the Appendix for a detailed calendar of activities, participants, and a description of accomplishment.

#### **B. FACTORS THAT HAVE IMPEDED PROGRESS**

Overall, we feel that KOMBIT has accomplished most of its objectives and the work plan for the first year. One major delay was in the HBLSS training which did not take place as scheduled in July. It was rescheduled for February of Year 2. The need to reschedule was due to political instability and the travel restrictions on Haiti imposed by USAID and many PVOs. The political situation has also affected progress in some of the specific areas noted below.

Other constraints to progress this past year included the lack of a full-time KOMBIT Project Director. Most of the year was spent trying to recruit suitable candidates for director and M&E. One of the problems was the increased money for HIV through PEPFAR. Most of these new PEPFAR positions pay higher salaries than locally prevailing rates, and make it difficult to attract qualified Haitians and US nationals to KOMBIT. Excellent people have now been hired to fill these positions. The KOMBIT Director, Dr. Sara Groves, began working in September, and Ms. Sujata Naik filled the position of M & E in May. She is currently half-time for KOMBIT, and half time on a prospective study of pregnancy complications. In the early stages of the project, Drs. Gretchen and Warren Berggren filled the Director and M&E positions on a temporary basis. They provided important leadership for the early stages of the project. Between March and September Sister Maryann Berard filled this position part-time. It is already clear that Dr. Groves will provide strong and continuous leadership and management, which will resolve some of the problems of the past year.

There have been some problems with communication and management of work tasks because the DIP and many other planning documents are in English. This means that staff are not completely aware of their roles and responsibilities. Having a Director will ensure that the translation of documents and communication of expectations will occur consistently. The specific tasks of the KOMBIT objectives will now be routinely supervised to accomplish the projected outcomes.

Although partnership development has proceeded well and there has been remarkable buy-in to KOMBIT planning and implementation, there are still areas that need to be addressed. Building partnerships takes time and requires learning other perspectives. The process is never smooth. One difficulty has been that partners are not always available (MSII Director often has to be in Port au Prince and so is not available for meetings). The current political uncertainty and upcoming elections also make it difficult to predict who will be in charge of the Health Ministry, this creates a poor environment for people at higher levels of MSPP to make decisions and commitments. Limited resources in terms of facilities, equipment/supplies, and staff are another major impediment. It is difficult to pull nurses out of clinics for training because there is no one to provide service in their absence. This will also present a challenge in terms of health agent and community mobilization. Another major limitation is that the hospital's ability to manage referrals is inadequate

(staffing, supplies, equipment, weekend availability, access), so this will be a problem as KOMBIT succeeds and appropriate demand increases.

### **C. TECHNICAL ASSISTANCE REQUIRED**

KOMBIT's major current technical need is the HBLSS training that will be provided in February of Year 2 from the American College of Nurse-Midwives. The nurses, health agents, and other staff have received considerable technical assistance in Year 1. CSTS has been helpful in providing technical assistance such as a sustainability model, mini-grants, and elements of monitoring and evaluation. KOMBIT has worked with JHPIEGO and Georgetown University (NFP/SDM) for additional training. KOMBIT also has the potential to link with other MSH training.

### **D. SUBSTANTIAL CHANGES FROM PROGRAM DESCRIPTION AND DIP**

There were no substantial changes in the program description and the DIP.

### **E. SUSTAINABILITY PLAN**

The DIP has identified how new program behaviors will be sustained based on program indicators in Table 2a *Behavior Change and Communication* (p 78-87). The focus is on integrating new skills into basic clinical practice, and through community education with the new behavior becoming the norm. KOMBIT also intends to integrate these new practices into the regional (UCS2) action plan, and create institutional standardization of clinical care. KOMBIT will also continue to develop through training the CBO's as resources in rural areas to do sustained community education.

See section A, Capacity Development for additional information.

### **F. FOLLOW UP ON DIP COMMENTS**

There are no follow up DIP comments.

### **H. PROGRAM MANAGEMENT SYSTEM**

Financial reporting for KOMBIT is handled by the Director of Administration and Finance (DAF) with support from the Assistant Director of Finance (ADF) and the Bookkeeper. HHF uses modified accrual accounting in conjunction with fund accounting. Most expenditures, with the exception of capital assets, are on an accrual basis. Capital acquisitions, however, are generally recorded on a cash basis, rather than depreciated over their economic life. A distinct Customer/Job account and expense accounts have been established in QuickBooks to specifically track KOMBIT funds. The ADF prepares monthly reports, which are reviewed by the DAF. Federal quarterly reports are prepared by the DAF. Certified Public Accountants from Guilmartin, DiPiro & Sokolowski, LLP are currently performing HHF's A-133 audit for FY 2005.

Human Resources have completed job descriptions and staff evaluation forms for all field staff in Haiti. All current positions are filled and all field staff from Year 1 have been evaluated.

KOMBIT staff and partners meet every two weeks, working together on the objectives and implementation plan. The team has developed a close working relationship. See Section A, partnership development and Section I, Mission Collaboration for additional information.

## **I. MISSION COLLABORATION**

USAID Haiti Missions overall health goals are congruent with goals of KOMBIT. Specifically there are mutual goals in reproductive health, and in the increase in access to basic health care. USAID Haiti is concerned with improved access to family planning education and services, pre and post-natal care for women, and improved management of complications during pregnancy. The Mission is working with public and private sectors to extend comprehensive health services nationwide.

The USAID Haiti Mission support for KOMBIT was evidenced when the initial 2003 KOMBIT proposal was not funded. The HPN officer came to Jeremie to offer a financial package with JHPIEGO to support start up activities for one year, as HHF was rewriting the grant. The USAID mission wrote strong letters of support for the KOMBIT grant.

From the initiation of the grant in October, 2004, there were numerous attempts to organize a formal meeting with MSPP, USAID, and KOMBIT administration, but due to political instability this meeting never occurred. In January, 2005, Dr Andre Jolicoeur, a pediatrician from the Haiti Mission came to Jeremie for a field visit and to participate in the SDM Introductory Symposium. KOMBIT assumed he was the liaison for the CSHGP. Later in the spring the project learned that Dr. Desinor was the liaison. Dr. Desinor was invited to participate in the visioning meeting, the USAID Mini-University and the DIP review, but was unable to attend. The USAID Mission was kept informed of all progress on KOMBIT through e-mails. In May, Dr. Desinor came to meet with KOMBIT staff and observe field operations. Due to political instability the USAID Mission staff was relocated from Port au Prince to Washington D.C., and this relocation continued to the end of the grant year. Therefore, during this first year, no meeting occurred between all Child Survival projects and the USAID mission in Port au Prince.





## APPENDIX

### CALENDAR WITH DESCRIPTION OF ACCOMPLISHMENTS

DATE	ACTION BY	DESCRIPTION
<b>2004</b>		
October 19	Technical Backstop Medical Director	USAID Washington CSHGP Orientation Meeting
Oct 20-23	Grant Administrator	KOMBIT grant translated from English to French for Partners
Oct 23-24	Grant Administrator Medical Director Technical Backstop Technical Advisor HHF Administrator BCC/Field Coordinator	<ul style="list-style-type: none"> <li>Reviewed Washington CSHGP Orientation Meeting</li> <li>Reviewed KOMBIT activity plan and confirmed time frame</li> <li>Listed documents to prepare for the DIP</li> </ul>
October 26	Grand Anse Health Department Director UCS2 Director SGS Hospital Maternity Chief Nurse MSPB Statistician Technical Backstop Technical Advisor HHF Administrator Grant Administrator BCC/Field Coordinator	<ul style="list-style-type: none"> <li>KOMBIT launched</li> <li>Distributed French version of KOMBIT grant</li> <li>Indicators reviewed</li> <li>Partners gave feedback on their identified facilities needs, actions, and suggestions</li> <li>Set up the liaison persons to participate in all KOMBIT planning meetings Fridays at UCS2 office.</li> <li>Agreed on KPC partner participation</li> </ul>
Oct – Dec 04	Technical Advisor USAID Haiti Georgetown University	Standard Days Method training planned for the Department of Grand Anse via email and phone conversations.
November 1	Meeting in Washington with Technical Backstop and Technical Advisor	Interfaced between HHF maternal newborn care and KOMBIT discussed.

DATE	ACTION BY	DESCRIPTION
November 8	Meeting with the American College of Nurse Midwives, Technical Backstop and Technical Advisor	Discussed budget, initial assessment for inclusion in DIP, and training. Training tentatively scheduled July, 2005. Initial assessment of capacity in the Grand Anse will occur in December, 2004. KOMBIT also suggested that St-Antoine Hospital be included for HBLSS to facilitate and improve general health care for mothers and newborns.
November 9 and ongoing	Meeting with: PAHO/IMCI Technical Advisor Technical Backstop	Discussion of neonatal IMCI and software to support clinic and other health delivery in KOMBIT clinics. Conversation continued via email and phone.
November 12 to December 22	Grant Administrator HHF Volunteer Technical Advisor Medical Director BCC/Field Coordinator Data entry/Secretary	KPC Modules reviewed. Relevant modules and CATCH were translated into Creole from the Oct 14 French version and then back translated into English.
Dec 2004 to March 2005	Acting KOMBIT Director	<ul style="list-style-type: none"> <li>• Consolidated Partners relationship and their active participation in DIP preparation</li> <li>• Developed, implemented, and documented methodology</li> <li>• Organized baseline analysis, prepared data for analysis</li> </ul>
Dec 2004 to March 2005	M &E Administrator KPC Consultant	Developed: <ul style="list-style-type: none"> <li>• Training plan</li> <li>• Training Matrix</li> <li>• Monitoring and Evaluation plan</li> <li>• M and E Matrix</li> </ul>

DATE	ACTION BY	DESCRIPTION
Dec 21	Program Director UCS2 Director SGS MSPP Nurse Medical Director BCC/Field Coordinator	<ul style="list-style-type: none"> <li>• Approved KPC/CATCH/HBLSS survey sampling plan</li> <li>• Drew a LQAS sample of 19 villages from each communal section of UCS 2</li> <li>• Finalized survey calendar-activities to start in last week of December 04</li> </ul>
Dec 27 to February 15	BCC/Field Coordinator Nurses overseen by Acting KOMBIT Director	KPC and Rapid CATCH Survey completed
<b>2005</b>		
January 12	Georgetown University USAID Haiti (Dr. Jolicoeur) Technical Advisor Technical Backstop MSPP	Planning meeting with 31 participants from UCS2 for SDM
January 12	Technical Backstop Grant Administrator Data entry/Secretary	Training in SPSS data management software for KPC data entry.
Jan to March 2005	Technical Advisor KOMBIT staff	Continued planning for the Standard Day Method training for the 90 participants in UCS2
Jan to March 2005	Data entry/Secretary HHF Volunteer Grant Administrator	KPC “double” data entry, error proofing, corrections
Feb 11 to 18	Acting KOMBIT Director KPC Consultant UCS2 Director MDM coordinator Sisters of Good Shepherd Liaison Medical Director MSPP Maternity Nurse	Facilities Assessment Survey conducted in 8 health facilities managed by KOMBIT partners.
March 18	Acting KOMBIT Director Technical Advisor MSPP and SGS partners Medical Advisors National Chief Epidemiologist KPC Consultant	<p>Visional Meeting and Baseline presentation to health partners representing the 3 communes of the UCS2 area.</p> <ul style="list-style-type: none"> <li>• Facilities Assessment results presented</li> <li>• KPC preliminary results</li> <li>• Prioritization of needs</li> <li>• Envisioning future of maternal newborn health in UCS2</li> </ul>

<b>DATE</b>	<b>ACTION BY</b>	<b>DESCRIPTION</b>
March-June	USAID ACNM Technical Backstop Technical Advisor Field staff	Over 30 conversations concerning the details of implementation of HBLSS; this was ultimately postponed until February 2006
March-April	Technical Backstop	KPC data analyzed
March-April	HHF Admin HHF Accounting Technical Advisor	Finalized KOMBIT 5 year financial plan Reviewed expenditure to date
March 4	BCC/Field coordinator Field Nurses	Trained 100 teachers in Abricot: danger signs during pregnancy, delivery and newborn; taught how to recognize signs; family planning; and how to teach students to take message home to parents.
March 2-3	Field Nurses	Trained 64 health agents on RAMOS
March 11	BCC/Field Coordinator Chief Departmental Judge School of Law teacher US volunteer lawyer from University of CT	Human and reproductive rights in Duranton for 110 community leaders. <ul style="list-style-type: none"> <li>• Encouraged village participation in a maternal death surveillance program</li> <li>• Birth preparedness and complication readiness</li> <li>• Laws relevant to married, divorced, widowed, cohabitation, adultery</li> </ul> The difference between legitimate, natural and adultery children
March-September	Field Nurses Neonatal Care Supervisor CS/BF Supervisor	Verbal Autopsy conducted with relatives of deceased women
March 28-30	UCS2 Director MSPP Nurse Sisters of Good Shepherd Medical Director BCC/Field Coordinator Field Nurses	Workshop with KOMBIT partners and staff to understand the link between Death Certificate, RAMOS, Verbal Autopsy and Summary Report. Set up process chart for report completion

<b>DATE</b>	<b>ACTION BY</b>	<b>DESCRIPTION</b>
April 1-15	HHF Admin HHF Accounting Technical Advisor Technical Backstop DIP Consultant KPC Consultant Program Director Medical Director Grant Administrator BCC/Field Coordinator	Completion and revision of DIP final draft
April -August	Medical Director	Monthly meetings with SA Hospital with Director and OB GYN to reinforce partnership among health institutions for at-risk HIV patients
April to June	Medical Director	Committee to finalize the MSPP departmental plan with the Departmental Director, FORSEF, MSH and CARE
April 6-8	Georgetown University	SDM seminars for 90 participants representing all health institutions in Grand Anse
April 15	Technical Backstop	DIP submission
April 18-20	BCC/Field Coordinator Neonatal Care Supervisor	Training based on HHF's experiences with community mobilization and interpersonal communication with dispensary supervisors of St-Hélène, Carrefour Sanon and Léon on NFP, neonatal mortality, newborn care, and breastfeeding
April 25	Medical Director BCC/Field Coordinator Grant Administrator	MSPP Departmental meeting KOMBIT activities update
May to August	M & E Administrator	Creation, review, and modification of monitoring & evaluation tools for field nurse activities
May 1-8	M & E Administrator	Consolidation and organization of data collection forms and development of a tracking system for completion of RAMOS and Verbal Autopsy. Implemented RAMOS database.

DATE	ACTION BY	DESCRIPTION
May 2 to August	Field Nurses Neonatal Care Supervisor	Case finding at market places to identify women who had not received prenatal care, provide blood pressure screening, danger sign counseling and referral. Many were women from Port au Prince and other areas who returned to their local communities to give birth (Leon, Marfranc, Roseaux, Bonbon, Fond Bayard)
May 11	BCC/Field Coordinator Field Nurses Sisters of Good Shepherd M&E Administrator Neonatal Care Supervisor CS/BF Supervisor	Workshop to create new BCC messages, 20 messages were developed on the following topics: <ul style="list-style-type: none"> <li>• Obstetrical evacuation plan</li> <li>• Pre/postnatal consultations</li> <li>• Encourage village to participate in Maternal Mortality activities</li> <li>• MAMA, Cervical mucus, SDM</li> <li>• Identify danger signs before, during and after pregnancy and in newborn</li> </ul> Five signs were prioritized for the first KOMBIT radio messages.
May 17	BCC/Field Coordinator Chief Departmental Judge Director of Jeremie Human Rights Center M&E Administrator	Human Rights training for 110 community leaders in Marfanc. (same components as for Duranton on March 11).
May 20	USAID/CSHGP Haiti Medical Director Technical Advisor UCS2 Director SGP Rep Grant Administrator	Meeting with Dr. Desinor, USAID, and observation of ongoing KOMBIT activities
May 20	BCC/Field Coordinator Chief Departmental Judge Director of Jeremie Human Rights Center	Human Rights training for 110 community leaders in Leon. (same components as for Duranton on March 11).
May 28-29	BCC/Field Coordinator UCS2 Director Medical Director	Mother's Day Broadcast messages and interview about safe motherhood on 6 radio stations

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June 1	BCC/Field Coordinator Neonatal Care Supervisor CS/BF Supervisor	Safe Motherhood presentation to 23 senior students from Jeremie School of Nursing
June 1	Technical Backstop Technical Advisor CNM/HBLSS team USAID Global Bureau Chief White Ribbon Alliance	Home Based Life Saving Skills planning.
June 6-9	Technical Backstop Technical Advisor Medical Director Medical Advisor	2005 CSHGP Mini-University DIP feedback
June - July	Medical Director	Implementation of planned departmental meetings
June 2-7	Neonatal Care Supervisor CS/BF Supervisor	Creation of tools for training for NFP (pre-test, post-test, check list supervision, songs)
June-Aug	Technical Advisor Technical Backstop	Fielded job applicants for KOMBIT
June 6-10	M&E Administrator	Further detailing strategies such as time frame identified in M&E Plan
June 9	Neonatal Care Supervisor	<i>Where Women have no doctor</i> discussed with mothers' club in Fond Bayard community
March-July	BCC/Field Coordinator Neonatal Care Supervisor CS/BF Supervisor	Monthly Staff meetings and HHF public health community meetings on safe motherhood/follow up to BPCR Matrix
June 20	BCC/Field Coordinator	Ile Blanche community meeting to encourage community participation in development of obstetrical emergency evacuation plan BP/CR Matrix
June 23	BCC/Field Coordinator Field Nurses	Jourdan community meeting to encourage community participation in development of obstetrical emergency evacuation plan BP/CR Matrix
July 11-August 8	HBLSS training canceled due to political situation	
July 4-8	CS/BF Supervisor BCC/Field Coordinator	HHF Staff training on NFP
July 5	Technical Advisor	Discussed the incorporations of Malaria prevention in terms of the CSHGP activities
July 13	M&E Administrator Medical Advisor Medical Director	Maternal Mortality Review Meeting with Partners and collaborators

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July 22 and ongoing	M&E Administrator Medical Director	Set up Tickler Boxes and system to be used in all KOMBIT dispensaries. Training for 2 dispensary nurses with piloting at Center of Hope and Dayère Clinics
July 27	BCC/Field Coordinator Field Nurses M&E Administrator	Continuing Education RAMOS for Health Agents
July 29	Medical Director M&E Administrator BCC/Field Coordinator	At UCS2/MSPP quarterly partner meeting, KOMBIT presented KPC and facility assessment results
August 1-7	Neonatal Care Supervisor CS/BF Supervisor BCC/Field Coordinator Field Nurses	World Breastfeeding Week Celebration in Bonbon, Iles Blanche, Haute Guinaudée, Roseaux, Carrefour Prince. <i>Where Women Have No Doctor</i> discussion held.
August 8-11	CS/BF Supervisor	NFP/SDM supervision of health agents during home visits
August 9	Neonatal Care Supervisor	<i>Where Women Have No Doctor</i> discussed with Mothers' Club in Terre-Rouge (52 participants)
August 9	Field Nurses BCC/Field Coordinator	Verbal Autopsies in Terre Rouge, Didon, Ravine Desrouges, Guitonnière
August 11	Field Nurses BCC/Field Coordinator CS/BF Supervisor	Community Meeting in Dayère to prepare obstetrical emergency evacuation plan: trained how to do it, took drafts to community (120 participants). Some have already submitted drafts, and others by the end of September
August 12	Neonatal Care Supervisor	<i>Where Women Have No Doctor</i> discussed with Mothers' Club in Fond Bayard (50 participants).
August 17-19	Neonatal Care Supervisor CS/BF Supervisor BCC/Field Coordinator Field Nurses	BCC Training for health agents
August 22	Neonatal Care Supervisor	<i>Where Women Have No Doctor</i> for discussed with Mothers' Club in Dayère

DATE	ACTION BY	DESCRIPTION
August 22-23	CS/BF Supervisor BCC/Field Coordinator	Training on NFP/SDM of pilot group of 300 women members of religious organizations in locations where there are no health agents, introduction of KOMBIT program, and list of volunteers to participate.
August 31 to Sept 2	BCC/Field Coordinator	BCC training for 15 nurses and auxiliaries
September 6 to 23	Neonatal Care Supervisor Field Nurses	Provided clinical support and education to partner clinics: Preville, Leon, Carrefour Prince, Roseaux, Carrefour Sano, Center of Hope
September 7 and 8	CS/BF Supervisor	Followed up on the training for NFP/SDM
September 12, 14, 16, and 26	Neonatal Care Supervisor	<i>Where Women Have No Doctor</i> for discussion with Mothers' Club in Duranton, Carrefour Prince, Lassise, and Paroty
September 19 - 22	Field Nurses	Verbal Autopsies in KOMBIT area
September 19-30	Field Nurses	Training at a dispensaries for 180 traditional birth attendants, nurses, and collaborators
September 27	Medical Director Kombit Director M&E Administrator MSPP and SGS partners	KOMBIT Maternal Review Committee met to review the verbal autopsies and prepare the presentations for the larger meeting with collaborators.
September 29 in the morning	Medical Director Kombit Director M&E Administrator BCC/Coordinator National Chief Epidemiologist MSPP and SGS partners	Death Certificate and Maternal Mortality Investigation training for nurses and staff at the KOMBIT partner clinics. The Chief nurse epidemiologist from Port au Prince provided part of the training. There were 28 attending.
September 29 in the afternoon	Medical Director Kombit Director M&E Administrator BCC/Coordinator National Chief Epidemiologist MSPP and SGS partners Neonatal Care Supervisor Field nurses	Maternal Mortality Review Meeting with partners and collaborators. There were 42 attending. Four cases were presented and discussed with suggested actions to prevent the mortality.
September 30	Neonatal Care Supervisor	Introductory discussion with health agents on how to use <i>Where There Are No Doctors for Women</i>

