Healthy Mothers, Healthy Children:
A Child Survival Initiative
Petit Goave District, Haiti
October 1, 2004 – September 30, 2009

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Global Health Action (US PVO)
&
The Methodist Church COD-EMH (Local PVO)

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CHW	Community Health Worker
COD-EMH	Bureau for Coordination & Development, Methodist Church of Haiti
CSHGP	Child Survival Health Grant Program
DIP	Detailed Implementation Plan
DP	Director of Programs
DPT	Diphtheria, Pertussis, Tetanus
GHA	Global Health Action
HAI	Haiti
HFA	Health Facility Assessment
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
KPC 2000+	Knowledge, Practices, and Coverage Survey
LOE	Level of Effort
MCH	Maternal Child Health
MOH	Ministry of Health
MTE	Midterm Evaluation
PAP	Port-au-Prince
PM	Program Manager
PMTCT	Prevention of Mother to Child Transmission of HIV
PVO	Private Voluntary Organization
RT	Roundtrip
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TT	Tetanus Toxoid
UCS	Unité Communale de Santé (District Health Office)
USAID	United States Agency for International Development
VHC	Village Health Committee
WHO	World Health Organization
YEAR 1	10/1/2004-9/30/2005
YEAR 2	10/1/2005-9/30/2006
YEAR 3	10/1/2006-9/30/2007
YEAR 4	10/1/2007-9/30/2008
YEAR 5	10/1/2008-9/30/2009

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A. Main Accomplishments

The first three years of project implementation in Haiti were marked by delays due to staff turnover, political and economic insecurity, and natural disasters. Despite the rocky start, **year four** showed remarkable success in terms of activity implementation.

The training of trainers (TOT) for **traditional birth attendants (TBAs)** took place during year four, which provided the Petit Goave health district with a team of trainers from our local partner, the Bureau for Coordination and Development of the Methodist Church of Haiti (COD-EMH) and the Ministry of Health (MOH), that can continue to strengthen the capacity of local TBAs after the end of the project. These trainers conducted the 16-week-long training for 50 TBAs in Petit Goave, bringing the number of trained TBAs in the project to 62. The TBAs have been participating in monthly meetings since the training was completed in June.

Community health worker (CHWs) activities increased significantly during year four. The majority of the 21 CHWs that are active in the project have been assigned to a health facility in the area and are fully integrated in the monthly activities therein. During year four, they completed their training in the six modules of the *Healthy Mothers, Healthy Children* curriculum. They applied their training by teaching the modules in 21 women's community banks, recording radio messages that were broadcast throughout the district, and participating in other educational sessions sponsored by the project. Additionally, the CHWs participated actively in monthly meetings and submitted regular reports on their activities.

Making up for significant delays in project implementation since the beginning of the project, **community mobilization activities** are in full force as of the end of year four. Monthly meetings are taking place with groups of women, youth, community leaders, religious leaders, and traditional healers. These meetings cover the main modules used in the *Healthy Mothers, Healthy Children* curriculum developed during year three. Larger community-oriented activities that were implemented include events around World AIDS Day, International Women's Day, Mother's Day, as well as other local holidays.

Clinical outreach activities expanded throughout year four. Although there were some constraints due to travel accessibility and access to funds in the field, 37 mobile clinics took place out of the 48 that were originally planned. Each of these clinics brought a multi-disciplinary team of a doctor, nurse, auxiliaries, lab technician, and pharmacist to areas of the district that are outside of easy access to health facilities. In some areas, regularly scheduled mini-clinics were established and conducted on a bi-monthly basis. These mini-clinics brought a more streamlined team to provide primary health care to residents. Two international medical mission trips also took place through sponsorship from the Methodist Church of Haiti.

In addition to the trainings of traditional birth attendants, TBA trainers, and community health workers, 20 project personnel from the COD-EMH and the MOH received **training on logistics management** of pharmaceuticals and medical supplies in March 2008.

In terms of project management, the management team made steps to improve the **financial management** of the project in year four. In previous years, financial transfers were made to the COD headquarters in Port-au-Prince, sometimes leading to significant delays in the arrival of funds to the field as well as the completion of financial reports, since reporting had to come from the field back through COD headquarters to GHA. This year GHA began transferring money directly to a COD bank account in Petit Goave, as well as requesting and obtaining financial reports directly from the COD field office. Although the HQ management team is still working with field staff to improve the quality and accuracy of their reporting, these changes have significantly improved the financial management of the project.

B. Activity Status

Objective 1: ***75% of mothers of children 0-23 months of age in the Petit Goave Region of Haiti will have received/utilized high quality pre- and post-natal/infant services during their most recent pregnancy by September 2009.***

Strategy 1: Improve quality of pre- and post-natal services available in the region

Activity Cluster	Status	Comments
Health Facility Assessment • Review/revise clinic record keeping • Facility staff training needs assessment	On target	The 8 project health facilities and the facility staff training needs were assessed in Y1. Clinic record keeping is continually being assessed
Quality Assurance • Train staff in QA • Institute Supportive Supervision • Institute QA plan and service delivery improvements	Not yet on target	QA training and application of the technique is planned for Y5 during Q1 and Q2.
Qualitative Research • Ongoing exit interviews of clients • Analysis of data • Further training of interviewers for key informants • Survey of key informants on barriers to service utilization	On target	Formal and informal interviews of clients and key informants have taken place throughout the project and will continue through Y5. Data from the interviews has been analyzed and is used to inform activity content.
Mobile Clinics • Assess current work and effectiveness of mobile health clinics operating in health facilities • Improve availability/quality of mobile clinics	On target	Mobile clinics are taking place nearly every week in most areas of the district. Monitoring data on mobile clinics is attached in Annex 1.
Community Health Worker Training • Identify existing CHWs • Identify additional candidates for CHW training • Develop CHWs training curriculum/materials • Training for CHWs • Explore and implement models to address CHW incentives and sustainability questions	Not yet on target	21 CHWs are active in the project and trained in the *Healthy Mothers, Healthy Children* curriculum that was developed in Y3. MOH staff is resistant to recruiting new CHWs since salary provisions are currently unavailable. Plans are underway to recruit inactive CHWs (from the MOH or other PVOs) for a refresher training and integration in the project during Y5.
Traditional Birth Attendant Training • Identify existing TBAs • Identify additional candidates for TBA training • Training for TBAs • Monitor and Supervise TBA activities	Not yet on target	Training for 50 TBAs was completed in Y4, bringing our total number of active TBAs to 62 in the project area. This falls short of the project goal of 80 due to budget constraints.
TBA and CHW Activities • Support post-delivery home visits • CHWs and TBAs educate women on maternal issues	On target	TBAs and CHWs are actively involved in their communities. During their monthly meetings, they report back on activities. 21 women's banks received

Activity Cluster	Status	Comments
• CHWs train women in community banks on maternal health issues		training in MCH issues during Y4.
Use of Standard Protocols • Assessment of use of standard protocols for key MCH services by health facility staff • Training on implementation of standard protocols for key services by health facility staff	Complete	Assessment and training completed during Y1 and Y2.
HIV Testing • Training of HIV counseling and testing of pregnant women • Provide VCT and referral for all pregnant women who attend health facilities • Conduct census/registration of pregnant women who are HIV positive	On target	VCT is systematically offered to all patients attending either health facilities or mobile clinics. Pregnant women are noted in clinic records. In Y5 the project will train additional staff in VCT in order to further enable regular testing.
Immunization and micronutrients • Plans to reduce missed opportunities for women's and children's immunizations • Immunization services for pregnant women and children • TT vaccinations • Iron supplementation for pregnant women	On target	Immunizations and micronutrient supplementation is supported by the project since Y3 in all health facilities and mobile clinics.
Pharmaceutical Management • Staff training in pharmaceutical management • Assessment of linkages between facilities and pharmaceutical depot • Implement mechanisms to improve linkages • Monitoring and supervision of pharmacy and drug management • Staff training for laboratory personnel • Monitor availability of reagents and supplies	On target	Training in pharmaceutical logistics management took place in Y4 for 20 field staff from the COD and the MOH clinics. Supervision and implementation of techniques are ongoing.
External support for supplies and services • Organize collection and shipment of medical supplies • Organize and support medical mission teams	On target	Three medical missions took place in Y4, and several more are planned for Y5. GHA is currently organizing a second shipment of a 40-foot container of medical supplies to the project area through MedShare International. An initial shipment took place in Y2.

Strategy 2: Increase demand for, and utilization of, quality pre-/post-natal and infant services in Petit Goave Region

Activity Cluster	Status	Comments
Networking and Community Mobilization • Networking with community leaders and community groups (women, literacy and youth groups) • Workshops to raise awareness amongst community leaders on importance of	On target	Meetings/workshops with community groups took place on a regular basis in Y4 and will continue into Y5. Community groups include traditional healers and community leaders, women's groups and youth.

Activity Cluster	Status	Comments
maternal and child health and responsible fatherhood		Information on numbers of meetings located in Annex 1.
Training • Develop protocols/materials for community groups' training and mobilization on key topics (importance of pre/post natal care – including delivery as well as STI/HIV impact on pregnancy, prevention of STI/HIV) • Train personnel and CHWs to carry out community group education, support, and facilitation • Training of community groups (women, literacy, and youth) on safe motherhood, child care, and responsible fatherhood • Organization of community group members to become peer leaders	On target	Materials used for training include the *Healthy Mothers, Healthy Children* curriculum that was developed in Y2 and Y3. CHWs have been facilitating community meetings using this curriculum throughout Y4 and will continue into Y5. Information on numbers of meetings located in Annex 1.
Educational activities • Organize meetings with fathers related to women from the women's groups • Organization and training of responsible fatherhood clubs • Organize community fairs on safe motherhood, child care, and responsible fatherhood • Organize community theater skits/activities • Organize Mother's Day fairs	On target	Community fairs and theater productions take place regularly, for Mother's Day, World AIDS Day, and other local holidays. Fatherhood clubs will be reformulated to be men's meetings (see section on changes to project for further detail). Information on numbers of meetings located in Annex 1.
Radio Broadcast • Develop message for radio spots • Support/organize broadcasting of radio health spots	On target	Half of the Healthy Mothers, Healthy Children modules have been developed into radio spots by the projects CHWs and broadcast on the local radio. The other half will be completed in Y5.

Objective 2: ***Establish a local referral network for quality maternal care in Petite Goave region of Haiti by September 2008.***

Strategy 1: Build/strengthen referral network and channels within existing health facilities and community

Activity Cluster	Status	Comments
Vehicles for referral • Procure motorcycles to facilitate community outreach activities • Procure project vehicle and ambulance to facilitate educational activities and referrals	Not yet on target	Motorcycles were purchased in Y3. Project ambulance will be purchased in Y5. Project vehicle has not been purchased due to delays in activity implementation and government administration in Haiti. Project staff is evaluating the necessity of purchasing a vehicle at this point. Other transport methods have been used thus far.
Procure and install two-way radios and develop	Not yet	Radios have been purchased and

Activity Cluster	Status	Comments
and implement procedures and protocols	on target	installed, but the project has experienced delays in operationalizing them. This process is underway and will be completed in Y5.
Protocols and procedures • Develop communications protocols linked to referral and medical evacuation protocols • Develop plan for referral and medical evacuation between health facilities and hospital • Train personnel in implementation and use of protocols	Not yet on target	Clinics have referral procedures in place, but no active plans and protocols for evacuation have been developed. With the purchase of the ambulance for the Olivier clinic and the activation of the radios, plans will be developed and implemented in Y5.
Care and referral of pregnant women • Create database of pregnant women visiting health centers • Create network to follow-up on HIV+ pregnant women • Post-partum visits carried out by staff/personnel	On target	Health facilities and mobile clinics keep records on all pregnant women, and CHWs and TBAs give regular feedback to project staff on women in their catchment areas. Follow-up on HIV+ patients, including pregnant women, occurs on a regular basis. Post-partum visits by project staff are ongoing.

Strategy 2: Strengthen health facility capacity to carry out community-based education and counseling around family planning, danger signs of pregnancy and health service seeking behavior (and referral)

Activities	Status	Comments
Implement program of increased community outreach activities	On target	Community outreach occurs weekly and will continue through Y5.
Leadership and Management Training of staff • Develop/adapt leadership and management training course and materials • Identify and train appropriate personnel in leadership and management	Complete	Leadership and management training took place in Y3 for 20 staff members, originating from both the COD and MOH clinics.
Identify obstacles to community outreach	On target	This is ongoing and is being addressed through the CHW activities and the implementation of the *Healthy Mothers, Healthy Children* curriculum
Train appropriate personnel on follow-up and counseling methods and strategies	On target	Capacity building of personnel is taking place and will continue throughout the last year of the project.

C. Factors Which Have Impeded Progress

Natural Disasters – During the last quarter of Y4, Haiti was struck with multiple hurricanes and tropical storms that caused massive damage throughout the country to homes and gardens as well as infrastructure. Although there was limited loss of life in the project area, the main building where meetings and trainings take place for project activities was destroyed. This building was owned by the COD-EMH and they do not currently have the funds to rebuild the facility.

Additionally, access to some parts of the district for mobile clinics and other outreach activities has been severely limited due to the destruction of roads and paths. To address these issues:

- GHA and the COD are exploring alternative venues for activities in the upcoming year. These venues will likely incur a facility usage cost, which will affect the budget.
- Mobile clinic schedules have been modified due to the changed physical landscape. Accessibility to isolated areas is being monitored regularly by field staff.

Staff turnover – Both GHA/HQ and GHA field partners have experienced turnover in staff this year. This has slowed progress on activities as new personnel catch up on the project. At the beginning of the second quarter of year four, the GHA/HQ and GHA/Field managers were new, the COD-EMH point person was newly appointed due to restructuring, and the Director of the UCS (the Community Health Unit, which is the local Ministry of Health office) was new as well. At the end of year four, the Director of the UCS was replaced again. To strengthen stability and continuity of the project, the following actions are being taken:

- Program partners are meeting regularly in person and through phone conversations to facilitate teamwork and learning.
- GHA/HQ Program Staff and the Haiti Project Manager participated in the USAID Technical Development Meeting this year to learn from other CSHGP participants.

Instability of partner organization – The COD-EMH has undergone dramatic restructuring this year, eliminating most of the high-level positions that existed on the original project management structure. This has lead to confusion on roles and responsibilities. Additionally, the organization has lost nearly 100% of other sources of funding. This has severely affected the project in terms of the cost-share of the original agreement, particularly regarding the payment of staff salaries, and operation and maintenance of equipment. To GHA's knowledge, the COD is providing no salary support to project-supported staff. Thus, USAID funding is supporting 100% of COD salaries. For staff members that are not paid at 100% LOE, their salaries are thus insufficient as compared to standard full-time rates for their respective positions.

- HQ and Field staff are working closely together to redefine roles and responsibilities for project coordinators from each partner.
- In order to implement project activities successfully, GHA was forced to include certain expenses in the budget that normally were covered by the COD cost share component.

Insufficient integration of the MOH – Certain project activities have not been possible due to insufficient integration of the Ministry of Health into the project design. For example, MOH officials have resisted active supervision of the MOH clinics by project staff since the officials feel that they are not receiving any direct financial support from the project for the clinics.

- GHA and COD personnel meet regularly with MOH staff to update on activities.
- Project personal emphasize the collaborative nature of the project in order to encourage active participation of Ministry officials.

Monitoring and Evaluation Capacity of Field Staff – Throughout Y4, GHA headquarters had difficulty in receiving written activity reports or monitoring data, despite regular communication with field staff and promises to deliver. Eventually it became clear that, with staff turnover, the knowledge of the M&E structure of the program was limited and the newly appointed staff did not have access to appropriate forms for data collection.

- HQ staff are preparing clear, easy-to-use M&E forms to share with the field. During field visits and teleconferences, staff are being trained on M&E techniques.
- GHA plans to hire a statistician at 100% to fully prepare for the project's final year.

Official Government Delays in Haiti– GHA is approved to do business in Haiti and has two active, registered bank accounts in Haiti, one in US dollars and one in Haitian Gourdes. Even though GHA submitted the documents in 2002 for official NGO registration in Haiti, final approval is still pending within the Haitian Government. Staff turnover, changes in Haitian leadership and Haitian bureaucracy have contributed to the problem, requiring GHA to resubmit the full application on two occasions, when rules changed and documents were lost. In August 2008, after reaching the final stage of approval, GHA learned that the Ministry of Planning and External Cooperation had lost the application and GHA had to resubmit yet again. (GHA already has confirmed approval from the Ministry of Health officials who reviewed the packet in 2008.) This registration is needed for GHA to have tax-exempt status to purchase vehicles and equipment in GHA's name in Haiti.

- GHA staff is working closely with Ministry of Health staff to resubmit the application in such a way that approval can be expedited this time with the Ministry of Planning.
- One of the project vehicles, the ambulance, will be purchased by the COD-EMH using project funds in order to ensure tax exemption.

D. Technical Assistance

During year four, project staff members were able to participate in the CORE Spring Meeting in Atlanta as well as the USAID Technical Development Meeting held in Washington, DC. Additionally, resources found on the internet and provided by other CSHGP staff taught new project staff the current USAID reporting and implementing requirements. During year five, project staff will be working hard to complete the activities as outlined in the work plan. Trainings on the following subjects are planned: HIV counseling and testing, quality assurance, emergency evacuation protocols, and village health committees roles. Project field staff have asked for more training and supporting documents in the following areas: supervision on logistics management, archiving patient data, conducting key informant and exit interviews, and monitoring and evaluation forms. As needed, project staff will contact USAID staff and other outside sources for support in these areas.

E. Substantial Changes

GHA is proposing a few changes to the project design and budget as we enter into the final year of the project. These changes are outlined below:

Community Health Workers – Project staff initially planned to hold another CHW training to reach the initial goal of 40 trained CHWs (there are currently 21). However, UCS staff have resisted training new workers since there are many inactive CHWs in the project area previously trained by other PVOs or the MOH. In October 2008, the UCS is conducting a refresher training for 40 CHWs in the Petit Goave district. Therefore, instead of conducting a separate training, the project staff will integrate the retrained CHWs into project activities (i.e. monthly meetings, continuing education, mobile clinics, clinic activities, etc.). Additionally, since the number of monthly activities has increased significantly, the transportation and food reimbursement for CHWs will be given all at once at the end of each month (about nine days of work) instead of

after each activity, in order to ease financial management and be more consistent with payment for other local CHWs. Some CHWs have begun receiving salaries from another MOH project taking place in the district, funded by the Inter-American Development Bank. Those sponsored workers will no longer receive any USAID compensation for their transportation and food.

Responsible Fatherhood Clubs – Initially, the project intended to form clubs of fathers from the partners of women participating in the community banks. Since these men are not already organized into a group like the banks, it has proven difficult to drum up interest in the clubs among this population without paying them to attend the meetings. Project staff have decided instead to work with men's groups that already exist in the community, as well as hold some men's meetings. This will create a group of men that can influence and inform other fathers.

Statistician – The COD employed a statistician in year one of the project. His salary was partially covered with USAID funds. In Y2 the COD was no longer able to complement his salary, the statistician quit instead of being underpaid. GHA would like to hire him back at 100% LOE in order to enhance the monitoring and evaluation of the project during the final year.

Vehicles – Plans are underway to buy an ambulance for the Olivier clinic, as indicated in the initial project budget for Y4. GHA is evaluating the necessity of purchasing the project vehicle that should have been purchased in the first year. The project has been using a COD vehicle for activities. Since this is the final year of the project, it may be unnecessary to have another vehicle. Project staff will make a decision by the end of the first quarter of Y5.

Gasoline – Some funds have been shifted slightly between line items on the budget, particularly between gasoline and taxi/bus rental. The revised budget is included in Annexes 3a and 3b.

Management structure – Due to the restructuring of the COD-EMH, the original management structure of the project has been reconfigured. Please see the new structure outline in Annex 5.

F. Sustainability Plan

Given the instability of the principal field partner and the limits of the current project management structure, sustainability of project activities at the current rate once USAID funding is exhausted will be difficult unless another source of funding is obtained and the project management in the field is restructured to strengthen the role of the MOH and other partners. However, the current project activities seek to obtain long-term behavior change of community members and put in place permanent structures that will not depend heavily on project funds.

In terms of specific activities that have been implemented using project funds, sustainability will be difficult to achieve without continued funding. Currently, all mobile clinics, mini-clinics, and community educational sessions are funded by USAID funds and conducted by COD staff. Given that the COD has no other funding sources at this point in time, it will be impossible to continue activities without obtaining either another funding source for the COD or integrating the activities into the district health plan for the UCS. GHA will be working with the COD as well as the UCS to explore the feasibility of continuing outreach activities for future implementation of key aspects of the project.

The educational and capacity building components of the program will leave a sustainable impact on the population of the Petit Goave district. Community mobilization

activities have reached nearly every population subgroup (women, men, youth, traditional healers, and community leaders) through clubs and meetings, large scale community activities, and radio programming. These educational activities have sensitized a large portion of the population of Petit Goave on HIV risk, danger signs of pregnancy and childbirth, and the importance of immunizations and exclusive breastfeeding. The capacity building component of the program will leave behind a cadre of trained community health workers, traditional birth attendants, and TBA trainers, as well as MOH and COD clinic staff trained in HIV testing and counseling, pharmaceutical logistics management, and quality assurance. Some of the CHWs have already been integrated into an MOH project funded by the Inter-American Development Bank, which will also end in 2009.

G. Specific Information Requested During the MTE

After submission of the MTE in October 2007, USAID and CSTS+ staff requested a special report to update progress made and address certain issues that came out in the MTE. This report, submitted in February 2008, is attached in Annex 6.

H. Project Management System

Financial management system – The financial management system of the project has undergone a major overhaul this year. Throughout Y4, GHA headquarters struggled to obtain justification of expenses from the field. This has been a challenge since the beginning of the project, particularly since funds were initially transferred through the COD headquarters, leading to delays in getting funds to the field and in receiving reports. Staff turnover also contributed significantly to this problem since new staff members were not trained in financial management. To address this issue, GHA began transferring funds directly to the COD field office rather than through COD/HQ, reducing delays. GHA/HQ also withheld salaries for COD staff for a short period earlier this year until adequate financial reports were received. During this time, activity funds were transferred through the GHA bank account (with USAID approval). This put sufficient pressure on the COD to provide some financial reports, although their quality still needs improvement. GHA staff members are working closely with COD staff on this issue. Currently, GHA/HQ is developing a financial management plan for field staff and HQ staff to use to facilitate reporting and justification.

Human Resources – The project has faced a multitude of human resources challenges. This is partially due to staff turnover with all partners and the instability of the partner organization, but can also be attributed to the original structure of the project. Currently, there is only one person on staff dedicated 100% to project management for this project alone. This is a serious weakness, since many of the tasks that need to be accomplished cannot be completed, particularly in regards to financial reporting and monitoring and evaluation. To address these issues, some restructuring is necessary. Earlier this year, an assistant project manager was hired at 100% in order to help with some of the tasks facing the GHA/Field project manager. Unfortunately, the person hired left after one month to pursue work in the US. After serious consideration, GHA has decided to more fully integrate the COD point person into the project to assist with day-to-day management of activities instead of hiring another assistant project manager. Additionally, GHA is in the process of hiring a field office coordinator for the Port-au-Prince office that will help to complete financial and activity reports for the project. This person should be in place by December of 2008. Finally, the statistician that had been lost due to lack

of cost-share support from COD is being reintegrated at 100%. These changes will help support the GHA/Field project manager in the final year of the project.

Communication System and Team Development – Communication between partners in the field as well as between the field and GHA headquarters has been surprisingly frequent, given the difficulties inherent in communicating with a country that has weak telecommunications infrastructure. Field managers from each partner meet on a weekly basis in person for planning and coordination purposes, meetings which are actually easier to implement since the COD restructured and placed their point person for the project in Petit Goave. GHA/HQ staff communicates regularly by e-mail, instant messaging, and telephone with field staff. Additionally, quarterly team meetings were conducted where the GHA technical backstop was present in Haiti. This open communication has been essential to developing a team that works together smoothly, particularly given that during year four the entire management team was new.

PVO Coordination/Collaboration In Country – GHA and the COD have been collaborating extensively with four local community-based organizations in the Petit Goave district in order to implement activities, particularly for large-scale community events like World AIDS Day. One of the organizations, Concert Action, has already benefitted from the project's TBA trainers for some of their own activities in their part of the district. As year five progresses, this collaboration will continue. Additional partnerships will be developed as necessary.

I. Local Partner Organization Collaboration and Capacity Building

GHA took steps to improve the technical capacity of both the COD-EMH and the UCS and its related clinics through year four. Twenty staff members from the COD, MOH clinics, and the UCS took part in a major capacity-building training in March 2008 on logistics management of pharmaceutical products and other medical supplies. Other project activities that seek to build the capacity of local staff include the CHW and TBA trainings sponsored by the project. Although these workers are not formally trained for clinical settings, they assist the project clinics by expanding access to primary health care in the far-flung areas in the district. In year five, additional trainings in quality assurance and HIV counseling will be scheduled, further strengthening the capacity of project personnel.

The GHA technical backstop is also working closely with the field management team to improve their strategic planning for project activities and their financial management. This has been a challenging process, given the instability of the partner organizations and the increasing dependence of the COD on project funds, but it will continue throughout year five.

J. Mission Collaboration

GHA field staff participated in three quarterly meetings organized by the USAID/Haiti mission throughout 2007 and early 2008. These meetings brought together recipients of CSHGP funding from throughout Haiti to discuss successes and challenges. Shortly after the last meeting, the MCH Program Manager for USAID/Haiti (Dr. Reginalde Masse) went on maternity leave for an extended period, and the USAID mission relocated to a new part of the city. During this time, contact with the mission was limited. However, towards the end of year four, contact was re-established and GHA looks forward to collaborating closely with the mission throughout the rest of the project.

K. ANNEXES

Annex 1: M&E Table

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
Objective 1: 75% of mothers of children 0-23 months of age in the Petit Goave Region of Haiti will have received/utilized high quality pre- and post-natal/infant services during their most recent pregnancy by September 2009	% of mothers of children 0-23 months in Petit Goave Region who attend pre-natal services during most recent pregnancy	-KPC Survey Baseline completed	65%	80%	-Improve quality of pre- and post-natal services available in the region -Increase demand for and utilization of quality pre-/post-natal and infant services in Petit Goave Region	Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of mothers of children 0-23 months in Petit Goave Region and their infants who attend post-natal/infant services during most recent pregnancy	-KPC Survey Baseline completed	52.8%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% children 0-23 months who received check-up at the time of mother's first postpartum consultation	-KPC Survey Baseline completed	56.6%	75%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
Outcome 1: Five functioning community health workers (CHWs) per health facility (Eight total facilities require a minimum of 40 CHWs)	% of CHWs trained who recognize 2 signs of pregnancy complication and make proper referrals	-CHW records and reports -Clinic referral records	Training Pre-test results	100%	Capacity building	As of October 31, 2008, 21 CHWs are active in the project. 40 more CHWs are undergoing continuing education with the MOH, and those who are working in the project area will be incorporated into project activities in Y5.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
	% of CHWs providing counseling and education on pregnancy, family planning and STI prevention	-CHW records and reports	Training Pre-test results	80%	Development of referral mechanisms	All of the active CHWs are providing this education in their communities and when they work on project activities.
Outcome 2: Ten functioning traditional birth attendants (TBAs) per health facility (Eight total facilities require a minimum of 80 TBAs)	% TBAs making proper referrals of pregnant women to health clinics	-TBA reports -Clinic referral records	Training pre-test results	80%	Capacity building Development of referral mechanisms	50 TBAs underwent training in Y4. There are a total of 62 TBAs trained and active in the project area. They are attending monthly meetings for continuing education and to report on activities.
Outcome 3: All 8 targeted health facilities in region delivering key services according to MoH protocols/norms/guidelines	% of health facility personnel correctly implementing MoH norms, protocols and guidelines for key MCH services	-Health Facility Assessment (HFA) reports and records -Internal QA reports	0	100%	Build capacity to correctly implement service delivery protocols	A health facility assessment will be conducted as part of the final evaluation.
	# of U.S. based medical teams visiting region to provide key MCH services	-Medical team reports	N/a	3/yr	Facilitate teams and their effectiveness	Two medical mission trips took place during Y4, providing key MCH services and primary health care delivery for the project clinics. These trips were sponsored by the Methodist Church of Haiti.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
Outcome 4: Improved availability of essential drugs at all health facilities in region	% facilities with no stock outs recorded in essential drugs and supplies for key services	-Pharmacy inventory records	0	100%	Build capacity of pharmacy staff and improve coordination with procurement sources	Pharmacy logistics management training took place in Y4 for 20 project staff members. Supervision and monitoring will continue into Y5. National level stock outs, especially for contraceptive supplies, continue to affect all project clinics.
Outcome 5: All health facilities in region with functioning QA program for pre- and post- natal services	% of health facilities with ongoing QA program for key services	-HFA reports -Client exit interviews -Supervision and support reports -Facility QA reporting	0	100%	Build staff capacity through functional QA mechanisms	Formal Quality Assurance training planned for Y5.
	% of facilities showing improvements in quality of service indices for pre and post-natal services		0	100%		Formal Quality Assurance training planned for Y5.
Outcome 6: Improved quality and availability of laboratory services at Olivier Health Center and Notre Dame Hospital	% of pregnant women requiring lab tests who receive services	-Lab records and reports	0	60%	Build lab staff capacity Improve availability of necessary supplies and reagents	Lab personnel participated in the pharmaceutical logistics management training in Y4. Shipment of medical supplies valued at US$150,000 planned for November 2008.
Outcome 7: Identification of barriers to utilization of key services	# of key informant interviews conducted	-Interview records and reports	0	50% of patients	Implement ongoing patient satisfaction	Rapid assessment and key informant interviews took place in Y2. Additional interviews will be planned for the final evaluation.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
	# of barriers identified by interviews	-Survey reports	0	At least 2	mechanism and implement improvements identified, qualitative RA	Barriers have been identified: lack of personnel, medications, services, and referral. For clients, transportation is one of the greatest problems.
Outcome 8: Increased utilization of key services	% mothers of children 0-23 months who received 2 TT injections before birth of youngest child	-KPC Survey Baseline completed	6.7%	65% card verified	Increase demand for and utilization of quality pre-/post-natal and infant services	Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% mothers of children 0-23 months who received/bought iron supplementation while pregnant with youngest child	-KPC Survey Baseline completed	53.8%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% mothers of children 0-23 whose last births were attended by skilled health personnel	-KPC Survey Baseline completed	91.8%	95%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
	% children aged 12-23 months who are fully immunized by first birthday	-KPC Survey Baseline completed	25%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% non-pregnant mothers who desire no more children in next two years (or are not sure) who are using a modern method of child spacing	-KPC Survey Baseline completed	21.3%	55%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of pregnant women counseled and tested for HIV	-KPC Survey Baseline completed	0	100%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of HIV+ pregnant women registered and entered into PMTCT program	-KPC Survey Baseline completed	0	100%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of children 0-23 months who were exclusively breastfed at birth	-KPC Survey Baseline completed	79.8%	90%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
	% of mothers of children 0-23 months who had at least one postpartum checkup after most recent delivery	-KPC Survey Baseline completed	35.9%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	Average number of days reported by mothers of children 0-23 months between most recent delivery and first postpartum check up	-KPC Survey Baseline completed	3.7 days	2 days		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of children 0-23 months whose birth was attended by health personnel	-KPC Survey Baseline completed	66.5%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
Outcome 9: Increased knowledge of health risks, health seeking behaviors and services among community members	# of radio spots produced and aired	-Project activity reports	0	No target	Use radio spots as vehicle for BCC	Radio spots for special outreach activities took place. Educational sessions based on *Healthy Mothers, Healthy Children* curriculum recorded and diffused in Y4 and will continue in Y5.
	% of mothers of children between 0-23 who can state two ways in which an STI can impact a pregnancy	-KPC Survey Baseline completed	61.3%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
	% of infants 0-5 months who were exclusively breastfed during the last 24 hours	-KPC Survey Baseline completed	53.5%	80%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
Outcome 10: Creation of community-based communication & education mechanisms	# of peer leaders identified and trained to deliver health messages	-Project activity reports	0	10/clinic /yr	Create community mechanisms and structures to act a vehicles for BCC and increase demand for and utilization of key services	50 peer leaders were chosen and trained to deliver health messages during Y4.
	# of community youth established and trained		0	5/clinic/ yr		2 youth groups of 50 youth each were created and trained during Y4.
	# of women's groups created/trained		0	5/clinic/ yr		24 women's groups of approximately 50 women each were created and trained during Y4.
	# of community leader workshops organized		0	1/yr		Eight workshops of approximately 50 community leaders each were organized during Y4.
	# of community theatre skits organized		0	1/month		Eight theater skits were organized at the community level using local theater groups during Y4.
	# of responsible fatherhood clubs created		0	1/clinic		Approximately five men's groups will be formed to take place on a monthly basis in Y5.
	# of men registered in responsible fatherhood clubs		0	35/club		Approximately five men's groups of 50 men each will be formed to meet on a monthly basis in Y5.
	# of health related community fairs organized		0	2/year		Eight community health fairs were organized and conducted during Y4 throughout the project area.

Objectives/Outcomes	Indicator	Method	Baseline Value	EOP Target	Strategy	Comments
Objective 2: Establish a local referral network for quality maternal care in Petite Goave region of Haiti by September 2008.	% of mothers with children 0- 23 months who had at least one postpartum check up with other health personnel after most recent delivery	-KPC Survey Baseline completed	6.6%	50%	Build/strengthen referral network and channels within existing health facilities and community Strengthen health facility capacity to carry out community-based education and counseling around family planning, danger signs of pregnancy and health service seeking behavior (and referral)	Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.
	% of mothers of children 0-23 months arriving at health clinic or hospital who were referred through established channels (CHW-clinic-hospital)	-Clinic records and reports	0	50%		Clinics, mobile clinics, and CHWs are recording data on patients on a regular basis. This specific indicator will be measured during the final evaluation at the end of Y5.

Outcome 1: 2-way radio communication system in place linking health centers with hospital	# of health facilities with operating radios and regular communication with hospital	-Installation records -Communication records/logs	0	7	Improve communication to facilitate effective referrals of emergency cases	Radios were purchased in Y2, but have not yet been operationalized due to staffing changes. Plans are underway to install and activate in Y5.
Outcome 2: All health centers have feasible referral and evacuation plans in place and necessary resources for implementation available	% of health facilities with written plan and resources in place	-HFA reports	0	100%	Improve planning and readiness as means to improve effectiveness and utilization of evacuation and referral when needed	Emergency evacuation protocol training planned for Y5.
	# of evacuations and referrals carried out	-Reports from health facilities				Emergency evacuation protocol training planned for Y5.
Outcome 3: Up to date database of pregnant and post-partum women available in health centers to monitor health of women and neonates	# of health facilities with up-to-date database with all pregnant and post-partum women in catchment area	-Review of database -supervision and monitoring records and reports	0	7	Database and census will allow staff to improve tracking and service utilization of pregnant and post-partum women	Records on pregnant and post-partum women are collected by CHWs, with each mobile clinic and in the project clinics. A centralized database is neither feasible nor practical, so records will be maintained at the local clinic level.
Outcome 4: Develop standard medical protocols and procedures for referrals for obstetric emergencies and other	Availability of protocols and procedures	-Protocol documentation	Unknown	Available in each health facility	Standardized service delivery protocols, correctly and	Emergency evacuation protocol training planned for Y5.

	% of appropriate clinic staff, TBAs and CHWs who know and understand the procedures and protocols for their level	-Staff training and supervision reports and records	Pre-training test scores	80% staff, 100% CHWs/ TBAs		Emergency evacuation protocol training planned for Y5.
Outcome 5: Improved/enhanced skills of health facility personnel in management and leadership	% of identified health personnel with defined skills	-Training reports	Pre-training test scores	80%	Improved management and leadership will lead to improvements in quality of key services and patient outcomes	Management and Leadership training held for 20 project staff members during Y4. Supportive supervision is ongoing.
Outcome 6: Enhanced community outreach capacity for health facility personnel to carry out community mobilization and education activities	% of planned/scheduled community outreach activities carried out	-Activity reports	unknown	100%	Reducing resource and other constraints to staff performing community outreach will increase the frequency of outreach and therefore its effectiveness	Community mobilization is regular and ongoing throughout the project area, lead by CHWs and clinic staff. During Y4 the mobile Clinic, WAD, International Women's Day and Festival of Mothers activities took place.

Outcome 7: Operational system of outreach and follow-up for pregnant women identified as HIV positive	% of HIV positive women receiving outreach/follow-up according to protocols and plans	-Outreach activity reports	unknown	100%	Improved follow up of identified women will improve health outcomes	Mobile VCT services are offered during the mobile clinics and community outreach activities, while VCT services are systematically offered in project clinics. Follow-up and referral are also systematic.

Annex 2: Workplan

Major Activities	Status	Quarters (Oct. 2008 – Sept. 2009)				Responsible agent/agency
OBJECTIVE 1						
<u>Strategy 1:</u> Improve quality of pre- and post-natal services available in the region		**Q1**	**Q2**	**Q3**	**Q4**	
Health Facility Access and Management						
Conduct/continue health facility assessment	Completed in Y1					GHA Project Manager/Field, project staff
Review/revise clinic record keeping system	Training of staff took place in March 2008					MOH, clinic staff
Facility staff training needs assessment	Completed in Y1					GHA Project Manager/Field, project staff
Train staff in QA	To take place in Y5		**X**			GHA-HQ, GHA Project Manager/Field
Institute supportive supervision as means to QA	To take place in Y5		**X**	**X**	**X**	GHA Project Manager/Field
Institute QA plan and service delivery improvements	To take place in Y5		**X**	**X**	**X**	GHA Project Manager/Field, clinic staff
Ongoing exit interviews of health facility clients	Informal interviews were initiated in Y1 and continue. Will be formalized in Y5.	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff
Analysis of data from exit and key informant interviews to develop actions to improve the utilization of services	Initiated in Y1. Additional qualitative research took place in Y2.	**X**	**X**	**X**	**X**	Statistician/archivist
Further training of interviewers to conduct more key informant interviews to continue identifying barriers to services utilization	To take place in Y5	**X**				GHA-HQ, GHA Project Manager/Field

Carry out survey of key informants on barriers to health service utilization	To take place in Y5	**X**	**X**			GHA Project Manager/Field, interviewers
Assess current work and effectiveness of mobile health clinics operating in health facilities	Completed in Y1 for pre-existing clinics, ongoing for project-sponsored clinics	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff
Improve availability and quality of mobile health services	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, personnel from the Olivier Clinic
CHWs and TBAs						
Identify existing CHWs	Completed in Y1. Additional inventory to take place in Y5.	**X**				GHA Project Manager/Field, community leaders, project health centers
Identify additional CHW candidates by the community	No new CHWs will be trained. Current inactive CHWs will be integrated into the program.					Person in charge of area health center, community leaders
Develop CHW training and curriculum/materials	Completed in Y2					GHA-HQ
Training for CHWs	Will conduct refresher training for inactive CHWs in the district.	**X**	**X**			CHW Training Program of Darbonne, Leogane District, GHA Project Manager/Field
Explore and implement models to address CHW incentives and sustainability questions	Discussion with the MOH, the Methodist Church and its partners to provide financial support which will continue after this project ends in 2009.	**X**	**X**	**X**	**X**	GHA-HQ, GHA Project Manager/Field

Identify existing TBAs	Completed in Y1					GHA Project Manager/Field, community leaders, project health centers
Identify additional TBA candidates by the community	Completed in Y3					Person in charge of area health center, community leaders
Training for TBAs	Completed in Y4					CHW Training Program of Darbonne, Leogane District, GHA Project Manager/Field
Monitor and supervise TBA activities	To take place in Y4, Y5 with monthly meetings and visits	**X**	**X**	**X**	**X**	GHA Project Manager/Field, nurses, auxiliary nurses
Support/facilitate post-delivery home visits by trained health agents (CHW, TBA or clinic staff)	Began in Y2 and will continue. Trained CHW are very active in the communities	**X**	**X**	**X**	**X**	GHA Project Manager/Field, clinic staff
CHWs and TBAs educate women on importance of prenatal, attended delivery and postnatal care	Ongoing through 21 mother's groups/community banks	**X**	**X**	**X**	**X**	GHA Project Manager/Field, CHWs
Women from COD-EMH community banks receive training on importance of these services and will encourage other women to be seen by CHW, TBA or clinic staff	Training completed in Y4. Follow-up meetings ongoing.	**X**	**X**	**X**	**X**	GHA Project Manager/Field, CHWs
Provision of Key Services						
Assessment of use of standard protocols for key services by health facility staff	Completed in Y1					GHA Project Manager/Field, project staff

Implementation/training and use of standard protocols for key services by health facility staff Maternal and Child health services	Completed in Y2					MOH, GHA-HQ
Training on HIV/AIDS Counseling and Testing of pregnant women	MOH sponsored training completed in Y3 for clinic managers. Additional training for clinic staff will take place in Y5.	**X**				MOH, GHA-HQ
Provide counseling and referral for HIV testing for all pregnant women who attend the project's clinics and the Notre Dame Hospital	Routine availability of testing for all pregnant women established in Y3.	**X**	**X**	**X**	**X**	Clinic and hospital staff, GHA Project Manager/Field
Conduct census/registration of pregnant women who are HIV+	Registration of pregnant women is routine during VCT	**X**	**X**	**X**	**X**	Lab techs, statistician
Plans to reduce missed opportunities for women and children's immunization	Completed in Y1. Active outreach taking place in mobile clinics and mini-clinics.					MOH, GHA Project Manager/Field, clinic staff including CHWs
Immunization services for pregnant women and children	Supported by the project since Y3 at clinics and mobile clinics	**X**	**X**	**X**	**X**	MOH, GHA Project Manager/Field, doctors and nurses
TT vaccinations	Supported by the project since Y3 at clinics and mobile clinics	**X**	**X**	**X**	**X**	MOH, GHA Project Manager/Field, doctors and nurses
Iron supplementation for pregnant women	Supported by the project since Y3 at clinics and mobile clinics	**X**	**X**	**X**	**X**	MOH, GHA Project Manager/Field, doctors and nurses
Pharmaceutical and Stock Management						

Staff training in pharmaceutical management	Completed in Y4					GHA-HQ
Assessment of linkages between facilities and UCS pharmaceutical depot to determine gaps and find solutions (including response to weaknesses in cold chain and service delivery)	Completed during MTE and Y4 training.					MOH, GHA Project Manager/Field and project staff
Implement mechanisms to improve linkages between facilities and UCS pharmaceutical depot	Ongoing	**X**	**X**	**X**	**X**	MOH, GHA Project Manager/Field and project staff
Monitoring and supervision of pharmacy and drug management	Ongoing	**X**	**X**	**X**	**X**	Clinic staff
Staff training for laboratory personnel	Trainings are organized on a regular basis by MOH	**X**	**X**	**X**	**X**	MOH
Monitor availability of reagents and supplies	Ongoing	**X**	**X**	**X**	**X**	Clinic staff
Actions to be Taken in the United States						
Organize collection and shipment of medical supplies	Shipment of $150,000 in medical supplies arrived in Jan. 2006. An additional shipment is confirmed for Y5.	**X**	**X**			GHA-HQ, US Methodist Church
Organize and support medical mission teams	Three teams visited during Y4. Meetings are underway for further visits.		**X**	**X**		COD-EMH, US Methodist Church, GHA-HQ

<u>Strategy 2:</u> Increase demand for, and utilization of quality pre- and post-natal and infant services in Petit Goave region		**Q1**	**Q2**	**Q3**	**Q4**	
Networking with community leaders and community groups (women, literacy and youth groups)	Began in Y1 and will continue. In Y3 established partnerships with other organizations to integrate and avoid duplication	**X**	**X**	**X**	**X**	GHA Project Manager/Field, local partner organizations
Workshop to raise awareness amongst community leaders on importance of maternal and child health and responsible fatherhood	Ongoing	**X**	**X**	**X**	**X**	Community leaders, project staff, leaders of women's groups
Develop protocols/materials for community groups' training and mobilization on key topics (pre/post natal care –including delivery, STI/HIV impact on pregnancy, prevention of STI/HIV)	*Healthy Mothers, Healthy Children* curriculum developed and piloted in Y3					Committee with GHA-HQ, local project staff
Train personnel and CHWs to carry out community group education, support and facilitation	Completed in Y3					CHW Training Program of Darbonne, Leogane District, GHA Project Manager/Field
Training of community groups (women, literacy and youth) on safe motherhood, child care and responsible fatherhood	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, nurse, literacy teacher, coordinator of micro-enterprises, CHWs
Organization of community group members to become peer leaders	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, nurse, literacy teacher, coordinator of micro-enterprises, community leaders

Organize meetings with fathers related to women from the women's groups	Father's meetings to take place in Y5.	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff and community leaders
Organization and training of responsible fatherhood clubs	This activity has been modified. Father's meetings will be organized, rather than clubs.	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff, trained motherhood clubs
Organize community fairs on safe motherhood, child care and responsible fatherhood	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff, community groups and leaders
Organize community theatre skits and activities on importance of maternal and child health and the role of fathers	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, women's groups and community groups
Organize Mother's Day fair	Took place in Y2 and Y4. Additional fair planned for Y5.		**X**			GHA Project Manager/Field, project staff and community leaders
Develop message for radio spots	Three modules were recorded in Y3, and the remainder will be recorded and diffused in Y5. HMHC curriculum is used.					GHA Project Manager/Field, local clinic staff and CHWs
Support/organize broadcasting of radio health spots	Ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, MOH, project staff

OBJECTIVE 2						
<u>Strategy 1:</u> Build/strengthen referral network and channels within existing health facilities and community		**Q1**	**Q2**	**Q3**	**Q4**	
Procure motorcycles to facilitate community outreach activities from health facilities.	Purchased					GHA-HQ, GHA Project Manager/Field
Procure and install two-way radios in 50% of health facilities and implement procedures/protocols	Radios purchased and distrubuted in facilities in Y3. Installation and implementation of procedures/protocols to take place in Y5 after planning and training.	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff
Develop communications protocol linked to referral and medical evacuation protocols.	To take place in Y5	**X**	**X**			MOH, clinic staff, GHA Project Manager/Field
Develop plan for referral and medical evacuation between health facilities and hospital	To take place in Y5	**X**	**X**			MOH, clinic staff, GHA Project Manager/Field
Train personnel in implementation and use of protocols	To take place in Y5	**X**	**X**			MOH, clinic staff, GHA Project Manager/Field
Create database of pregnant women visiting health centers	Women are accounted for during mobile clinics and health center visits.	**X**	**X**	**X**	**X**	MOH and project statisticians
Create network to follow-up on HIV+ pregnant women	Ongoing with referrals to District Hospital	**X**	**X**	**X**	**X**	MOH and project statisticians
Post-partum visits carried out by staff/personnel	Began in Y2, ongoing	**X**	**X**	**X**	**X**	GHA Project Manager/Field, clinic staff, CHW

<u>Strategy 2:</u> Strengthen health facility capacity to carry out community-based education and counseling around family planning, danger signs of pregnancy and health service seeking behavior		**Q1**	**Q2**	**Q3**	**Q4**	
Implement program of increased community outreach activities (education sessions at clinics, vaccination campaigns, pre-natal and post-natal day at clinic, mobile clinics).	Began and will continue. In Y3 for example: educational sessions took place regularly at clinics; mobile clinics conducted HIV education, as well as community educational forums	**X**	**X**	**X**	**X**	GHA Project Manager/Field, clinic staff, CHWs and TBAs
Develop/adapt leadership and management training course and materials	Completed in Y3					GHA-HQ
Identify and train appropriate personnel in leadership and management	Completed in Y3					GHA-HQ
Identify obstacles to community outreach	Ongoing and being addressed through CHW training and curriculum implementation	**X**	**X**	**X**	**X**	GHA Project Manager/Field, project staff, CHWs
Train appropriate personnel on follow-up and counseling methods and strategies	Capacity building of personnel is taking place and will continue throughout the project.	**X**	**X**	**X**	**X**	GHA Project Manager/Field

Annex 4: Result Highlight

The *Healthy Mothers, Healthy Children* CSHGP project in Petit Goave, Haiti, has the goal of increasing access to and demand for quality health services in the district. In the Haitian context, demand for health services often leads community members to seek the services of local traditional healers, called *houngan* in Creole. Many people believe in the supernatural or divine causes of their illness, which means that they doubt the effectiveness of the clinical health services supported by the project. In this context, no matter how much the quality of services improves by Western standards, people will not use them if they feel the root causes of their problem is not being addressed.

In order to encourage all people in the community to use local health services, particularly in regards to maternal and child health, the project staff decided to work with the traditional healers rather than against them. Project staff are holding meetings with small groups (approx. 15 members) of traditional healers on a monthly basis. During these meetings, personnel discuss the main topics addressed in IEC in the project (exclusive breastfeeding, danger signs in pregnancy and childbirth, symptoms of STIs and HIV as well as risk behaviors, the importance of immunization, etc.). The project hopes that by educating and integrating the *houngans* as partners, more community members will be encouraged to seem medical treatment for illnesss.

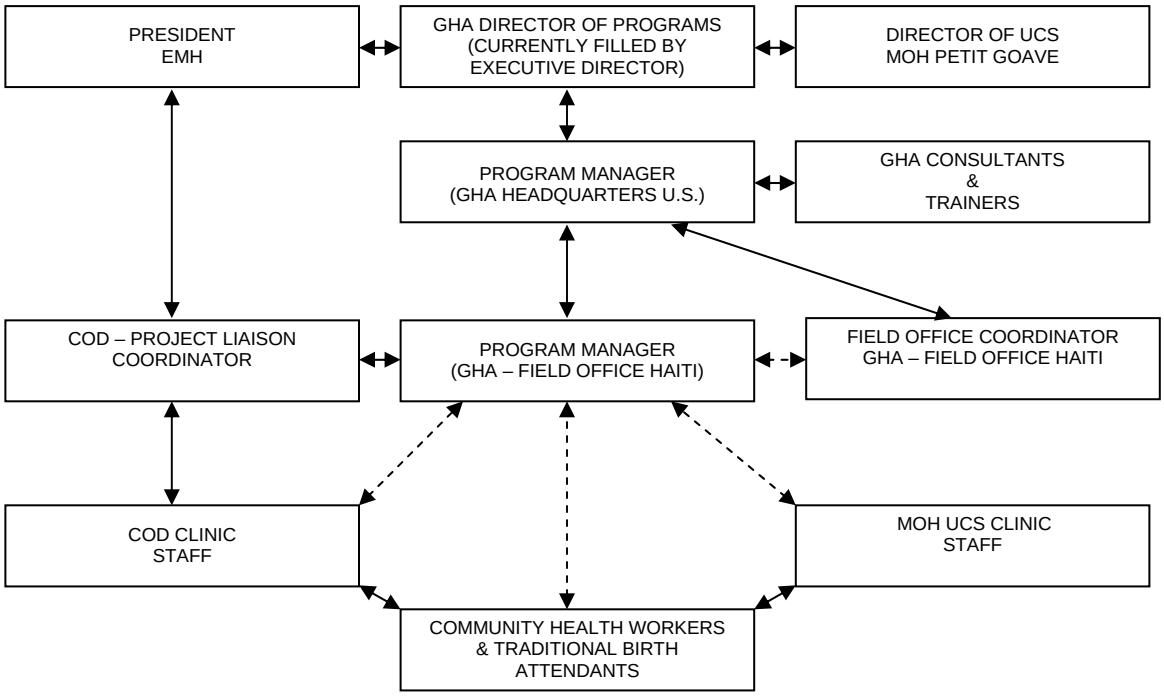
Currently, three groups of 15 *houngans* are being sensitized. After the groups finish learning the *Healthy Mothers, Healthy Children* curriculum, new groups will be created so that the entire project intervention area can be covered with trained *houngans*. Since this intervention began during the latter half of year four, quantitative results are not yet available. No formal qualitative surveys have been conducted; however, project staff are beginning to see the results of this intervention.

> "Madame Solage, a traditional healer from the Third Section of Sobier told project staff that she had a pregnant woman from her community come to her home to be treated for headache and blurred vision with vertigo, as well as excessive yellow discharge. Instead of keeping the woman at her home, she recognized quickly due to her training from project staff that these were danger signs of pregnancy. She referred the woman to the hospital, potentially saving two lives, that of the mother and that of the baby."
>
> -- Project staff

During the monthly meetings, project staff are asking the traditional healers about their experiences with referrals as well as the types of illnesses that they are seeing. The project staff feel that this innovative approach of incorporating these healers instead of marginalizing them will cause more people to access medical care who previously may not have. Project staff plan on conducting more interviews into year five, particularly during the final evaluation, to further document the effectiveness of this approach.

Annex 5: Revised Management Structure

ORGANIZATIONAL CHART
DIAGRAM OF THE RELATIONSHIP BETWEEN US PVO (GHA)
LOCAL PARTNERS (COD-EMH) & MOH (UCS)



October 2008

Annex 6: MTE Addendum

Healthy Mothers, Healthy Children:
A Child Survival Initiative in Petit-Goave

Cooperative Agreement Number: GHS-A-00-04-00021-00

Global Health Action (US PVO)
&
The Methodist Church COD-EMH (Local PVO)

Addendum to Midterm Evaluation Report of October 31, 2007
Petit-Goave, Haiti
September 2004-September 2009

Addendum Submitted to USAID
29 February 2008

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Introduction

In collaboration with the Ministry of Health (MOH/UCS) and the United Methodist Church of Haiti (COD-EMH), Global Health Action (GHA) has been implementing a five-year child survival health grant project in the Petit-Goave district of Haiti since October 2004. In August 2007, a mid-term evaluation was conducted in the field and submitted to USAID on October 31, 2007. In response to this evaluation, USAID requested specific additional information as well as a revised six-month action plan for the remainder of the 2008 fiscal year (February-September 2008) which responds to the MTE findings. This report was developed to provide an initial response to USAID concerns. In March 2008, the GHA Program Manager will travel to Haiti and lead a meeting between all project partners to further discuss progress made on the MTE recommendations and to finalize the work plan for the remainder of the project. All project partners will participate in this meeting (GHA-HQ and Field Staff, COD-EMH Coordinator, and key MOH/UCS personnel.

The following sections are included in this report:

1. Revised Action Plan for February 2008 – September 2008
    a. Financial Management Update
    b. Delays in project implementation
    c. Formation of functioning VHCs
    d. Training TBAs and additional CHWs
    e. Exploring alternative ways to motivate CHWs for sustainability
    f. Developing a database and census of pregnant and post-partum women
    g. Plotting data for use with the Child Survival Sustainability Assessment
2. Mission Collaboration
3. Recommendations for USAID/GH/HIDN/CSHGP
4. Coverage rates for immunization and breastfeeding
5. Draft Work Plan for Remaining LOP

1. **Revised Action Plan for February 2008 – September 2008**

Recommendation	Responsible agent or agency	Estimated time frame	Comments/observations
(1) GHA should work with its partners (COD-EMH, and the MOH /UCS) to establish quarterly review and planning meetings that involve the project's senior staff and the development partners to support increased coordination and integrated development	GHA and COD-EMH	02/08 through the remaining LOP	Since the mid-term evaluation, the former GHA Program Manager (Leigh Wynne) and GHA Executive Director Robin Davis held meetings in Haiti with partners to discuss the MTE findings and to take steps to address the recommendations. Since this meeting, there have been staffing changes and additions within the project. In order to familiarize all new staff with the project objectives and the steps needed to complete all activities during the remainder of the project, another meeting is planned for late March in Haiti. Future quarterly meetings will be planned to take place in person or by conference call.
(2) GHA Project Manager/Field should work with the MOH/UCS partners to develop and carry out monthly or quarterly joint monitoring and supervision activities in the project area to support integrated delivery of services.	GHA Project Manager/Field and COD-EMH Coordinator	02/08 through the remaining LOP	GHA Project Manager/Field meets on a weekly basis with the COD-EMH staff, and on a monthly basis with the MOH/UCS staff to coordinate and plan activities. Monitoring and supervision visits take place on a regular basis with project partners.
(3) GHA and its partners (COD and UCS) should develop a plan and benchmarks for achieving objectives at each of the project assisted health facilities and the surrounding communities. The plan should include the phasing-in and the phasing out from the	GHA Program Manager and GHA Project Manager/Field	03/08 to 04/08	The planning and development of benchmarks for achieving project objectives began immediately after the completion of the mid-term evaluation. The proposed detailed work plan draft for completing project activities is included as an attachment to this document. Further planning will take place at the March meeting, when the detailed work plan will be finalized with project partners.

project areas where the MOH or COD is capable of assuming program responsibilities without continued support from the project.			
(4) Project should identify a consultant and participants (two participants from each of the project-assisted health facilities) and organize training of health workers in the logistics of pharmaceuticals to ensure increased availability of drugs and medical supplies.	GHA Program Manager, GHA Project Manager/Field and Consultant	03/08	The pharmaceutical logistics training is planned for the end of March. The curriculum has been developed and the 25 participants are being recruited from all project-assisted health facilities as well as from the partner organizations in order to ensure the sustainability of the lessons learned.
(5) Project should work with partners (MOH/UCS, COD-EMH, and the communities) to establish functional village health committees to ensure that priority health-related problems are discussed and addressed by the communities with some outside help.	GHA Program Manager, GHA Project Manager/Field and Consultant	09/07 to 03/08	Initial discussions have taken place with a highly effective and successful village development committee in one of the communities with a project-supported clinic. The GHA/HQ and Field staff will be following up on these discussions during the months of March and April to determine the feasibility of utilizing this particular committee on a consultant basis to advise other VHCs.
(6) Project should work closely with partners (COD and the MOH/UCS) to plan and initiate the launch of the second phase of project activities in Petit Goave area.	GHA Program Manager and GHA Project Manager/Field	03/08 to 09/08	The second phase of project activities is well underway. Mobile clinics, community education campaigns, and community meetings have been scheduled and implemented despite financial constraints with transferring funds within the field. World AIDS Day educational activities were implemented by project staff in December. The training of trainers for the TBA training took place in February, and the

			TBA training has been launched.
(7) Project should work with the MOH/UCS to support additional training of health workers (nurses, CHWs, TBAs) in the delivery of quality reproductive health services including FP, obstetrics and neonatal care, and HIV/AIDS/STI related services.	GHA Program Manager and GHA Project Manager/Field	03/08 to 06/08	The TBA training-of-trainers took place February 18-22, 2008 and the TBA training was launched February 26, 2008. At the end of the 16-week cycle, there will be a total of 50 trained TBAs ready to provide quality services at the community level. An additional CHW training will take place later this year, to complement the current group of 19 CHWs for the Petit Goave region. Health workers in the clinics are included in all capacity-building activities arranged by the project, including HIV testing and counseling, program management, quality assurance, etc.
(8) COD-EMH should be encouraged to find cost share contributions to procure needed drugs and medical supplies for project assisted health facilities in the region.	COD-EMH	01/08 to 09/08	The COD-EMH arranged for and had one US medical team visit in January 2008. Through partnerships with individual US United Methodist Churches and through the United Methodist Church Board of Global Ministries headquarters in New York, the COD plans to recruit two medical teams per year in 2008 and 2009 to visit and provide project assistance and donated supplies toward the COD cost share. COD staff will explore the possibility of a second shipment of essential medical supplies from MedShare International, which has previously donated to the project, and from other partners as necessary.
(9) The number of trained health workers (MCH nurses, and CHWs) for each project-assisted health facilities should be increased to facilitate the delivery of quality services at fixed facilities and the outreach sites.	Program Manager & GHA Project Manager/Field	02/08 to 09/08	The GHA staff has been and will continue to advocate with partners to increase the number of trained nurses at private and public clinics. Additionally, the project is working to build the capacity of existing nurses at project clinics by including them in training programs when possible.

(10) The principal GHA partner (COD-EMH) should be encouraged to comply with cost share obligations under the project so that COD's project personnel-related issues can be addressed in timely fashion	COD-EMH & GHA	02/08 to 09/08	GHA is in continual dialogue with COD-EMH staff regarding documentation of cost-share reports. The recently departed director of the COD-EMH has taken steps to provide documentation of the COD-EMH contribution. Although the COD-EMH is currently undergoing a restructure, the point person designated as the COD Project Coordinator by the President of the Methodist Church in Haiti will be responsible for providing all financial accounting and documentation to GHA. Her presence in the Petit Goave Region, where she can meet directly with the GHA/Field Project Manager on a regular basis, will facilitate communication and coordination with all project partners for program implementation and timely financial reporting.

a. Financial Management Update

The MTE brought out some of the difficulties the project has faced in regards to financial management and responsibilities of the local partner, particularly in regards to transferring funds to the project site in Petit Goave for salaries and activities as well as meeting cost share requirements. GHA has been working closely with the COD-EMH staff since the beginning of the project to ensure that financial responsibilities are met in a timely, well-documented fashion. Although some progress has been made, this partnership agreement will require further nurturing for the duration of the project. GHA is committed to the proper financial oversight of our project partners.

Since February 2008, the COD-EMH is undergoing a major staff restructuring led by the President of the Methodist Church in Haiti. The position of COD Director no longer exists under this structure. The President has designated a current COD staff member to act as liaison and official contact person for the coordination of all project activities. This staff person, a community health nurse, is located in Petit Goave and will thus be able to closely follow all project activities as well as provide immediate accountability for project funds. Currently, the project funds for salaries and activities will continue to be transferred to the COD headquarters bank account in Port-au-Prince, with assurance from the President that he will personally supervise their direct transfer in-country to the COD accounts in Petit Goave. If this arrangement continues to be problematic despite these assurances, GHA will begin transferring funds directly into our organizational (GHA/Haiti) bank account with the BNC Bank, of which there is a branch in Petit Goave.

The GHA staff has been working with partners to ensure that cost share requirements are being properly documented in a timely fashion. The COD has begun taking steps to provide documentation of their contribution, which includes staff time, use of facilities for meetings and workshops, doctors' residences, water and power supplies, and use of church vehicles. Since the current contact person from the partner has recently assumed this role within the project, during the March meeting the GHA Program Manager will provide further instruction and guidance to assure that all requirements are met.

b. Delays in Project Implementation

The annual reports for years one and two of the project detailed the delays that occurred due to high staff turnover and security concerns, particularly kidnappings of Haitians and foreigners. As a result, many of the activities that were due to take place in Y1 and Y2 were postponed until the third year of the project. These same issues affected project implementation into year three and beyond. Since year three, the project continued to experience a high level of staff turnover—the COD contact person was changed twice during this time, and most recently, the GHA Program Manager was changed. Additionally during Y3, after careful consideration the GHA Project Manager/Field was dismissed due to lack of performance. The current GHA Project Manager/Field, who has been with the project in the field since the beginning, was named interim Project Manager/Field at that time and subsequently given full status as Project Manger. All of these staff changes and additions lead to temporary setbacks in project activities as personnel took time to become familiar with the project. Additional delays occurred due to:

- The occurrence of Tropical Storms and hurricanes that inhibited travel to project areas

- Planning conflicts towards the end of Y3 with the national vaccination campaign, which was rescheduled several times, forcing project staff to continually delay activities
- Continued difficulties with transferring funds to the field through the COD-EMH
- Strained collaboration between GHA and the MOH/UCS due to conflicts between two people who are no longer related to the project around differences in resource allocations and work expectations.

Despite these delays, since July 2007 regular activities have been taking place. The main points of contact with GHA and the partners in the field have all changed, and the new staff has a much better collaborative relationship underway. With the recent addition of an assistant project manager (GHA/Field) and a doctor at the Olivier clinic, activities can take place under more efficient supervision.

c. Formation of functioning VHCs

As indicated in the action plan, initial discussions have taken place with a highly effective and successful village development committee in one of the communities with a project-supported clinic (*Associations des Paysans de Vallue; http://www.vallue.org)*. The GHA/HQ and Field staff will be following up on these discussions during the month of March to determine the feasibility of utilizing the committee on a consultant basis to advise other VHCs.

d. Training TBAs and additional CHWs

As noted in the revised action plan, the TBA training for 50 participants is currently underway in the Petit Goave region. Six staff members from the COD-EMH and the MOH/UCS participated in a training-of-trainers from February 18-22, 2008, which provides them with the capacity to continue the training and support of the TBAs after the completion of the project. The TBA training is slated to finish in June, and a partnership agreement has been established with a church in the U.S. to motivate and support the TBAs with birthing kits. Nineteen of the 30 planned CHWs have already completed training and commenced activities on the ground, while the remainder will be trained by the end of FY08.

e. Exploring alternative ways to motivate CHWs for sustainability

The issue of sustainably motivating community health workers is not a new one. GHA has been grappling with this issue in other areas of Haiti as well as in the Petit Goave region. In the Petit Goave Child Survival Project, the CHWs currently receive payment from the project for specific activities, such as vaccination post activities or educational meetings. When they completed training, they received certificates signed by the MOH/UCS representative, as well as official badges recognizing them as health agents in the region. Other motivational items include t-shirts for particular activities such as World AIDS Day.

In order to ensure that the CHWs will continue to work after the completion of the project, GHA will begin exploring the issue in depth by consulting with other Haiti-based PVOs and community organizations, particularly in the context of the meetings at the USAID mission with other child survival grantees. GHA and the COD-EMH have also discussed transferring the financial support of the CHWs to the COD, which would then seek private funding sources through the church network. All of these issues will be discussed in detail during the March meeting.

f. Developing a database and census of pregnant and post-partum women

Currently, project staff maintain records of pregnant and post-partum women at health facilities and with mobile clinics. These records have not yet been centralized into one database, as was originally outlined in the DIP, due to many of the issues outlined above. Now that the CHWs are actively involved in community-based interventions, and the TBAs are in training, the project will begin to develop the census. The hiring of the Assistant Project Manager in the field will also allow project staff to dedicate more time to record-keeping activities such as this database.

g. Plotting data for use with the Child Survival Sustainability Assessment (CSSA)

The sustainability of the Petit Goave child survival project is a priority issue for GHA and project partners. Although the project was conceived and designed with the idea of increasing the capacity of local partners to maintain project activities after the departure of USAID investment, GHA did not originally use the CSSA framework in the project design. The annual reports from year one and year two referred to components of the framework in broad strokes in order to discuss steps taken for project sustainability. However, the project has not been operating using CSSA tools and has not been collecting data appropriate for plotting with the assessment. Given the challenges that have been faced by the project since its launch, GHA would prefer to continue assessing sustainability from a more qualitative perspective. However, if USAID would prefer that the CSSA framework be implemented at this point, GHA requests that appropriate technical assistance be provided to ensure proper utilization of the tools.

2. Mission Collaboration

*****This section was inadvertently omitted from the MTE of October 2007.**

Our project meets the USAID Haiti Mission's overall health objectives as well as their specific objectives regarding immunization rates, prenatal visits, family planning and breastfeeding. The project's interventions target Haiti's most vulnerable groups: women and children. These are:

- **Immunization** of pregnant women and women of reproductive age
- Promotion of **Breastfeeding**
- **Maternal and Newborn Care**

GHA/HQ and field staff members are in regular communication with the USAID Mission; they are updated on all project activities taking place. Field staff members have participated in the meetings organized by the Mission, most recently regarding the national immunization campaign as well as other meetings. The USAID Mission Person in Charge, Reginalde Masse, came to GHA's presentation of the MTE results. Additionally, the USAID mission has been hosting regular meetings with all child survival grantees in Haiti, providing them with a forum for exchanging experiences and lessons learned. GHA field staff members are participating in these meetings on a regular basis.

3. Recommendations for USAID/GH/HIDN/CSHGP

In the MTE, the evaluation team prematurely requested a four-year cost extension beyond the current termination date of the project. With the current work plan and remaining budget, the project grantee and partners are committed to completing all activities specified in the DIP by the end of year five as indicated in previous documents. During the remainder of the project, we will reassess the need for continued technical assistance and investment in the project area.

4. Coverage rates for immunization and breastfeeding

Additional information was requested as to the source of information for the coverage rates for immunization and breastfeeding in the project area in the MTE. As we indicated in the MTE, those estimated rates at the project midterm were based on process indicators as well as extrapolation from the annual reporting of vaccine coverage by the MOH. GHA recognizes that this is not an exact measure of the actual rates and, as stated in the report, more accurate estimates of targets will become available when the final KPC is carried out at the end of the project. Although a mid-term KPC was planned at project conception and is outlined in the DIP, project staff decided that given the delays in project implementation, particularly the activation of CHWs on the ground, a KPC conducted at the mid-term would have been premature in registering any changes in indicators due to project activities. Community-based education with the community banks was launched in April but the HMHC curriculum had not been fully implemented with the CHWs by the time a KPC should have been implemented. Since the MTE, the CHWs have been fully trained in the curriculum modules and they are now working with the next cohort of community banks. GHA remains confident that the push in project activities through the remainder of the project will allow us to achieve our objectives.