

**Healthy Mothers, Healthy Children:
A Child Survival Initiative
Petit Goâve District, Haiti
October 1, 2004 – March 31, 2010**

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

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

Fifth Annual Report

Submitted to USAID
Monday, 2 November 2009

Contact Person: Robin C. Davis, RN, MN
Mailing Address: Global Health Action
P.O. Box 15086
Atlanta, GA 30333

Phone: (404) 634-5748
Fax: (404) 634-9685
E-mail: rdavis@globalhealthaction.org

Name and position of all those involved in writing and editing the report:

Robin C. Davis, RN, MN (GHA Executive Director for HQ and technical backstop)
Rachelle Etienne (Haiti Field Office Coordinator)
Salomon Schamma, MD (GHA Project Manager/Field)
Johane Jean Baptiste, RN (COD Project Liaison Coordinator/Field)
Fred Kennedy, PhD (GHA Business Manager)
Kate Myers, MPA (GHA Administrative Assistant)
Travis Mitchell, BS (GHA Program Coordinator for HQ)

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
Extension Period	10/1/2009 – 3/31/2010

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A. Main Accomplishments

Year 5 of the project implementation in Haiti has been marked by intense efforts on behalf of the team to mobilize the community, resulting in remarkable successes in terms of activity implementation.

However, it was not an easy period considering the four hurricanes and storms that hit the country in August and September 2008, causing some activity implementation delays. Consequently, we applied for and were awarded a No-Cost Extension from October 1, 2009 – March 31, 2010 that will enable us to achieve the project goals.

The 62 **TBA**s trained by The Project have been participating in monthly meetings focused on continued training with the head nurses in order to improve their knowledge and ability to assist pregnant women within their communities.

The Community Health Workers (CHWs) trained during Year Four are active in the Massive Awareness Campaign for Community Organizing, educational sessions with groups of more than 30 persons, as well as other awareness meetings within their communities and participation in other educational sessions. Within this year, the CHWs participated in monthly training sessions (a total of 12 during year five) that allowed them to increase their capacity to serve the population. They have become a **point of service** in their communities for immunization and nutritional monitoring.

Monthly educational meetings (sessions), which began late in Year Four, continued through Year Five with different categories of groups covering the main modules used in the *Healthy Mothers, Healthy Children* curriculum developed during Year Three. These modules cover all subjects related to infant and maternal care including Personal Hygiene, Family Planning, STI/SIDA (AIDS), Breast Feeding and Responsible Fatherhood. All sessions were covered in 7 months time, and despite all the obstacles, many people have been trained.

Approximately 143 **Community Leaders** from all over the Petit-Goâve district, including occupants of influential positions such as town council chiefs, community council administrators, and legal representatives of the community councils, have been trained to become educators and to promote new and better health care practices within their communities.

The religious leaders are another target within this activity. To incorporate health care practices in their daily living and preaching habits, approximately one hundred (100) religious leaders, from catholic preachers to voodoo priests, have been trained.

The mother's group is a major focus for this activity. Initiated in early Year Three, the training session with the Mother's Clubs was a success this year again; approximately six hundred (600) women were trained to protect themselves from various diseases before, during and after pregnancy, and to protect their children.

Early this year, we started working with **Youth Clubs** that we put together using churches and other institutions which work with young people. We trained 6 groups of 50 young people this year, for a total of 300 between 19 and 35 years old.

The traditional healers, known as "Hougans," are a very important group for this activity to reach and their training was a success this year. Trusted by the population, the traditional healers now hold key information to better assist their clients by promoting the use of health services in the Hospital. Seventy five (75) traditional healers participated in the training sessions in the past 6 months.

In addition to the trainings of traditional birth attendants, TBA trainers, and community health workers, 22 project personnel from the COD-EMH and the MOH received **training on HIV Testing and Counseling in February 2009**.

This year we initiated **educational sessions in schools** with young people (male and female). These sessions took place at the schools focusing on students in the most advanced classes. Since January 2009, 360 students were trained to protect themselves from unwanted pregnancy and AIDS.

Larger community-oriented activities were implemented including events around World AIDS Day, International Women’s Day, and Mother’s Day, as well as other local holidays. We organized eight (8) events during this past year reaching at least 100 persons each (the local holidays generally drew more than 1000 people each).

Live broadcasts were also initiated this year helping us to spread positive lessons concerning health practices. Two-hour broadcasts three times per week were scheduled allowing the Program Manager and other guests (doctors, nurses) to talk to the population on different aspects regarding the health program. This was also a effective way of increasing the program’s visibility.

Clinical outreach activities expanded throughout Year Five. Although there were some constraints on travel accessibility, access to funds in the field, and delays in the marketing of the activities, 40 mobile clinics took place out of the 48 that were originally scheduled. Each of these clinics brought a multi-disciplinary team consisting of a doctor, a nurse, auxiliaries, lab technicians, and a 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 approach to providing primary health care to residents.

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 March 31, 2010 (No-cost extension period).

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

Activity Cluster	Status	Comments
Health Facility Assessment <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 the Extension Period.
Qualitative Research <ul style="list-style-type: none"> 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 the Extension Period. Data from the interviews has been analyzed and is used to inform activity content.
Mobile Clinics	On target	Mobile clinics are taking place nearly

Activity Cluster	Status	Comments
<ul style="list-style-type: none"> Assess current work and effectiveness of mobile health clinics operating in health facilities Improve availability/quality of mobile clinics 		every week in most areas of the district. Monitoring data on mobile clinics is attached in Annex 1.
<p>Community Health Worker Training</p> <ul style="list-style-type: none"> 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 on target in terms of #'s	21 CHWs are active in the project and trained in the <i>Healthy Mothers, Healthy Children</i> 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 by the end.
<p>Traditional Birth Attendant Training</p> <ul style="list-style-type: none"> Identify existing TBAs Identify additional candidates for TBA training Training for TBAs Monitor and Supervise TBA activities 	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 original project goal of 80 due to budget constraints and community capacity.
<p>TBA and CHW Activities</p> <ul style="list-style-type: none"> Support post-delivery home visits CHWs and TBAs educate women on maternal issues CHWs train women in community banks on maternal health 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 training in MCH issues during Y4.
<p>Use of Standard Protocols</p> <ul style="list-style-type: none"> 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.
<p>HIV Testing</p> <ul style="list-style-type: none"> 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 trained additional staff in VCT in order to further enable regular testing.
<p>Immunization and micronutrients</p> <ul style="list-style-type: none"> 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.
<p>Pharmaceutical Management</p> <ul style="list-style-type: none"> Staff training in pharmaceutical management 	On target	Training in pharmaceutical logistics management took place in Y4 for 20

Activity Cluster	Status	Comments
<ul style="list-style-type: none"> 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 		field staff from the COD and the MOH clinics. Supervision and implementation of techniques are ongoing.
<p>External support for supplies and services</p> <ul style="list-style-type: none"> Organize collection and shipment of medical supplies Organize and support medical mission teams 	On target	Three medical missions took place in Y4 and Y5. GHA organized and distributed 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
<p>Networking and Community Mobilization</p> <ul style="list-style-type: none"> Networking with community leaders and community groups (women, literacy and youth groups) Workshops to raise awareness amongst community leaders on importance of maternal and child health and responsible fatherhood 	On target	Meetings/workshops with community groups took place on a regular basis in Y4 and Y5. Community groups include traditional healers and community leaders, women's groups and youth. Information on numbers of meetings located in Annex 1.
<p>Training</p> <ul style="list-style-type: none"> 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 <i>Healthy Mothers, Healthy Children</i> curriculum that was developed in Y2 and Y3. CHWs have been facilitating community meetings using this curriculum throughout Y4 and Y5. Information on numbers of meetings located in Annex 1.
<p>Educational activities</p> <ul style="list-style-type: none"> 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 	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

Activity Cluster	Status	Comments
<ul style="list-style-type: none"> Organize community theater skits/activities Organize Mother's Day fairs 		Annex 1.
Radio Broadcasts <ul style="list-style-type: none"> Develop message for radio spots Support/organize broadcasting of radio health spots 	On target	The Healthy Mothers, Healthy Children modules have been developed into radio spots by the projects CHWs and broadcast on the local radio.

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 <ul style="list-style-type: none"> 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. In January 2009, GHA received a donated 2005 4-wheel drive vehicle for Project use. Other transport methods have been used in lieu of an ambulance.
Procure and install a communication system and develop and implement procedures and protocols	Not yet on target	Project staff are selecting the best communication system for use between health facilities by end of the project.
Protocols and procedures <ul style="list-style-type: none"> 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 activation of the communication system, plans will be developed and implemented.
Care and referral of pregnant women <ul style="list-style-type: none"> 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.
Leadership and Management Training of staff <ul style="list-style-type: none"> Develop/adapt leadership and management training course and materials Identify and train appropriate personnel in 	Complete	Leadership and management training took place in Y3 for 20 staff members, originating from both the COD and MOH clinics.

Activities	Status	Comments
leadership and management		
Identify obstacles to community outreach	On target	This is ongoing and is being addressed through the CHW activities and the implementation of the <i>Healthy Mothers, Healthy Children</i> 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 project.

C. Factors Which Have Impeded Progress

Natural Disasters – During the last quarter of Y4, Haiti was struck by four hurricanes and tropical storms that caused massive damage throughout the country to homes and gardens as well as infrastructure. 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. Mobile clinic schedules have been modified due to the changed physical landscape. Accessibility to isolated areas is being monitored regularly by field staff.

Partner Personnel Changes – In Y4, the Director of the UCS (the Community Health Unit, which is the local Ministry of Health office) was new. At the end of year four, the Director of the UCS was replaced again. To strengthen stability and continuity of the project, program partners are meeting regularly in person and through phone conversations to facilitate teamwork and learning.

Instability of partner organization – The COD-EMH underwent dramatic restructuring in Y4, eliminating most of the high-level positions that existed on the original project management structure. This led 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 have worked 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 by 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 Y5, GHA headquarters had difficulty in receiving written monitoring data, despite regular communication with field staff and promises to deliver. In February 2009, GHA created the position of Haiti Field Office Coordinator to help coordinate project administration, monitoring and evaluation, and reporting. HQ staff prepared 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 hired a Haitian statistician to prepare the data for the project's final phases.

Official Government Delays in Haiti– Even though GHA submitted the documents in 2002 for official NGO registration in Haiti, the final written certificate 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 three 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 is approved to do business in Haiti.

D. Technical Assistance

Resources found on the internet and provided by other CSHGP staff taught new project staff the current USAID reporting and implementing requirements. Field training on the following subjects took place: HIV counseling and testing, 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. The GHA Field Office Coordinator attended the final evaluation meeting of the Haitian Health Foundation, another grantee (sponsored by the USAID Mission).

In addition to the trainings of traditional birth attendants, TBA trainers, and community health workers, 22 project personnel from the COD-EMH and the MOH received **training on HIV Testing and Counseling in February 2009**.

One international medical mission trip also took place in May 2009 through sponsorship from the Methodist Church of Haiti.

E. Substantial Changes

GHA is proposing a few changes to the project design as we enter into the final phase 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 conducted a refresher training for 40 CHWs in the Petit Goave district. Therefore, instead of conducting a separate training, the project staff integrated 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.

Responsible Fatherhood Clubs – Initially, the project intended to form clubs of fathers from the partners of women participating in the community banks, but these men are not already organized into a group. Project staff decided instead to work with men’s groups that already exist in the community, as well as hold some men’s meetings to create a group of men that can influence and inform other fathers.

Statistician – The COD employed a statistician in Y1 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. In Y5, GHA hired a UCS staff member to compile the data to enhance the monitoring and evaluation of the project during the final year.

Vehicles – Project staff determined that at this stage of the Project, only one 4-wheel drive vehicle was necessary. Such a vehicle was donated to the Project by another NGO in January 2009.

Gasoline – Some funds have been shifted slightly between line items on the budget, particularly between gasoline and taxi/bus rental.

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.

No-Cost Extension – USAID modified the agreement and provided a no-cost extension for October 1, 2009 – March 31, 2010.

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.

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 and community leaders 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, community leaders, 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. Project Management System

Financial management system – In terms of project management, the COD Field Office in Petit-Goâve has shown some real difficulties compiling financial reports. With the recruitment of the Field Office Coordinator of GHA in February 2009, some major steps were made to address this situation:

- 1) In order to increase our local partner's management capacity, we began to coach their bookkeeper on "Expenses Control" and "Filing Receipts."
- 2) Beginning in May 2009, financial transfers were made directly to GHA's USD Account in Port-au-Prince and transferred in Gourdes to the COD account in Petit-Goâve. Receipts were requested from the COD for each activity and expenditure.
- 3) Financial reports were compiled, reviewed, and then sent to the COD headquarters in Port-au-Prince. Since reporting had to come from the field back through COD headquarters to GHA, there were significant delays in both the arrival of funds to the field as well as the completion of financial reports.

These actions helped us significantly improve the quality of financial management of the project.

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. After serious consideration, GHA 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 hired a Field Office Coordinator for the Port-au-Prince office that will help to complete financial and activity reports for the project coordinate program efforts in Haiti. These changes will help support the time of the GHA/Field project staff in the final phase 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 frequent. Field managers from each partner meet on a weekly basis in person for planning and coordination purposes Petit-Goâve. GHA/HQ staff communicates regularly by e-mail, instant messaging, and telephone with field staff. Additionally, team meetings were conducted where the GHA technical backstop was present in Haiti.

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. Additional partnerships will be developed as necessary.

H. 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 Y5. Project activities that seek to build the capacity of local staff include the CHW and TBA trainings sponsored by the project. They assist the project clinics by expanding access to primary health care in the far-flung areas in the district. In Y5, additional trainings in HIV counseling and testing took place to strengthen the capacity of project personnel. The Haiti Field Office Coordinator conducted project staff sessions on financial management practices.

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.

I. Mission Collaboration

The GHA Field Office Coordinator participated in evaluation meetings sponsored by the USAID/Haiti mission for the final project evaluation of the Haitian Health Foundation. This meeting brought together recipients of CSHGP funding to discuss successes and challenges. Dr. Reginalde Masse of USAID/Haiti facilitated GHA's staff involvement in the meeting. GHA looks forward to collaborating closely with the mission throughout the rest of the project.

J. ANNEXES

Annex 1: M&E Table (Includes approved no-cost extension period 10/1/2009-3/31/2010)

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 March 31, 2010	% 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 the Project.
	% 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 the Project.
	% 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 the Project.
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 and the Extension Period.

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	Three medical mission trips took place between Y4 to Y5, 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 continued 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	0	100%	Build staff capacity through functional QA mechanisms	Formal Quality Assurance training planned for the Extension Period.
	% of facilities showing improvements in quality of service indices for pre and post-natal services	-Facility QA reporting	0	100%		Formal Quality Assurance training planned for the Extension Period.
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\$139,000 arrived in Haiti, December 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 the Project.
	% 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 the Project.
	% 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 the Project.

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 the Project.
	% 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 the Project.
	% 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 the Project.
	% 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 the Project.
	% 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 the Project.

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 the Project.
	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 the Project.
	% 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 the Project.
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 <i>Healthy Mothers, Healthy Children</i> curriculum recorded and diffused in Y4 and continued 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 the Project.

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 the Project.
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		6 youth groups of 50 youth each were created and trained during Y5.
	# 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 and continue to meet
	# of community leader workshops organized		0	1/yr		Eight workshops of approximately 50 community leaders each were organized during Y4&continue to meet
	# of community theatre skits organized		0	1/month		Theater skits were organized at the community level using local theater groups during Y5.
	# of responsible fatherhood clubs created		0	1/clinic		Men's groups met on a monthly basis in Y5.
	# of men registered in responsible fatherhood clubs		0	35/club		Men's groups of 50 men each were organized to meet on a monthly basis in Y5.
	# of health related community fairs organized		0	2/year		Community health fairs were organized and conducted during Y5 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	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 the Project.
	% 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%	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 the Project.

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	Plans are underway to install and activate the communication system before the end of the Project.
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 the Extension Period.
	# of evacuations and referrals carried out	-Reports from health facilities				Emergency evacuation protocol training planned for the Extension Period.
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 the Extension Period.

	% 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 the Extension Period.
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 and continued in Y5.

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.
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Annex 2: Workplan October 1, 2009-March 31, 2010 (Includes approved no-cost extension after September 30, 2009)

Major Activities	Status	Q1=10/1/09-12/31/09 –Begins No-cost Extension Q2=1/1/10-3/31/10
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Strategy 1: Improve quality of pre- and post-natal services available in the region		Q1	Q2	Responsible agent/agency
Health Facility Access and Management-OBJECTIVE 1				
Train staff in QA		X		GHA-HQ, GHA Project Manager/Field
Institute QA plan and service delivery improvements			X	GHA Project Manager/Field, clinic 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		Statistician/archivist
Carry out survey of key informants on barriers to health service utilization	To take place in Y5	X		GHA Project Manager/Field, interviewers
Assess current work and effectiveness of mobile health clinics	Ongoing for project-sponsored clinics	X		GHA Project Manager/Field, project staff
Improve availability and quality of mobile health services	Began in Y3 and will continue.	X		GHA Project Manager/Field, personnel from the Olivier Clinic
CHWs and TBAs				
Training for CHWs and follow up	21 trained with full curriculum and others will be integrated	X		CHW Training Program of Darbonne, Leogane District, GHA Project Manager
Explore and implement models to address CHW incentives and sustainability questions	Discussion with partners to provide support after the project ends	X		GHA-HQ, GHA Project Manager/Field
Monitor and supervise TBA activities	Y4, Y5 w/ monthly meetings & visits	X		GHA Project Manager/Field, nurses,
Support/facilitate post-delivery home visits by trained health agents	Trained CHW are active in the communities	X		GHA Project Manager/Field, clinic staff
CHWs and TBAs educate women on importance of prenatal, attended delivery and post natal care	Ongoing through 21 mother's groups/community banks	X		GHA Project Manager/Field, CHWs
Women from COD-EMH community banks receive training on services and encourage others to see CHW, TBA or clinic staff	21 mother's groups/community banks began training in Y3	X		GHA Project Manager/Field, CHWs

Provision of Key Services				
Provide counseling & 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		Clinic and hospital staff, GHA Project Manager/Field
Immunization services for pregnant women and children, including TT vaccinations	Supported by the project since Y3 at clinics and mobile clinics	X		MOH, GHA Project Manager/Field, doctors and nurses
Pharmaceutical and Stock Management				
Monitoring and supervision of pharmacy and drug management	Ongoing	X		Clinic staff

Strategy 2: Increase demand for, and utilization of quality pre- and post-natal infant services in Petit Goave region Q1 Q2 Responsible agent/agency

Networking with community leaders and women, literacy and youth groups	Establish partnerships with other orgs. to integrate & avoid duplication	X		GHA Project Manager/Field, local partner organizations
Organization of community group members to become peer leaders	Facilitated through the CHW community trainings.	X		GHA Project Manager/Field, nurse, literacy teacher, community leaders

OBJECTIVE 2

Strategy 1: Build/strengthen referral network and channels within existing health facilities and community Q1 Q2 Responsible agent/agency

Develop communications protocol linked to referral and medical evacuation protocols.		X		MOH, clinic staff, GHA Project Manager/Field
Develop plan for referral and medical evacuation b/w health facilities & hospital		X		MOH, clinic staff, GHA Project Manager/Field
Train personnel in implementation and use of protocols			X	MOH, clinic staff, GHA Project Manager/Field
Create database of pregnant women visiting health centers and follow-up for HIV	Women counted and referred during mobile clinics & health center visits.	X		MOH and project statisticians
Post-partum visits carried out by staff/personnel	Ongoing	X		GHA Project Manager/Field, clinic staff, CHW

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 Q1 Q2 Responsible agent/agency

Increased community outreach activities at clinics, vaccination campaigns, and mobile clinics	Conduct HIV education, as well as community educational forums	X		GHA Project Manager/Field, clinic staff, CHWs and TBAs
Train appropriate personnel on follow-up and counseling methods and strategies	Capacity building is taking place and will continue throughout the project	X		GHA Project Manager/Field

Annex 3: 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 five small groups (approx. 15 members each) 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 seek medical treatment for illness.

Currently, five groups of 15 *houngans* each 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.

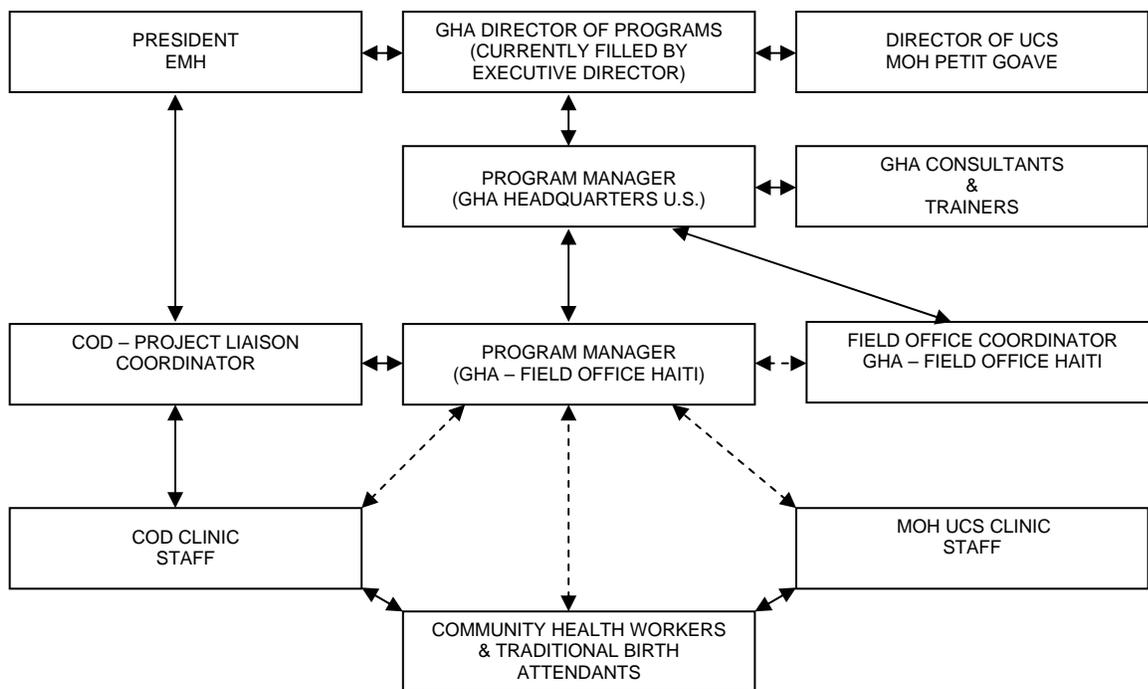
“Madame Solage, a traditional healer from the Third Section of Sobier told project staff that she had a pregnant woman from her community come to her home to be treated for headache and blurred vision with vertigo, as well as excessive yellow discharge. Instead of keeping the woman at her home, she recognized 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, particularly during the final evaluation, to further document the effectiveness of this approach.

Annex 4: Revised Management Structure

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



October 2008