AME-SADA CHILD SURVIVAL PROJECT AND HEALTH GRANTS PROGRAM

Cooperative agreement number: GHS-A-00-05-00034-00

Third Annual Report
October 2007-September 2008

"Better Health for Mothers and Children in Haiti
Child Survival Program in Arcahaie,
Cabaret and Sections of Port-au-Prince"

November, 2008
African Methodist Episcopal Church-Service and Development Agency
AME-SADA

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LIST OF ACRONYMS

ARI/PCM	Acute Respiratory Infection/Pneumonia Case Management
AMEC	African Methodist Episcopal Church
AME-SADA	African Methodist Episcopal Church-Service & Development Agency, Inc.
AME-SADA-CSP	African Methodist Episcopal Church-Service & Development Agency Child Survival Project
ANC	Antenatal Care
CBIO	Census-Based Impact Oriented Survey
CDD	Control of Diarrheal Diseases
CHP	Community Health Provider
CHW	Community Health Worker
CIJ	Clinique Isaie Jeanty
COSAM	Comité Soutien Allaitement Maternel (Breastfeeding support Committee)
CQI	Continuous Quality Improvement
CS	Child Survival
CSHGP	Child Survival and Health Grants Program
CSP	Child Survival Project
CSSP	Child Survival Support Project
DIP	Detailed Implementation Plan
DPT	Diphtheria, Pertuses, tetanus Vaccine
EMMUS	Enquête Mortalité, Morbidité et Utilisation des Services (Census on Mortality, Morbidity, and Use of Health Services)
EPI	Expanded Program in Immunization
FP	Family Planning
GM/C	Growth Monitoring and Counseling
HA	Health Agents
HP	Health Provider
HF	Health Facility
HAC	Health Agent Coordinator
HIS	Health Information System
HQ	Headquarters
IDA	Iron Deficiency Anemia
IMCI	Integrated Management for Childhood Illnesses
KFP	Key Family Practices
KPC	Knowledge Practice and Coverage Census
MINUSTHA	Mission des Nations Unies pour la Stabilisation d'Haiti
MNC	Maternal Newborn Care
MOH	Ministry of Health
MSH	Management Sciences for Health, Inc.
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)
NGO	Non-Government Organization
ORS	Oral Rehydration Solutions
ORT	Oral Rehydration Therapy
ORU	Oral Rehydration Unit

PAP	Port-au-Prince
PAHO	Pan American Health Organization
PEP	Programme Education Perinatal (Perinatal Education Program)
PCM	Pneumonia Case Management
PROMESS	Promotion Medicaments Essentials (Promotion of essential drugs)
PVO	Private Voluntary Organization
PPS	Point De Prestation De Services – AME-SADA Out Patient Clinics
QIV	Quality Improvement Verification Checklist
QICL	Quality Improvement Checklist
SOE	Service Oecumenique d'Entraide
TRM	Technical Reference Material
TBA	Traditional Birth Attendants
TOT	Training of Trainers
TT	Tetanus Toxoide
USAID	United States Agency for International Development
WDHIS	Western Department Health Information System
WMS	Women's Missionary Society of the AMEC
WHO	World Health Organization
VAT	Anti-Tetanus Shot (Vaccination Anti –tétanique)

Overview and Activities Achieved on the third year

AME-SADA, a non-profit voluntary organization based in Washington, DC has been working in collaboration with local partner Service Oecumenique d'Entraide (SOE) in Haiti to continue to improve the provision of Health Services in the Western Department of the Republic of Haiti. AME-SADA has just finished its third year of the child survival project in Haiti (an Entry Level Grant from USAID (GH/HIDN), CHILD SURVIVAL PROGRAM RFA NO. M/OP/GH/HSR-04-00300).

This Child Survival project, funded by USAID in the amount of, $1,249,309.00 has been implemented in seven rural districts of the municipalities of Cabaret and Arcahaie and sections of Port-au-Prince including Saint-Anne, Cite l'Eternel, Village Dieu, Fontamara, and Leger/Couyo/Dubin, started in October 2005 and will end in September 2009. The project area has a total population of 300,000 inhabitants. The program beneficiaries are children 0-5 years (45,000 children) and women of reproductive age (75,500 women) for a total of 120,000 program beneficiaries.

The detailed analysis of the health situation in Haiti shows that the mortality statistics for the specific areas of Cabaret/Arcahaie are extremely high. In the Western region of Haiti, the health status, although improved, remains very alarming. The neonatal, infant and child mortality rates remain the highest in the western hemisphere. Diarrheal diseases, acute respiratory infections, and malnutrition account for more than 50% of the causes of child death, while the primary causes of hospitalization for children in 1995 were pre-maturity (23%), pneumonia (16%), malnutrition (8%), meningitis (8%), typhoid (6%), and diarrhea (5%) (PAHO1998). Maternal Mortality in the same region is relatively high with 523 deaths per 100,000 live births. Causes of maternal mortality include: eclampsia, hemorrhage during delivery, no assistance with delivery, infection in the perinatal period, and lack of transportation during obstructed labor. Anemia is also a frequent cause of morbidity among women.

The project main goal remains the same, to reduce morbidity and mortality and improve health status of children under the age of 60 months, and women of reproductive age in the program area. Progress has been made in some of the program area.
This has been achieved through the following objectives: 1) Improve maternal and newborn care services. 2) Improve quality of pneumonia assessment and case management. 3) Improve quality of diarrhea assessment and case management**.** 4) Improve access to and use of immunization services for infants and 5) Train and empower community volunteers through establishment of Care Groups. In addition AME-SADA would like to achieve the goal of increasing the capacity of local partners and communities to successfully plan, implement, monitor report on, and evaluate community-based and household child survival and health services. This will be achieved through the following objective. 1) Increase technical and management capacity of local partners 2) Increase appropriate and accessible care information from the community and at-risk households**.** 3) Improve assessments of quality of care at the level of individual beneficiary**.** 4) Improve partnerships between health facilities, health care providers, and

communities in the program area. AME-SADA's major strategy to improve the quality of maternal and child health is to increase access to and use of basic health care services for pregnant women and nursing mothers and children under five years through the training and empowerment of frontline health care providers and community volunteers, and expanded involvement of community members and their leaders in program planning

The existing barriers are that many women have reported having problems with knowing where to go (10%), difficulty getting permission to go (13%) A major issue for them was mainly getting money to pay for services (82%). The long distances to a health facility (42%), lack of transport (39%) and not wanting to go alone (39%**)** all contributed in some way to the overall status of health services (EMMUS 2000)

The AME-SADA/Haiti Child Survival Program Annual Report described the main activities carried out, the constraints and the problems which the project has faced during this fiscal year

Assessment Survey conducted in all of AME-SADA's health facilities using a tool provided by MCDI, permitted us to continue reviewing existing conditions in terms of resources, motivation, training, outreach, infrastructure, and quality of services provided at the health facilities. It also permitted us to continue to evaluate and monitor the strengths and weaknesses of the health facilities.

An organization capacity evaluation was started in both Headquarters and in the field. This tool was downloaded from the CORE initiative website and permitted AME-SADA to identify capacity building needs, to assess the impact of capacity building support, and to detect whether any technical support was needed within the organization. The evaluation is still in process.

Continuation of informal interviews with key informants conducted for the qualitative assessment to evaluate the more qualitative nature of the survey that eventually aided to better understand the level of effort needed to influence certain behavior changes

I. MAIN ACTIVITIES ACHIEVED DURING THE THIRD YEAR

April 21-23 5 Health agents from CRAH were trained on Hygiene and clean water.

April – May 91 Health Agents were trained on Family Planning.
25 in Pont Matheux
16 in Délices
15 in Fond Baptiste
20 in Bélanger
11 in Source Matelas
3 in Léger

May 14 – 16 : 5 Health Agents were trained on Interpersonal skills
Continuing Education on Vaccination.

June 4 – 6 : 5 Health agents from CRAH were trained on TB and Malaria
Community.

June 18 : Training of 20 TBAs started at Pont Matheux*

June 25 : Training of the TBAs on Hygiene and the role of the TBA in the
Community.

July 2 – 4 : 5 Health agents from CRAH were training on HIV / AIDS

July 9 : Training of the TBAs on the anatomy of the female reproductive system

*The training started on June 18th 2008 and will end on Dec. 18th 2008.
Classes are held every Wednesday. An evaluation is given at the end (prior to Graduation).

(See Table I for more activities accomplished)

TABLE 1. Status of Activities

Intervention	Objectives	Benchmark programmed for the project	Status of activities Achieved or not	Comments
Maternal and newborn care	Increase knowledge of health providers and TBAs. on specific intervention topics	• PEP Curriculum adapted for use in Haiti for training	• The PEP Curriculum has been adapted and is available and is being put to use	Quaterly reviews of key topics are conducted by the supervisors.
		• Over 350 TBAs have been trained. The % of trained TBAs exceeds the expectation.	• 20TBAs are now in training.	More Health Agents and Traditional Health agents have been trained than originally planned. This result has improved the delivery and access of health care in some of the rural community of Arcahaie/ Carbaret.
		• 20 TBAs are now in training. The training started on June 18th and will terminate on Dec. 16th. Final evaluation and Graduation to follow after the training.	• 91 health Agents are now in training.	
	Improve supervisory system	• 2 additional HACs trained in supervision with focus on CS activities	• Recruitment of health agents coordinators continue.	
		• HAC supervisory system expanded to focus on child survival activities of HAs &TBAs	• HAC supervisory system has been established and extended to activities of the CSP.	The supervisors and Health Agents continue to receive continuing education from the program manager.
		• Quality Improvement and Verification (QIV) Checklist and follow-up system established to assess and improve quality of maternal and newborn care services provided by TBAs	• Checklist in use	
	Increase pregnant woman with labor emergencies who go to hospitals	• increase by 30% of TBAs benefiting from incentive system for accompanying women with labor emergencies to a health facility with skilled staff	• TBAs have been fully trained and are following the process	

Intervention	Objectives	Benchmark programmed for the project	Status of activities Achieved or not	Comment
Maternal and newborn care	Increase knowledge of pregnant woman, mothers, and their families on new born care practices and health facility services	• More than one clinical staff per health facility trained in Neonatal IMCI • All clinical staff per health facility are given refresher training on obstetrical emergencies • 60 Volunteers recruited per year for establishing 4 Model Care Groups per year, and trained in educating pregnant women, mothers and their families on MNC practices • Increase from 61% to 73 % of mothers who know at least 2 danger signs in newborns • increase from 46 % to 85 % at year one to third year, deliveries that are attended by skilled health personnel • Increased from 84 % to 96 % mothers who had at least one prenatal visit prior to the birth of their youngest child • Increased form 65% to 77 % of mothers who had three or more prenatal visit prior to the birth of their youngest child • 68% of pregnant women had an health Card during their clinic visit in the Arcahaie/Cabaret region. • 160% of mothers seen in the Arcahaie/ Cabaret area have received/bought iron supplements while pregnant with the youngest child less than 24 months of age • 41 % of mothers who had at least one postpartum check-up within the 5 first days after delivery in the Arcahaie/ Cabaret region. • Only 13% of mothers had one post-partum check-up within the 5 first days after delivery in Port-au-Prince. • Increased from 53 % to 65 % of mothers who received a Vitamin A dose during the first two months after delivery. • Increased from 36 % to 48 % of children aged 6-23 months who received a Vitamin A dose in the last six months.	• All Staff in all the clinics have been trained and continue to have continuing education. • At least one clinical staff per PPS is trained on obstetrical emergencies. • At least one Mother Club class realized every month by the health agents covering all MNC topics	

Intervention	Objectives	Benchmark programmed for the project	Status of activities (Achieved or not)	Comment
Maternal and newborn care (Cont.)	Improve quality care of mother and child during pre and post natal period	• Increase to 100% of births to women supported by Care Group that are reported within first week to HA by TBAs. • Increase to 100% of pregnancies in women supported by Care Group members that are reported within first 2 months by Leader Mothers to TBAs, visited by HA. • 600 to 700 pregnant women and mothers supported per year by new Care Groups. • Minimum of 4 visits by HA during early and middle pre-natal periods. • 1-3 visits by HA during late pre-natal period based on presence or absence of danger signs. • Minimum of 1 visit by HA within 5 days of birth to assess health of mother and newborn. • Increase from 16 % to 28 %of children aged 0-23 months who were breastfed within first hour after birth. • Increase from 44 % to 96% infants aged 0-5 months who were given breast milk only in the last 24 hours. • Increase from 93 % to 105 % infants aged 6-9 months who received breast milk and solid or semi-solid foods in the last 24 hours. • Increase from 79 % to 91% children aged 6-11 months who are still breastfeeding . • Increase from 51 % to 63 % children aged 12-17 months who are still breastfeeding. • Increase from 33 % to 45 % children aged 18-23 months who are still breastfeeding. • Increase from 15 % to 27 % newborn who had at least one health check up within the 5 days after delivery. • Increase by 25% each year of newborns monitored for appropriate weight gain. • Decrease from 22 % 18 % of children aged 0-23 months who are underweight.	• Leader mothers and TBAs are reporting on pregnancy and births. • Continuing training for all Care Groups. • All Health agents are organizing rally posts for prenatal meetings and consultations • Training of Health Agents on the importance of achieving 5 out of 7 prenatal visits and one post natal during the days that follow the birth. • 27 COSAM clubs (breastfeeding supporting committee clubs) are functional in different areas. • All health agents are trained on the importance of postnatal visits during the 5 days after birth • 1 to 2 operational Nutrition area programmed according the number of malnourished children in each sector	The challenge has been in the Port-au- Prince area.

Intervention	Objectives	Benchmark programmed for the project	Status of activities (Achieved or not)	Comment
Improve quality of pneumonia assessment and case management	Increase knowledge of health providers: (HAs, Health facility staff, etc) on issues concerning pneumonia assessment	• ARI referral system developed and established • increase by 50% each year in use of Client Follow-Up Register by Has. • at least 1 clinical staff per facility trained in IMCI. • Routine use of Pneumonia Tool Box by HAs and clinical staff. • HAs conducting home visits during first week after birth and post-partum period to facility early recognition of danger signs in children under two years	• Referral system has been developed and established and continue to follow. • Follow-up register increased to 100% • Each clinic has at least one staff member trained in IMCI. • Tool box is being used by HAs and clinical staff. • All health agents to continue with home visits in the 5 post natal day and give advise on the danger signs associated during that time	Continuing training for the Care Groups
	Improve supervision system related to pneumonia assessment	• Improved monitoring of Quality of Care provided by HAs and clinical staff through regular observation and use of QIV Checklist and Medication Counseling QICL by Supervisors	• 21 QIV Checklist and Medication Counseling QICL used by Supervisors	
	Increase knowledge of Mothers, caregivers and their families on pneumonia assessment and case management	• Each Care Group educating and supporting 150-180 mothers / caregivers on pneumonia and ARI. • Increase from 23 % to 35 % children aged 0-23 months with cough and fast/difficult breathing in the last 2 weeks who were taken to a health facility or received antibiotics from an alternative	• 56 Care Groups exist and are continuing their motivational and supportive work. • Education sessions were done at the mother clubs on ARI.	
	Increase pneumonia case findings through Care Groups	• Increased case finding through Care Groups		

Intervention	Objectives	Benchmark programmed for the project	Status of activities (Achieved or not)	Comment
Improve quality of diarrhea assessment and case management	Increase knowledge of health providers: (HAs, Health facility staff, etc) on issues concerning diarrhea assessment	• 12 new and additional HAs trained in IMCI KFP for diarrhea assessment/management.	Recruitment of 12 health agents in process.	Evaluation of objectives based on KPC
		• CDD referral system developed and established.		
		• increase by 50% each year in use of Client Follow-up Register by Has.	Diarrheal cases are recorded with follow-up consultation	
		• HAs conducting home visits to promote improvements in sanitation, hygiene, water purification.		
		• At least 1 clinical staff per facility trained in DCM	All existing clinic staff are trained.	
	Improve supervision system related to Diarrhea assessment	• improved monitoring of Quality of Care provided by HAs and clinical staff through regular observation and use of QIV Checklist by Supervisors.	QIV Checklist by Supervisors improved and adapted	
		• improved monitoring of Quality of Care provided by HAs and clinical staff through exit interview.		
	Increase knowledge of Mothers, caregivers and their families on diarrhea and case management	• each Care Group educating and supporting 150-180 mothers/caregivers on IMCI KFP in diarrhea.	56 Care groups exist and are continuing their supportive work	
		• increase from 42 % to 54 % of mothers who can correctly prepare ORS. • increase from 42 % to 53 % of children aged 0-23 months with diarrhea in the last 2 weeks who received ORS and/or recommended home fluids. • Increase from 33 % to 45 % of children aged 0-23 months with diarrhea in the last 2 weeks who were offered more fluids during the illness. • Increase from 15% by 25% of mothers/caregivers who wash their hands before food preparation, feeding the child under their care, and after defecation • Increase from 45 % to 57 % of mothers/caregivers who purify the water used in the household for drinking and food preparation. • Increase from 57 % to 68 % of children aged 0-23 months with diarrhea in the last 2 weeks who were offered the same amount or more food during the illness	In all the education session the mother are trained in the preparation of ORS and encouraged to: • give the ORS and other fluid • give more fluids to sick children. • Control the quantity and quality of the food given to child. • These same sessions also includes hygiene education and water purification	

Intervention	Objectives	Benchmark programmed for the project	Status of activities (Achieved or not)	Comment
Improve access to and use of immunization services for infants and pregnant women	Increasing the knowledge of health providers and TBAs on matters concerning immunization and its importance	• Each Care Group educating and supporting 150-180 pregnant women and mothers on KFP in immunization, improved tracking and follow-up of eligible children	• More than 60 Care groups exist and are continuing their support work	
	Increased pregnant woman and eligible children to be vaccinated.	• 12 HAs trained in IMCI KFP for immunization • 50% each year of drop-outs reached and served • Decrease from 10 % to 7 % of drop-outs. • Increase from 19 % to 31 % children age 12-23 months who receive BCG,DPT3,POV3 and measles vaccines before their first birthday	• Recruitment of more Health Agents and Traditional birth attendants.	
		• Increased % of mothers who received at least two TT injections (card-confirmed) before the birth of their youngest child less than 24 months of age (Rapid Catch)	• Promotion for prenatal care consultation and tetanus shot has been achieved	
		• Increase from 71 % to 83 % of children who have a vaccination card.	• 100% of our children have received their Vaccination cards	
		• findings from barrier analysis shared with Care Group and Health Agents to help address problems with TT coverage		
	Expanded current supervisory and monitoring system.	• improved monitoring of quality of immunization by Supervisors	• Supervision is realized regularly every month by the clinical supervisor and every 3 months by technical staff.	
		• reduction in wastage of vaccines	• Training on management of stock to clinical supervisor.	
		• cold chain monitoring system operational from point of origin (MSSP) to application (RP)	• The cold chain monitoring system is fully operational	
	Improved access to immunization services	• Reduced travel time for HAs	In some areas, the HAs are still traveling to far distance.	

FACTORS THAT PREVENTED THE PROGRESS OF ACHIEVEMENTS

Technical intervention prevented	*Key activities*	*Status*	*Comments*
Clinic in Leger is operational 3 times a week due to rural area that are very distant.	Need to recruit more staff and expand the clinic to operate 5 days/week	In the process of recruiting Nurses, Nursing assistant, Lab Technician and more Health Agents have been trained and have started to work in the region.	The recent hurricanes and tropical Storm had had a negative impact on the health facilities and services provided.
Clinic at Fond Baptiste was destroyed by the hurricanes and Tropical Storm. Pont Matheux has also been affected.	The number of services provided has been diminished due to the difficulties of getting to the clinic.	We are in the process of rebuilding the clinic.	The health agents and nurse assistants continue to provide services by doing home visits.

IV. SUBSTANTIAL CHANGE

No significant changes were made.

V. MONITORING PLAN (See Table 1)

VI. SUSTAINABILITY PLAN

The sustainability plan of the project consists of training to insure the continuation of this endeavor. The project has two training coordinators who are responsible for the organization and implementation of the entire training program, with the help of the contractors and PPS Supervisors mentioned above.

This plan consist of increasing sustainability of child and maternal health nutrition, and infectious disease programs/interventions implemented by PVOs and their partners by through new service delivery skills obtained through the training of Health Agents and TBA's. AME-SADA has increased the capacity building of local partners involved in the skills development activities which is essential to the success of achievement of this sustainability plan.

VII. SPECIFIC INFORMATION FROM DIP CONSULTATION

During the DIP review, it was requested that we review the supervision of the TBAs, CBIO integration in health activities, stock out issues, and sustainability plan.

TBA supervision

The TBAs continue to be surpervised by the Health Agents who guide them in participating in the home visit program and the many training sessions for the various mother's groups organized by the project. The number of certified TBA's continues to

grow every year, due to a very aggressive training program developed by AME-SADA in the targeted zones.

CBIO integration in Care group strategy

Another request was to clarify the CBIO and its integration with the Care Group strategy. These strategies consist of an establishment of a network of Care Groups which will be demonstrated by training and empowering community volunteers, mostly mothers. These volunteers will meet with the project staff for training, supervision and support. They will provide greater peer support and develop stronger commitment to health activities. By using the CBIO approach methodology AME-SADA can also develop a program plan with these volunteers which will enable the community to pinpoint health priorities in their zone. Also the CBIO methodology will use the volunteers to make targeted home visits in the service area focusing on the highest priority health problems. This will then permit the program staff to track delivery health service and vital events within the community. It will also facilitate lifesaving health knowledge enabling programs to multiply their impact and branch out to reach thousands of families with lessons on health, hygiene and nutrition, promoting behavioral change, and making a significant impact on the whole community.

Sustainability (See above for sustainability plan)

In reference to sustainability of the project AME-SADA has restrained from using the CSSA sustainability tool because it is still a work in progress. AME- SADA will consider it equally among other tools for evaluating sustainability. AME-SADA runs most of the clinics and they have cost-recovery systems, it is more likely to plan for sustainability. Since the CSSA tool is very flexible to accommodate with any particular needs, AME-SADA does not anticipate trouble in adapting it to the context of Haiti.

VIII. PROJECT'S MANAGEMENT SYSTEM

Management system	***Description of management***	***Positive***	***Negative***
Financial management	• A financial manager assisted with an accountant is responsible for the financial management. • Two annual audits are done by an external agency. • The internal invoice/bills/receipts of the health facility are processed at the main office with verification and related documents. • The requests are submitted at the main offices for invoices before going to the financial department. All emission of checks is accompanied by a verification forms.	• Comprehensive and approved by external auditors	none
Human resources	• At all levels the staff is motivated and supervised. The TBA is supervised by the health agents, the health agents, the coordinator who are	• The task done by the health agent is better supervised and	In the chain of supervision, the post of health agent's coordinator

	then supervised by the main supervisor. The supervisor is under the health facility manager. The health facility manager, the nurses, the doctors are all under the supervision of the project manager.	corrected if necessary	is not valorized enough.
Communication and developmental system of the team	• Five line lands phone relay the clinics between each other and the main office. Nevertheless we are in need of six more are required at the level of the clinics at Fonds Baptiste, Léger, Délices 1, Délices 2 and Source Matelas. The cell phones are given to complete the network. • Working meetings are plan every week with the health facility managers, the medical doctors and coordinators. • Quarterly meeting for the review for reports and corrections necessary. • • The supervisor for the field coordinators, human resources will have to provide starting in November monthly reports	• Because of the distance of certain PPSs , the telephone is an important tool for the daily follow-up • The meetings facilitates better understanding of the project by the staff and permits an easy fluidity in the actions taken and correction of any weakness found	Sometimes an immediate answer cannot be obtained because of lack of communication if the person responsible is not at the clinic per se.
Relationship with local partner	• The local partner executes the same activities as those of AME-SADA and is considered as a health facility in the CSP. The meetings with SOE are done on a monthly basis.		
Coordination/Collaboration Washington/Haïti	• Good Collaboration. • Assistance provided by MCDI : • Workshops in Washington DC		
Other system of management			

IX. CHRONOLOGICAL ACTIVITY FOR NEXT YEAR (See Action plan for All four years)

Child Survival Project: October 2007- September 2009

	Planned activities	2007	2008			
		T1	T2	T3	T4	T1
IDENTIFICATION						
	Identify leaders in the Leger area			X		
	Identify TBAs in 15 sectors/area in Leger			X		
	Identify 3 new sectors/areas in Fontamara (pour un total de 8)			X		
	Identify 12 new sectors in Leger (pour un total de 15)	X				
	Identify CBIO trainer			X		
RECRUTEMENT	16 Health Agents to be recruited for Leger (12), SOE (3) and Source. Matelas (1)			X		
	1 nurse to be recruited for Leger			X		
	1nurse to be recruited for Fond Baptiste (Clinic activities)			X		
	1 Nurse Assistant to be recruited for clinic activities			X		
	1 pharmacy manager to be recruited for Leger			X		
	3 HAs supervisors (2 nurse aids et 1 HA promoted)			X		
STRUCTURES	Remodeling/Construction for Leger Clinics			X	X	
	2 fridges for the labs in Leger and Pont Matheux			X		
	Solar panels , one generator, 8 batteries and one inverter for Leger			X		
TRAINING						
	Educate and continual education for Care Groups on all CS program activities	X	X	X	X	X
	Training session for 16 new Health Agents in Leger, SOE and Source Matelas			X		
	Educate the community about the activities of the program and the services offered by SADA clinics	X	X	X	X	X

	Planned activities	2007	2008			
		T1	T2	T3	T4	T1
	Educate the pregnant women, mothers and their families about health care practices of both mother and new-born (community and household IMCI)	X	X	X	X	X
	Train in CBIO			X		
	Training session for 26 TBAs in Leger, 11 TBAs in CRAH			X	X	
SERVICES	Coordinate the promotion of health Key messages to all health staff team (HA model and Care groups and health providers)	X	X	X	X	X
	-Provide necessary material for the cold chain preservation for all SADA clinics (cold boxes for vaccines et 4 refrigerators for Labs)	X	X	X	X	X
	Insure continual follow up of vaccines for the cold chain reliability system	X	X	X	X	X
SUPERVISION	Continual Supervision of CS program activities	X	X	X	X	X
LOGISTICS AND COVERAGE	Provide transportation for HAs	X	X	X	X	X
	Provide transportations (car) for CS activities in Leger				X	
	Print out regularly vaccination results and post them by clinics	X	X	X	X	X
MONITORING ET EVALUATION	Provide Handhelds				X	
	Organizational Capacity Assessment				X	
	Evaluate the objectives achieved planned for last year	X				
	Evaluate every semester the base activities of each PPS		X			X
	Evaluate the needs in necessary material and training	X	X	X	X	X
	Evaluate every month the basic activities	X	X	X	X	X
	Final evaluation of project					
PARTERNERSHIP	Continue to identify ways to continue getting financial support and potential support in coordination with partners, leaders community and health administrators	X	X	X	X	X

	Planned activities	2007	2008			
		T1	T2	T3	T4	T1
	Continue to keep in contact with CONCERN, MOH and other CS partners to find a solution to the vaccination problem.	X	X	X	X	X
BUDGET	Identify ways to continue getting financial support and potential support in coordination with partners, leaders community and health administrators					
	Establish annual provisional budget for CS project activities	X			X	

X. RESULTS HIGHLIGHTED

a) PROBLEMS	*b) Input to address issue*	*c) Amplitude of intervention*	*d) Specific results*
Vaccine coverage in Clinic of Port au Prince has been slowed. Food has been offered to patients in exchange for the use of their clinic	Lobbying with the grantors and the partners to find a solution to this problem.	All the target zones of intervention have been reached. However, some NGO have been given incentives to patients. Therefore some of the patients decided to go these other clinics.	
In Port-au-Prince, some of the objectives were not met. Some of the other NGOs have been offering food and other incentives to the population. It made it very difficult for the staff.	The health Agents continue to go from door to door to identify the patients that did not follow up.		
Implementation of the new health facility in Leger. The hurricanes and Tropical Storm have worsened the situation. Access to the facility have been very difficult	Leger, continue to be a challenge Health activities including weighing children, vaccination of children and young women that are pregnant, prenatal consultation, vitamin A, iron, Tb and HIV testing and health education are provided 3 days a week in the clinic. The health agents, the nurse and TBAs continue to travel 5 days a week to provide the necessary services.	More than 15 districts with difficult access have been reached for the first time since 1992.	Currently rebuilding the clinic in Leger. Recruiting new staff (including HA and TBAs).

ANNEX A

ADDITIONAL TRAINING INDICATORS