

GRAND BOULAGE COMMUNITY HEALTH
PROJECT

YEAR 6
MIDTERM REPORT
AUGUST 2023 – APRIL 2024

Medicinesfor**Humanity**



Reaching The World's
Most Vulnerable Children

INTRODUCTION

For the past six years, the *Grand Boulage Community Health Project* has been improving the health and wellbeing of vulnerable families living in the Grand Boulage area of Haiti. The successful partnership between Medicines for Humanity (MFH), Seeds of Hope for Haiti, and the Grand Boulage community has led to increased access to health services, community outreach, and nutrition services for local residents. MFH is happy to share the most updated project results in this report which provides an overview of activities completed from August 2023 to April 2024.

Unfortunately, during the reporting period the violent insecurity in Haiti directly impacted the Grand Boulage clinic. Gang activity in the nearby community of Fonds Cheval made it unsafe for staff to get to the clinic, so the clinic was closed from February 19th through March 18th. In addition, the violence, fuel shortages and increasing inflation have continued to impact the cost of medications, supplies and fuel and affect the number of patients attending clinic visits.

PROGRESS TO GOALS

PROJECT GOAL 1: Establish a permanent health clinic in partnership with the community, local organizations and the Ministry of Health and Population (MSPP).

The Grand Boulage Community Clinic continues to provide basic health care services for families including consultations, laboratory tests and access to basic medication. During the nine-month reporting period, the clinic has seen a decrease in the number of patients coming for regular care. In the last year there has been a dramatic increase in fuel prices and inflation. Many families struggle to meet basic needs and provide enough food for their families. The rising gang violence and insecurity has impacted available work opportunities for families and has greatly limited transportation. The Health Committee and clinic staff have reported that many families who previously came to the Grand Boulage clinic for care are no longer seeking regular care. They cannot afford the cost of transportation to get to the clinic and have prioritized other basic needs above health care. Additionally, the clinic closure from February 19th through March 18th impacted the total number of patients seen in the nine-month period. When the clinic reopened in March the clinic schedule changed from five days a week to four. The number of clinic days was reduced to allow the staff who live outside Grand Boulage, to travel to their homes safely and avoid weekend travel. This change in number of clinic operating days has not impacted the number of patients seen as the majority of patients continue to attend visits Monday through Wednesday.

The decrease in patients has not impacted the budget since a similar quantity of supplies and medications are used when the clinic is open. The cost of medications continues to rise in Haiti and around the globe, resulting in funding shortages. Patients are waiting longer to come to the clinic and therefore need more medications than if they would come earlier. In October 2023, in response to the Health Committee's proposal, MFH increased the consultation fee to 250 HTG to account for the increased amount of medications needed and started charging small amounts for medications. If patients cannot afford these fees, discounts are given. MFH and the Health Committee are regularly discussing potential strategies to improve the number of patient visits while ensuring that the most vulnerable patients can still receive quality care.

The indicator chart below outlines the specific number of patient visits provided. Children under five years old and women remain the primary recipients of care. The main diagnoses for children under five years old include diarrhea, acute respiratory infections, skin infections, and typhoid. The three main diagnoses of adult patients are: hypertension, diabetes, urinary tract infections, and gastritis/stomach problems. The clinic staff generally see patients in the morning each day as this is when most patients arrive. In the afternoon, they primarily focus

on children coming for the nutrition program, nutrition education among caregivers, and nutritional supplement distributions in the clinic.

Clinic Indicators/Results for Project Goal 1	Results
Number of prenatal visits	123
Number of postnatal visits (within 6 weeks of birth)	101
Number of patient visits from children under 5	455
Number of patient visits for children 6-18 years old	166
Number of patient visits for women (not including pre/postnatal visits)	401
Number of patient visits for men	220
Number of total patient visits	1,466
Number of laboratory tests performed	1,127
Number of vaccinations provided to children under 5 (by MSPP CHWs)	1,742
Number of children receiving anti-parasite treatments and Vitamin A	878
Mothers/caregivers receiving information on preventing illnesses in children, nutrition and breastfeeding at the clinic	2,838

Project Goal 2: Provide Community Health Workers (CHWs) and Traditional Birth Attendants (TBAs) with enhanced health education and training to provide effective, preventive services in the community.

MFH continued supporting and training the 6 CHWs employed by the clinic and the 6 CHWs employed by MSPP. Except for when the clinic was closed, the CHWs met once every other month with the Project Coordinator for a refresher training on various topics, including health conditions for young children, vaccination updates, nutrition and encouraging mothers to deliver at a health facility. They continued to focus on conducting home visits for families with young children, pregnant mothers, and malnourished children. The community-based work of the CHWs is invaluable to the project and community. CHWs emphasize preventative health measures at the household level to ensure families can continue healthy behaviors and they teach families to recognize signs of illness that needs treatment early on. CHWs are also vital in the communication between the Health Committee, clinic staff and MFH team.

The Project Coordinator also continued providing refresher trainings to Traditional Birth Attendants (TBAs) every other month. Initially 50 TBAs received training from the Project Coordinator, but this past year only 36 of them have regularly attended the sessions. Some of the elderly TBAs have decided to stop working and, therefore, no longer attend trainings. The trainings continued to focus on the importance of prenatal and birthing care, how TBAs can collaborate with the clinic staff, and identifying specific patients that should be immediately referred to the clinic. At the end of their quarterly training sessions, they receive birthing kit materials including gauze, betadine antiseptic solution, and gloves.

Community Education Indicators/Results for Project Goal 3	Results
Number of CHWs recruited and trained	6
Number of CHW training sessions (with MFH staff)	10
Number of home visits conducted by MFH CHWs	7,085
Number of home visits conducted by Ministry of Health CHWs	6,046
Number of people attending community health talk	23,429

Number of people referred to the Grand Boulage clinic	12,434
Number of TBA training sessions	6
Number of TBAs attending training sessions	265

Project Goal 3: Implement a nutrition program at the clinic and community level, including provision of micronutrients and Plumpy’Nut, nutrition education, and development of home gardens.

One of the most successful project components continues to be the clinic’s nutrition program. The combination of the malnutrition program, nutritional food distribution program and community education has led to a decrease in the number of children seen at the clinic with malnutrition. Due to the increased economic crisis in the country, we continued to see increased numbers of children with malnutrition. Over the past nine months the program enrolled 64 children for malnutrition and 50 of them recovered.

Each child seen at the clinic is assessed based on their height, weight, age, and Middle Upper Arm Circumference (MUAC) and enrolled into the nutrition program if they are determined to have acute or severe malnutrition. They receive a monthly ration of a supplement called Plumpy’Nut that is specifically designed to treat malnutrition. Each week the child and caregiver return to the clinic for reassessment and nutrition education.

In addition to the Plumpy’Nut supplements, MFH continued the distribution of Harvest Lentil Pro (HLP) through the end of March when the USAID grant funding the HLP distribution ended. HLP is a food supplement that is a combination of rice, lentils, and dried vegetables that supplies additional calories, protein, vitamins and minerals for all ages. By providing it to families, they have the ability to give the child the Plumpy’Nut and provide additional food for that child and the family. HLP was also provided for pregnant women and postnatal women at the clinic to encourage improved nutrition for themselves and the development of their babies.

Nutrition Indicators/Results for Project Goal 3	Results
Number of children identified with severe or acute malnutrition	64
Number of children with malnutrition enrolled into the nutrition program	64
Number of children discharged from the malnutrition program *including children enrolled last year	50

Project Goal 4: Engage the Grand Boulage community in the development and implementation of health programs.

MFH continues to conduct quarterly meetings with the Health Committee to comprehend community perspectives and get ongoing valuable feedback on clinic services that can be used to inform clinic procedures and direct staff training on improving communication with patients. The Health Committee has suggested several clinic changes some of which have been implemented, such as medication charges. There are requested changes from the Health Committee that cannot currently be implemented. These requests will be considered in the future if there is funding and if the patient load requires additional staff. Overall, this year Health Committee members are more satisfied with the clinic management and seem to have gained more trust in the clinic staff and MFH to best manage clinical services.