



CARE 2 COMMUNITIES

24 School Street, Floor 2, Boston, MA 02108 • www.care2communities.org • (617) 559-1032
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Comprehensive Sexual and Reproductive Health Education For Young Women and Girls in Northern Haiti Together Women Rise Interim Report – August 2021

Care 2 Communities (C2C) designed a new Sexual and Reproductive Health (SRH) Education Course with the overall goal of **decreasing the rate of early, unwanted pregnancies among adolescent girls in the poor/low-income, rural communities we serve in northern Haiti**. However, its purpose reaches far greater than this quantifiable measurement. We seek to **empower** girls with the knowledge and resources they need to make decisions that affect their bodies, and ultimately, their futures. We want girls to feel comfortable in their bodies and know that it is up to them to decide when to start a family if they choose to; that they are worthy of an education, of a healthy relationship, and a happy life.

Our short-term goals:

- 240 girls enrolled with a 75% completion rate in 1st year; 500+ boys and girls enrolled in 2nd year
- 12 staff trained in FP counseling and 2 nurses & 2 social workers hired and trained to deliver curriculum
- Improvement in knowledge, attitudes, and biases towards SRH measured through a survey at baseline and 6 months
- Increase in FP utilization compared to current rate
- Improved quality of FP counseling by nurses measured through quality assurance checklist, observation by CMO and the Program Manager, and patient surveys
- No increase in STIs/no pregnancies among participants 6 months post-program

Our long-term goals:

- C2C establishes ongoing success of program through different iterations
- C2C compiles data, success stories, and lessons learned over 4 years and shares findings with Ministries of Health & Education
- MOE partner with C2C to implement course in schools across Haiti
- Over time, national health data shows increased knowledge in SRH (fewer cases of STIs reported, fewer unwanted pregnancies in girls <18, etc.)

Progress towards short-term goals

- **Enrollment:** For the first six months, we enrolled 118 girls.
- **Training:** Two nurses & two social workers were hired and trained to deliver the SRH classes. Before officially starting the program, we did a refresher course with our employees that provide family planning (FP) as well as the new employees that manage the program.
- **Improvement in KAP:** We have not finished the first cohort, therefore it is hard for us to stay if there has been improvement in knowledge, attitudes, and practices yet. All the pre-tests have been completed and when we do the post-test we will be able to better determine the impact of our program.
- **Increase Utilization:** At this moment, it is too early to say if FP utilization has increased. However, the participants are asking more questions about the different options and how they can procure FP.





From the result of the pre-test, none of the girls have ever used short-term FP before, and only a few have used condoms.

- **Improve FP Counseling:** We have improved our FP counseling since training all the staff to properly administer FP in all the clinics. We talked about myths and misconceptions and how to handle difficult questions or beliefs. However, we feel more refresher courses are needed to strengthen their knowledge. This comes at a perfect time since we recently hired a Program Manager with 10 years of experience in community outreach programs focused on FP. The training will be held in September for 10 of our employees that are responsible for FP in our clinics.
- **No Increase in STIs and Pregnancies:** We will be able to determine this when we finish the first cohort and compare health screenings before and after the course. We initially did health screenings on 118 girls, and results show that about 20% of girls were diagnosed with moderate anemia and 10% with sexually transmitted infections such as vaginal trichomoniasis. The rest of the girls were in good health.

Challenges

C2C has experienced many changes since the award of our Together Women Rise grant. First, there are the global changes that have affected us all. When COVID-19 first arrived in Haiti, our team feared the worst. Haiti's national healthcare system is ill-equipped to handle the level of hospitalizations that occurred in the US, Europe, and China. Thankfully, the health crisis was not as severe as we anticipated. This could be due to lack of testing, but could also be due to a number of other factors including the mostly young population that may not have been as susceptible to severe illness. However, the economic impact of the COVID-19 crisis was severe, the worst part being the devaluation of the local currency. With prices of commodities increasing and consumers getting less for their money than they normally would, many large NGOs have warned that childhood malnutrition is likely to increase across the country as well. C2C is doing what we can to continue to provide healthcare and education to the families we serve, including our childhood malnutrition treatment program. Furthermore, though prices for medical supplies are increasing, we have not raised the fees for our services--we still charge 15% below market price. Patient volume is increasing as well, and while that is a



good thing, it also means that our cost recovery has suffered. A box of gloves used to cost just \$3 and now is a whopping \$15. On the bright side, we have now converted five of our seven clinics to solar power, and with gas shortages continuing throughout the country, this means our staff have less stress and don't have to worry about powering the clinics. Though we know our communities are struggling during this time, we are proud to continue our services so that they do not have to worry about how to access healthcare. We hope this can relieve a bit of stress in their lives.



What concerns Haitians far more than the global pandemic is the ongoing unrest at home. A complicated issue, years of frustration over the government, corruption, and lack of accountability have led to lengthy periods of civil unrest including mass protests, gang violence, shootings, and a rise of kidnappings that have made daily life difficult for many. The assassination of Haiti's president marked another low moment for the country, and just a few weeks later, a massive earthquake hit as well (which C2C was not affected by, thankfully).

Organizational Changes

We have experienced changes at the organizational level as well. With now 100 staff in Haiti and growing, we felt it was important to transfer our core leadership to Haiti. As a result, our Board of Directors made the decision to appoint Racha Yehia, C2C's former Director of Operations, to Managing Director. Thanks to Racha's tremendous efforts over the last five years at C2C, the organization has grown from two to seven clinics. Racha's leadership in various aspects of C2C functions such as managing renovations, implementing new systems/programs, training and managing daily operations, has marked improvement and increased efficiency on the ground. With her solid understanding of Haitian culture and customs as well as her years of experience, Racha is able to better determine what is practical and feasible when it comes to international development in Haiti. We have also added new management staff in Haiti to supplement Racha's leadership and have added three new board members as well.



Lessons Learned

One of the biggest challenges we had to face was finding a convenient time for all the girls to meet. It was hard to find a block of time that fits all girls' schedules. In our only peri-urban clinic, where we thought we would have the most beneficiaries, we struggled to keep the number of girls over 20, since



the majority of them have class from 8 am to 5 pm from Monday to Friday, and it would be too late for them to come afterward. Now that we are more familiar with the schools the girls attend, we are trying to see if we can improve the schedule and have some classes on weekends when they don't have school.

We also had girls drop out of the program since the first cohort was during summer, and the girls were off from school. Many of the girls living in the rural areas would take the opportunity to go stay with relatives in the city during the summer vacation. Therefore, it was hard to convince them to come to the weekly classes. This issue made us realize that we should plan the cohorts during the school year and not have any classes during the summer holidays.

Another unfortunate challenge we faced is that some of the girls left the program because they were shy. They were afraid of having to participate actively, answer questions, and face the other participants. The school system in Haiti does not encourage students to actively participate in class. Therefore this method of teaching was very new to some, and they had a hard time adapting. We tried to call them and convince them to come back, but they felt uncomfortable. On the bright side, many of the girls are grateful for how the classes are structured, with it being an interactive experience. They appreciate the bond they are building with the educators and the other girls.

Given that this is a pilot program, mistakes are expected. We underestimated the loss to follow up rate for this program and will take this into consideration for our second cohort. Currently, to reduce dropout rates and improve participation, we are in the process of approving prizes for the best participants and will call the girls the day before class to remind them to come.



The Future of This Project

We have even started planning for next year's cohort and are excited to have secured some funding already from the Lalor Foundation. **In year two, we will maintain the two sessions for girls, and will expand to include a separate cohort for boys with a modified curriculum that is more relevant to them.** We know that for gender equity work to be successful and have a truly sustainable impact, we need to include people of all genders, and we hope by reaching boys while they are still young and impressionable, this will impact how they treat women as they grow older and influence the decisions they make, understanding that they have a role to play in ensuring the women in their lives can reach their full potential.



Our project was recently featured in Knowledge Success, a website supported by USAID’s Bureau for Global Health, Office of Population and Reproductive Health and led by the Johns Hopkins Center for Communication Programs (CCP). Read here:

https://knowledgesuccess.org/2021/07/27/context-and-community-developing-a-sexual-and-reproductive-health-program/?utm_content=174345564

Overall, we are so excited about the progress our Sexual and Reproductive Health Education course has made thus far. We expect to be able to complete our project on time. Even with political disturbance, we still feel it is safe enough in the part of the country where we operate to continue welcoming girls to our clinics on a weekly basis. **We are eager to iterate on this project for our second cohort and make it even better, and are also excited to expand the class to boys next year!**





Expenses	Total Project Budget	Amount Spent	Funds Remaining
Allocated Program Manager: Curriculum Development and Monitoring and Evaluation	\$0*	-	-
Educational Supplies & Materials	\$ 4,000	\$ 1,631	\$ 2,369
Staff training/development of 2 newly hired nurses to deliver curriculum and of current aux nurses and OB/GYN to enhance FP and RH education/communication	\$ 4,000	\$ 1,876	\$ 2,124
Lab tests (during health screenings)	\$ 3,500	\$ 1035	\$ 2,465
Allocated salaries of newly hired nurses for education sessions and recruitment of students	\$ 8,000	\$ 4,350	\$ 3,650
Allocated Medical Director/COO (for quality assurance and HR oversight)	\$ 2,500	\$ 1,244	\$ 1,256
Family Planning commodities (Depo Provera shots and birth control pills)	\$ 2,000	\$ 787	\$ 1,213
Project Evaluation, including KAP (Knowledge, Attitudes and Practices) survey	\$ 4,000	\$ 1,500	\$ 2,500
Total Expenses	\$ 28,000	\$ 12,423	\$ 15,577

*The remaining \$12,000 has been reallocated to general operating support of our clinics. Curriculum Development and Monitoring was covered by a grant from the Conservation, Food & Health Foundation.

