Organization Name: Second Mile Haiti
Project Title: Breaking the Cycle of Undernutrition in Haiti
Grant Amount: $40,000
Contact Person: Jenn Schenk and Amy Syres
Address in the USA: 5251 W. Desert Falcon Ln Tucson, AZ 85742
Address in Haiti: Bouyaha, Gwasimal, Saint-Raphaël, Nord Department

Recap briefly what outcomes the project was designed to achieve.
This project was designed to provide malnutrition recovery for acutely malnourished infants and children in Haiti while educating and preparing caregivers to establish a business for future income and home gardens for food and income. Furthermore, prenatal education, safe attended births, and newborn care improves perinatal outcomes, and community health education leads to both increases in health outcomes and an income-generating goat for course graduates. Acute health and malnutrition needs are addressed as well as future health improvements through education and income opportunities.

What was accomplished in connection with this project? Please address each stated objective.

Activity/ Activities	Expected Outcomes (Use #s or % wherever possible)	Actual 6-Month Outcomes	Actual 12-Month Outcomes
Malnutrition Rehabilitation: Malnutrition Treatment	-Ensure malnutrition recovery for 125 acutely malnourished children	30 children recovered from severe acute malnutrition	211 children recovered from severe acute malnutrition
Malnutrition Rehabilitation: Malnutrition Prevention/ Relapse Prevention	-Less than 1% of fully recovered children will require readmission	No re-admissions were required following recovery	No re-admissions were required following recovery
Malnutrition Rehabilitation: Malnutrition Prevention- Caregiver Livelihood	90% of caregivers will benefit from an income-generating opportunity and home-gardening support	67% of caregivers launched a business and 23% were in progress	100% of caregivers launched income-generating opportunities; 180 caregivers have received home gardens and 90 are scheduled for August
Maternal and Newborn Health: Antenatal care and family planning	1,800 women will be served through comprehensive antenatal care, reproductive health services, and methods for contraception	879 women were served through antenatal care, reproductive health services, and contraception	1,597 individuals received antenatal care, 402 deliveries occurred, and 476 women received family planning – 2,475 total!
Maternal and Newborn Health: Prenatal Education	75% of the women who enroll for prenatal care will participate in at least 2 prenatal education sessions	90% of women who enroll for prenatal care have attended at least 2 sessions and 75% have attended 4 or more	87% of women who started prenatal care attended 2 more sessions, 71% attended 4 or more. 100% of women that attended education sessions received tetanus vaccination.
Maternal and Newborn Health: Midwifery care	75% of the women who are enrolled for prenatal care will give birth in the presence of a skilled birth attendant	81% of women enrolled in prenatal care at Saint Raphael gave birth with a skilled attendant	88% of women who enrolled for prenatal care gave birth with a skilled birth attendant.
Community Education: Community Health Education/ Goat Program	-Serve 180 people through community education courses -98% of participants will pass the final exam, earning an income-generating goat	Education began January 2023	220 people were served through education courses. 81% of these participants received an income-generating activity.

Have the number of beneficiaries changed? To report this please refer to the original numbers in your grant proposal under *Number of women and girls Directly Impacted and Indirectly Impacted*.
In our application, we estimated that 2,373 women and girls would be directly impacted, and 2,633 women and girls would be indirectly impacted. By the time of our 6-month report, our Saint Raphael facility had served 1,136 women and girls directly and 1,167 women and girls indirectly. After 12 months, we have directly impacted 2,604 women and girls and indirectly impacted 3,025, which is 110% and 114% of the stated goals, respectively.

What challenges did you face in connection with this project? How did you address these challenges?
Unfortunately, Haiti continues to face significant challenges which often impact our work and require us to adapt quickly and creatively.

First, the rates of severe malnutrition in Haiti have grown to historically high levels. In October 2022, the UN noted a record number, 4.7 million-Haitians (half of the population), were facing acute hunger, with 1.8 million in the emergency phase. In November 2022, Save the Children released data estimating that 2.4 million children, almost 200,000 more than earlier in 2022, are experiencing crisis-level hunger, in part caused by massive food and fuel inflation. For the first time ever in Haiti, almost 10,000 children were classified "catastrophic," meaning that starvation, death, and extremely critical acute malnutrition are present. Since March, our malnutrition centers have been flooded with severely sick and malnourished children. We are working hard and fast to treat as many children as possible, but we face an uphill battle that requires more resources than ever.

Second, political instability and gang control of fuel shipments meant that much of Haiti ran out of fuel to power generators or vehicles and many critical services were greatly handicapped, including hospitals. We relied on our solar energy sources and quick thinking to ensure that critical needs were still met during this crisis. Here is a related story:

Baby Wodson's mom was referred to our Malnutrition Treatment Center by a mom who had spent time at the center with her own son. At the Malnutrition Center, children whose health is extremely dire are sent to the hospital. When doctors evaluated Wodson, it was clear he needed to be hospitalized. Wodson and his mom spent the next seven days at our partner hospital while we provided food and funds for their stay. They were at the hospital the morning that a fire was set. The attack forced the hospital to close and Wodson and his mom were immediately sent home.

We sent a motorcycle to collect Wodson and his mom as soon as we heard the news. We made plans for a pediatrician to visit our center the following day and when he saw Wodson's condition, he advised that he be hospitalized once again. With a nurse and our driver, we tried to transfer Wodson to another hospital, but he was turned away. They were full and they didn't have the oxygen he would need. We did have oxygen, but not enough. The oxygen we use for Maternity Center emergencies comes stored in canisters that deplete quickly. To fill those canisters, you need gas - gas to drive to a hospital with a filling station and gas to power those stations. Amid a devastating fuel shortage, there was no guarantee that these canisters could be refueled. We shifted gears. Our center became Wodson's hospital, and we used a machine called an oxygen concentrator (that generates oxygen when plugged into a power source) generously donated by our partner hospital, yet it quickly became clear that using the machine would drain our solar-charged batteries that provide light to the Maternity Center through the night. We borrowed a generator and by using some of our remaining gasoline, we were able to get Wodson through several critical days by powering a generator through the night and using solar power during the day. Wodson required 7 days of oxygen, medications and nursing care around the clock, and constant repositioning to help him breath. His mother stayed by his side 24/7 learning how to silence the monitor that would beep when his oxygen levels dipped too low. And 11-month-old Wodson learned how to hold his bottle despite the IV in his hand. Some of the medications he needed had to be sourced from another city, more than an hour away.

His mom never lost hope and never wavered in strength. On the 7th day, we heard music coming from his room as his mom played "We are the World," the version that was performed by a choir of famous artists and dedicated to Haiti after the 2010 earthquake. When we went to see him, he was smiling. We are counting our blessings, as he is off oxygen and continues to improve daily.

Third, Haiti was faced with a resurgence of cholera this year. In Bouyaha (home to the Saint-Raphaël Family Center), access to safe drinking water has been a struggle for everyone for as long as they can remember. To address cholera, as well as numerous diseases caused by lack of clean water, we installed a water filtration system to provide free access to safe drinking water to more than 2,500 people. It uses reverse osmosis and UV light to make water safe to drink. When Angeline, a member of a local women's group, got a behind-the-scenes look at the treatment system, she shook her head in disbelief. *"It's over!"* she said, loud enough for everyone to hear. *"The cholera epidemic is over for us!"* The women beside her shook their heads and clicked their tongues in agreement, each one likely remembering the faces of those they'd lost to the disease. We were thrilled to see community members enjoying the fresh taste of filtered, well water, but

we're even more excited about what proximity to clean water means for them - more time, less illness, and fewer resources spent on something that should be readily available to all. Best of all, parents can rest easy knowing that the water they offer to their little ones is 100 percent safe to drink. Want to see more? You can watch the video here.

Is your organization or project situation different than presented in the approved proposal?
There are no significant changes to our proposal or organization.

What were the most important lessons learned?
Our first Family Center, located in Cap Haitien, Haiti, is comprised of two separate buildings focused on Maternity and Malnutrition. Building the two centers about a ¼ mile apart led us to realize the benefits of having them on the same property, which is what we did when replicating in Saint Raphael. The Saint Raphael Family Center, the outcome of this learning, has all programs housed together and has been a remarkable success, saving resources while serving beneficiaries from all three programs (maternity, nutrition, and community). This integrated approach allowed beneficiaries to access a wide range of services more effectively. When we expand to a third location, we will follow this model.

We also learned that we can be flexible, adaptable, and strong in the face of extreme adversity and, in response, the Haitian people who work with Second Mile Haiti and who receive our services are willing and able to fight alongside our organization to improve the lives of their children and communities. Linda is a 39-year-old mother of five. *Linda* means ***beautiful*** and she chose an equally beautiful name for her 5th child. *Malaika* means "Angel." The pair spent 10 weeks in our semi-residential center, returning home on weekends. Second Mile staff had nothing but wonderful things to say about Linda. She was kind, generous, helpful, warm, wise, and encouraging. Linda was a leader. The fact that she spent 2 weeks at the hospital and another 10 at our center might have been discouraging for some mothers. But Linda took this in stride. If another mother was especially disheartened or scared for her child, Linda asked the nurses to show them a picture of Malaika "before." She wanted them to see what was possible. Here's what Linda had to say about her experience.
How did Second Mile Haiti help you?
"Second Mile gave me so much support with my daughter. She was seriously ill when we arrived. She is fully recovered now. *We received support of every kind. Medicine, care at the hospital, education...I don't know that she would be here today if I didn't find Second Mile Haiti."*
What changes have you noticed in your daughter over the past few weeks?
"She loves to eat now. Her sickness improved. She had no appetite when we arrived. She was always crying. Her little body was wasting away. Now she has so much energy to play! She's smiles at everyone!"
What about you, have you noticed any changes within yourself?
"I feel great! When I arrived, I was in a really bad place. It was so hard to see my daughter in the condition she was in when we first arrived. But with all of the changes that have taken place, I feel so joyful. I'm so happy. There were a lot of things I didn't know how to do before. There are certain things I plan to do differently now that I know more. I have more knowledge about how to keep my family healthy. ***To everyone who made this possible, I'd like to say thank you for the support you gave my family."***

What has changed within your organization as a result of this project?
We were able to not only open but fill our programs in our second Family Center in 2022 with the resources that your grant provided. There has been massive growth in numbers served by SMH. This grant, specifically designated for Saint Raphael, has proven instrumental in fostering increased community participation compared to our previous family center. From the outset, staff actively engaged with the community by identifying local groups and leaders. Prior to implementing programs, we invited community members to our facilities to gather feedback on services and areas for improvement. Community leaders then visited households to explain the services we offered, highlighting the potential impact on the community, and fostering trust in SMH. Thanks to their involvement, every program was effectively announced and endorsed within the community, resulting in widespread awareness and uptake of our services. As a result, we have become well-known and recognized in the community, negating the need for advertising.

An encouraging testament to our efforts in monitoring and evaluation, the MSPP (Ministère de la Santé Publique et de la Population) has acknowledged the quality and precision of our data collection. As a result, they have rewarded us with sufficient supplies for all beneficiaries seeking vaccinations and family planning services. This acknowledgment reflects the growing confidence and trust the MSPP places in our capacity to deliver impactful and measurable outcomes. It also demonstrates our commitment to maintaining high standards of accountability and evidence-based practices.

Describe the unexpected events and outcomes, including unexpected benefits.
The demand for maternity care this year, even after opening the second maternity center, exceeded our capacity. We were struggling to serve all the women searching for maternity care. Access to a skilled birth attendant is a major issue in Haiti. Most women in Haiti give birth at home and the mortality rate is very high. We see between 60-80 clients a day for

prenatal/postpartum/family planning visits and on busy months, as many as 60 babies are born. Due to the extreme demand, we quickly launched a campaign to raise funds and add more rooms and space to one of our Maternity Centers. This project is almost complete and will enable us to serve even more families.

Did you change your strategy as a result of obstacles you encountered? How will you address these challenges in the future?

Our strategies have remained fairly consistent, but we are extremely responsive to community need, i.e., COVID, cholera, hospital closings, fuel and blood shortages, etc. We know that we can't anticipate all challenges in an unstable environment, and we must continue to be flexible and adaptive. Our commitment to fostering long-term impact is ingrained in our approach, and we believe that the effects of this project will be sustained by the community participants beyond our organization's direct involvement.

One of the pillars of our sustainability strategy is the composition of our team. We are proud to say that Second Mile Haiti has 65 Haitian employees, all of whom are dedicated to making a positive difference in their own communities. By hiring locally, we ensure that the people we serve predominantly interact with individuals who intimately understand the culture, needs, and challenges faced by the community. This local representation fosters a sense of trust, ownership, and accountability, laying a strong foundation for the long-term sustainability of our initiatives.

A key aspect of our sustainable approach is the community-driven nature of our programs. We firmly believe that for initiatives to endure, they must be created, implemented, and adapted by the very people they seek to benefit. We work collaboratively with community members to identify their unique needs, strengths, and aspirations. By involving the community in the decision-making process, we ensure that the programs we establish align with their priorities and values. To promote self-reliance and ownership, we actively involve beneficiaries in all stages of our projects. This participatory approach empowers community members to take the lead, become change agents, and develop their skills and capacities for sustainable growth. By nurturing local leadership and expertise, we instill a sense of collective responsibility, ensuring that the impacts of our interventions extend far beyond the duration of our direct involvement.

Approximately how many lives have been touched, both directly and indirectly, by the project?

After 12 months, we have directly impacted 2,604 women and girls and indirectly impacted 3,025.

What are the measurements used to monitor success and how was this information measured (e.g., surveys, observation)? Be specific and include measurable results.

To quantitatively evaluate impact, we track the number of people served in all programs, rates of malnutrition relapse, and success with post-program activities including family planning, gardens, and income-generating activities. We complete a monthly data report for the Haitian Ministry of Health which records numbers of prenatal visits, postnatal visits, vaccinations, malnutrition screenings, malnutrition admissions and recoveries, births, and more. We send a monthly report to Proje Sante detailing the numbers of each method of family planning used during the month and demographics of women served. Our internal system of electronic records allows us to produce data reports at a moment's notice and staff members regularly use program-specific databases to track activities, allowing us to monitor programs closely. An encouraging testament to our efforts in monitoring and evaluation, the MSPP (Ministère de la Santé Publique et de la Population) has acknowledged the quality and precision of our data collection. As a result, they have rewarded us with sufficient supplies for all beneficiaries seeking vaccinations and family planning services. This acknowledgment reflects the growing confidence and trust the MSPP places in our capacity to deliver impactful and measurable outcomes. It also demonstrates our commitment to maintaining high standards of accountability and evidence-based practices.

New caregivers entering our Malnutrition Center are given a test of their knowledge about health, nutrition, and sanitation. They are given the same test on the last day of the program to determine growth in knowledge and skills. We follow up with families via regular visits after they leave the center-each family completes 4 or more visits in the first year following recovery and an average of 1-2 visits per year every subsequent year. We monitor key health indicators and screen for malnutrition relapse during these visits. We use the Progress out of Poverty Index (PPI) to assess the relative poverty levels of caregivers at time of admission to the residential program and repeat the index three years post-program.

To assess our progress toward malnutrition prevention, we conduct malnutrition screenings using the mid-upper arm circumference (MUAC) metric for the following groups: children of garden program participants, recovered malnutrition program children at all follow-up visits, and children born to mothers who received prenatal care at Second Mile Haiti (weight at 1, 2, and 6 weeks of age, weight/height and MUAC at 9 months). We also plan to implement the Household Food Insecurity Access Scale (HFIAS) to assess food security before and after malnutrition and gardening interventions.

Participants in our community education classes must successfully pass the final exam to receive the graduation goat and we measure and track the change in knowledge from pre- and post-program scores on the assessment.

Finally, prior to offering family planning services in San Raphael, we will administer an assessment of contraceptive use, access to family planning methods, and perceptions regarding use. Three years post-program, we will administer a follow-up questionnaire to learn how perceptions, perceived access, and use of contraceptives has changed.

In addition to the grant outcomes already noted, in 2022, SMH provided 15,000 people with clean water to fight Cholera, installed 60 solar streetlights, planted or gave 1,950 fruit trees to families, and provided 140 scholarships to attend school (not free in Haiti) to formerly malnourished children who stayed at SMH Malnutrition centers.

If the project is ongoing, provide plans and expected results, including projected timeframe.

This project is ongoing with plans to slightly exceed outputs in all areas in 2023 over 2022 due to the full operations of the new Family Center. When funding is available, we plan to open a third center, as the need is immense. We are actively seeking suitable land for our third Family Center in Northern Haiti, specifically Limbe and Acul du Nord, due to their significant lack of essential services, particularly in the areas of malnutrition and maternity care. Our approach is replicable and scalable, demonstrated by the successful establishment of multiple Family Centers. The key lies in identifying communities with acute needs, careful site selection, and an integrated service delivery model, leveraging experience from previous centers to maximize efficiency and impact. Securing necessary resources is crucial for scalability. We recognize the enormous need throughout Haiti, especially in underserved rural areas. To achieve growth, we actively seek funding and partnerships to support our mission and make a meaningful difference in the lives of vulnerable populations.

Did this grant and relationship with Together Women Rise assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?

We absolutely believe that receiving funding from TWR lent awareness and credibility to our program and that this grant encouraged other funders to consider our requests. Since receiving your funding, we received another grant from S.H.A.R.E Agricultural Foundation for school tuition, a general operating grant from an anonymous family foundation, a grant from the International Foundation to support the Saint Raphael center, and a grant from the Hansen Foundation for our malnutrition efforts.

This grant also facilitated our collaboration with significant stakeholders, most notably the Ministry of Health. Through this funding, we established a mutually beneficial relationship with the Ministry, gaining access to crucial supplies. The Ministry of Health is providing us with prenatal vitamins, family planning supplies, ready-to-use therapeutic food for malnourished children, and vaccinations. Their support not only ensures the continuity and effectiveness of our interventions but also strengthens our standing as a reputable organization within the health sector.

We are extremely grateful to Together Women Rise for supporting our organization, and most importantly, the women and children of Haiti.