FINAL REPORT

AKSYON KOMINOTÈ NAN SANTE POU OGMANTE NITRISYON

January 2022

This document was produced for review by the United States Agency for International Development Haiti (USAID/Haiti)

(DELETE THIS BLANK PAGE AFTER CREATING PDF. IT'S HERE TO MAKE FACING PAGES AND LEFT/RIGHT PAGE NUMBERS SEQUENCE CORRECTLY IN WORD. BE CAREFUL TO NOT DELETE THIS SECTION BREAK EITHER, UNTIL AFTER YOU HAVE GENERATED A FINAL PDF. IT WILL THROW OFF THE LEFT/RIGHT PAGE LAYOUT.)

AKSYON FINAL REPORT

AKSYON KOMINOTÈ NAN SANTE POU OGMANTE NITRISYON

Contract/Agreement No. AID-521-A-16-00002

TABLE OF CONTENTS

ACRONYMS 3

1.PROJECT OVERVIEW 6
1.1 CONTEXT 7
1.2 IMPACT 7
1.3 SUMMARY OF RESULTS 8

2. IMPLEMENTATION REPORT 11
2.1 COMPONENT 1.OPERATIONS TO SCREEN, TREAT AND REFER 11
2.2 COMPONENT 2. OPERATIONS TO PREVENT MALNUTRITION 19
2.3 IMPLEMENTATION CHALLENGES 26

3 . M&E 30
3.1 The ZABA experience 30

4. LESSONS LEARNED 31
4.1 PARTNERSHIP WITH THE MSPP 31
4.2 THE SFF PLATFORM 32
4.3 COMMUNITY MOBILIZATION 32
4.4 CARE AND TREATMENT 32
4.5 MALNUTRITION AS A MULTIDIMENSONAL ISSUE 33

5. FINANCIAL MANAGEMENT AND COMPLIANCE 34
6. CONCLUSION 35

ANNEXES 36

TABLES

Table 1: AKSYON Impact results 7
Table 2: 2016-2021/Performance of the AKSYON project 9
Table 3. AKSYON performance vs SPHERE international program quality standard 10
Table 4. Sales of Nutrition sensitive products in communities served by AKSYON 26

FIGURES

Fig.1: Percentage of U5 children suffering from acute malnutrition amongst children screened by AKSYON over the project period 11
Fig 2. Proportion of Moderate and Severe Acute Malnutrition by Sex August 2016 - September 2021 14
Fig 3: Proportion of children under 5 reached with AKSYON by age group August 2016-September 2021 15
Fig 4. Distribution of Malnourished CU5 by status at the end of project 16
Fig 5. Average savings in HTG by Center Chief 24
Fig 6. Percentage of CHEs with at risk portfolio 25
Fig 7. Evolution of expenses during the lifetime of AKSYON 34

MAPS

Map 1: AKSYON's geographic scope 8

Map 2: Communes with the highest rates of malnutrition Y4 13

ACRONYMS

AGERCA -- Alliance pour la Gestion des Risques et la Continuité des Activités (Alliance for Risk Management and Business Continuity)

AKSYON – AKSYON Kominotè Nan Sante pou Ogmante Nitrisyon (Community Nutrition to Increase Nutrition

ANJE – Alimentation du Nourrisson et du Jeune Enfant (Infant and Young Child Nutrition)

ASCP – Agent de Santé Communautaire Polyvalent (Versatile Community Health Worker)

CHE – Community Health Entrepreneur

CTN – Comité Technique de Nutrition (Technical Committee for Nutrition)

DALY -- Disability-Adjusted Life-Year

DQA – Data Quality Assessment

DSO – Direction Sanitaire de l'Ouest (West Health Department)

DSNO – Direction Sanitaire du Nord-Ouest (North-West Health Department)

DSN – Direction sanitaire du Nord (Northern Health Department)

DSNE – Direction Sanitaire du Nord-Est (North-East Health Department)

DSA – Direction Sanitaire de l'Artibonite (Health Department of Artibonite)

DSC – Direction sanitaire du Centre (Central Health Department)

DSSE – Direction sanitaire du Sud-est (South-East Health Department)

DSNi—Direction Sanitaire des Nippes (Nippes Health Department)

DSS – Direction Sanitaire du Sud (South Health Department)

DSGA – Direction Sanitaire de la Grande Anse (Health Department of Grande Anse)

EMMP – Environmental Mitigation and Monitoring Plan

GDP – Gross Domestic Product

HE – Healthy Entrepreneurs

HR – Human Resources

ITECA – Institut de Technologie et d'Animation (Institute of Technology and Animation)

M&E – Monitoring and Evaluation

MAG – Global Acute Malnutrition

MAM – Moderate Acute Malnutrition

MARNDR - Ministère de l'Agriculture, des Ressources Naturelles et du Développement Rural (Ministry of Agriculture, Natural Resources and Rural Development)

ML – Manman Leaders - Mother Leaders

MMIS – Malnutrition Management Information System

MMS – Multiple Micronutrient Supplement

MOU – Memorandum of Understanding

MSPP – Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)

MUAC – Mid-Upper Arm Circumference

NR – Nonrespondents or nonresponsive to treatment

NSP – Nutrition Security Program (Former USAID nutrition program)

NUPAS - Non US-Organizations Pre-Award Survey

PNS – Programme de Nutrition Supplémentaire (Supplemental Nutrition Program)

PPI – Poverty Probability Index

PTA – Programme Thérapeutique Ambulatoire (Outpatient Therapeutic Program)

RUTF – Ready to Use Therapeutic Food

SAM – Severe Acute Malnutrition

SFF – Sèvis Finansye Fonkoze (Fonkoze Financial Services)

SSQH – Services de Santé de Qualité pour Haïti (Quality Health Services for Haiti)

Tx -- Treatment

UCPNANu – Unité de Coordination du Programme National d'Alimentation et Nutrition (National Food and Nutrition Program Coordination Unit)

UNICEF – United Nations Children's Fund

USAID – United States Agency for International Development

USG – United States Government

USN – Unité de Stabilisation Nutritionnelle (Nutritional Stabilization Unit)

WASH – Water, Sanitation, and Hygiene

WHO – World Health Organization

ZABA – Zouti Anrejistreman Benefisyè AKSYON (AKSYON Beneficiary Registration Tool)

PROJECT OVERVIEW

AKSYON is a five-year program designed to decrease the number of women and children under the age of five who suffer from malnutrition in rural Haiti—reinforcing the sustainability of these gains through knowledge and skill building around nutrition, hygiene, sanitation, and food security strategies.

AKSYON addresses malnutrition in rural Haiti through Fonkoze's existing infrastructure, network, and health program. Fonkoze is the largest microfinance institution in Haiti. The 50,000 clients in its core lending program constitute a network of unprecedented scale in the country. At its heart are "Solidarity Groups" of up to five women. Twice a month, six to ten Solidarity Groups meet in "Credit Centers." These meetings are led by an elected "Center Chief." Critically, they serve as a reliable mechanism for education and outreach to the entire Fonkoze client network. Information is transmitted from Fonkoze's head office in Port-au-Prince through its 45 branch offices to its 2000 credit centers, and vice versa.

Solidarity group

Fonkoze Foundation is leveraging this network to address the lack of reliable and affordable health products and services in rural Haiti. Boutik Sante (Community Health Store) is an innovative, potentially self-sustaining social franchising initiative. Fonkoze Foundation's staff, including registered nurses, provide monthly trainings to representatives from each Center, many of whom are Center Chiefs, who become "Community Health Entrepreneurs" (CHEs). Registered nurses train CHEs to administer basic health screenings, deliver monthly community health education sessions during Center meetings, and explain product specifications to their clients. CHEs purchase over-the-counter health products from Fonkoze to sell in their microenterprises, establishing a *Boutik Sante*.

AKSYON enabled Fonkoze Foundation, through its Boutik Sante Program, to deepen its malnutrition interventions. CHEs, with support from registered nurses, conduct community screening campaigns to identify cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). Each case receives appropriate care, referral, and/or follow-up, as dictated by Ministry of Health protocol. These activities were reinforced by community health and nutrition education and improving livelihoods opportunities for families affected by food and nutritional insecurity through sustainable home gardening, livestock rearing, and access to financial services.

By 2021, it was planned for AKSYON to reach full-scale, with 1,800 entrepreneurs serving over two million Haitians. One of the key aspects of the Boutik Sante social enterprise is that, after initial start-up costs, it will be fully sustainable and perpetuated by the market. Upon attaining sustainability, the program will no longer need to rely on additional donor investment.

Researchers from the Arnhold Institute for Global Health at the Icahn School of Medicine at Mount Sinai monitored the program's roll-out to assess sustainability and impacts on health outcomes. The program goal was to decrease the number of women and children under age 5 who suffer from malnutrition, as measured by the following indicators:

- 20% decrease in the number of children under age 5 who are stunted
- Reduce and maintain childhood wasting to less than 5%, contributing to the USAID Haiti mission nutrition targets as stated in the Multisectoral Nutrition Strategy 2014-2025 document.

This project lasted 5 years with a 4 month no-cost extension (August 24, 2016-December 23, 2021) and was financed fully by USAID for a total amount of USD$14,415,762.00. It was implemented in partnership with the Haitian Ministry of Health (MSPP), Sèvis Finansye FONKOZE (SFF), The Icahn School of Medicine at Mount Sinai, Di Magi Inc., Healthy Entrepreneurs, Institut de Technologie et d'Animation (ITECA), and in complementarity with Vitamin Angels (VA) and UNICEF programing.

CONTEXT

The AKSYON project took place during a difficult time in Haiti, during which all social and economic indicators, as well as safety and security were continuously deteriorating. In addition, the country was the scene of big destruction due to natural disasters including hurricane Matthew in 2016, hurricane Laura in 2018, various drought and flooding events, and a major earthquake in the south of the country in 2021. During this time, the proportion of households experiencing food insecurity went from 33 to 47% with a percentage of 6 to 14% households in need of emergency humanitarian assistance based on the Haiti Integrated Food Security Phase Classification analysis (IPC). In this context, we also had to face the COVID pandemic and were forced to change our established and well working processes to strategies that limited our reach but were essential to protect our staff and clients.

IMPACT

To document the impact of the project, our partners at the Arnhold Institute worked with local company Socio-Dig to conduct a baseline and an endline survey in regions that were considered "treatment" and regions that were a "control" group. The intervention in the latter group started during the last year of the project. The samples for baseline and endline counted respectively1174 and 1011 interviews.

These surveys show that the five-year intensive efforts completed by a highly motivated team through the AKSYON project contributed to the final goal as follow:

Table 1:AKSYON Impact results

Indicator	2016	2021	Différence
Chronic malnutrition rate – children aged 7 to 59 months	40%	19%	- 50%
Acute malnutrition rate – children aged 7 to 59 months	24%	37%	+ 50%
Years of life saved		11,500	

The surveys show that the stunting rate has decreased by more than 50%, while the wasting rate is very high and goes beyond the alert threshold. This is very surprising, as none of the other nutrition surveys that were made during the last 2 years in the country corroborate these numbers. The sampling and survey methodology were sound, as was the quality control process used by the company, so we can only explain these differences by a sample that is too small to be representative.

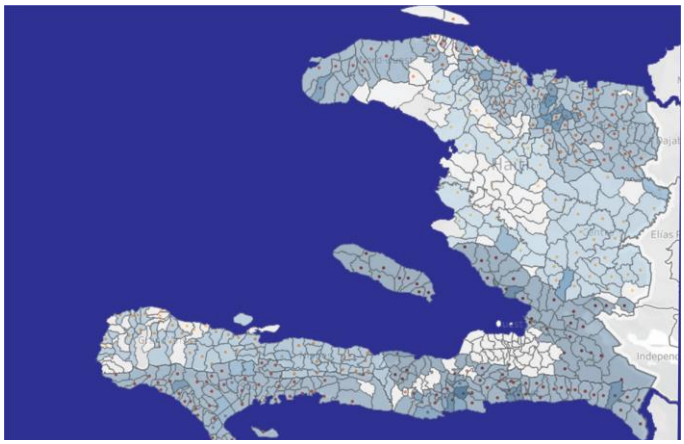
In addition, the survey results allowed us to compare malnutrition rates in localities where there are active CHEs and in localities that are not covered directly by the project. This comparison shows that the increase in acute malnutrition over the past 5 years is significantly higher (+13 percentage points) in areas where there were no CHE's and where we estimate that children were not reached directly by the project. This allows us to formulate the hypothesis that households have a better resilience to shocks where the project has been active.

11,500 YEARS OF LIFE SAVED

Regarding the number of years of lives of children under 5 saved, this data is the result of the standard "List" measure supported by the World Health Organization (WHO). This measurement tool calculates the number of lives saved by a completed malnutrition treatment and with the regular use of lifesaving products like antibacterial soaps to wash hands, water purifiers, Oral Rehydration Salt, and Vitamin A.

SUMMARY OF RESULTS

From August 2016 to December 2021, the AKSYON project implemented interventions against malnutrition at the national level, beginning with 18 regional offices where the FONKOZE foundation health program was already active and extending to 38 regional offices, covering the whole national territory through its 10 geographic departments, 143 of its 145 communes, 502 communal sections and more than 8,000 localities. The map shows in gray the areas where the



Map 1: AKSYON's geographic scope

project conducted screening campaigns over the 5 years while the dots indicate the locations of CHEs.

With this level of expansion, the AKSYON project was able to reach 529,207 children under 5, 49,774 pregnant women, and 36,506 community members to reinforce their capacity to fight against malnutrition and improve their nutritional habits. The main intervention for children under 5 consisted of CHEs performing screening for malnutrition with a MUAC during large gatherings they organized in their community. Micronutrients were also distributed to community members during these gatherings. Pregnant and nursing women were also screened for malnutrition during the same gatherings and received micronutrients. Lastly, CHEs shared nutrition and health information with the general population. CHEs learned this information during the monthly training sessions on nutrition and nutrition sensitive topics they received from the AKSYON nurses and shared it with their credit groups and local associations.

As shown in the table below, the AKSYON team's performance in achieving its targets is excellent; they never let their motivation decrease and stayed true to their commitment.

Table 2: 2016-2021/Performance of the AKSYON project

Target population	Target	Result	Performance
Children less than 5 years old	482,820	529,207	110%
Children between 6 and 24 months old	181,448	176,066	97%
Pregnant women	73,250	49,774	68%
General population trained	30,000	36,506	121%

The only target that has not been met is in regard to pregnant women, where we encountered less pregnant women than estimated based on the 2013 census. In addition, the latest DHS survey shows a net decrease in the fertility rate through the last years, and it is possible that the population estimations need to be reviewed at a lower rate.

With this large number of persons reached through our screening interventions, we identified 11,862 children under 5 and 936 pregnant and nursing women who suffered from acute malnutrition. They were all referred to a treatment center from the national network to receive their treatment and monitored to guarantee that they complete the treatment.

For children under 5 treated for malnutrition, we present the program numbers below, and compare them to the international SPHERE indicator to assess our performance with children who utilized the treatment program.

Table 3. AKSYON performance vs SPHERE* international program quality standard

INDICATOR	SPHERE ALARM THRESHOLD	AKSYON PERFORMANCE
Cure rate	>75%	95%
Death	<3%	1.83%
Drop out	<15%	3.45%
Relapse	<5%	1.87%

*The SPHERE indicators for the performance of nutrition programs uses the total of children who began treatment as their denominator

The minimum sphere standards help humanitarian workers globally assess the quality of humanitarian aid. In the scope of nutrition programs, it establishes indicators to inform if programs perform at the level to which every person is rightfully entitled to. The AKSYON project shows a high performance in relation to the SPHERE standards with a very high cure rate and low levels of death, drop out, and relapse.

95% CURE RATE

To complete our performance evaluation, our senior M and E consultant conducted an evaluation of the efficiency of the program, following WHO standards. She analyzed the costs of the program that are linked to the identification, referral, treatment and follow-up care of malnourished children and found that the program spent USD 114.75 per treated malnourished child under 5 years of age and USD 221.32 per avoided DALY. These results show that the AKSYON project was very efficient because the cost per avoided DALY is much lower than the GDP per capita that was at USD 1,176.76 in 2020.

USD 114.75 per child fully treated

USD 221.32 per year of life improved

The study concluded of a very good performance compared to the WHO standards with a low mortality rate, a high number of DALY averted and a good level of cost-effectiveness when comparing the cost per DALY averted against the country GDP per capita.

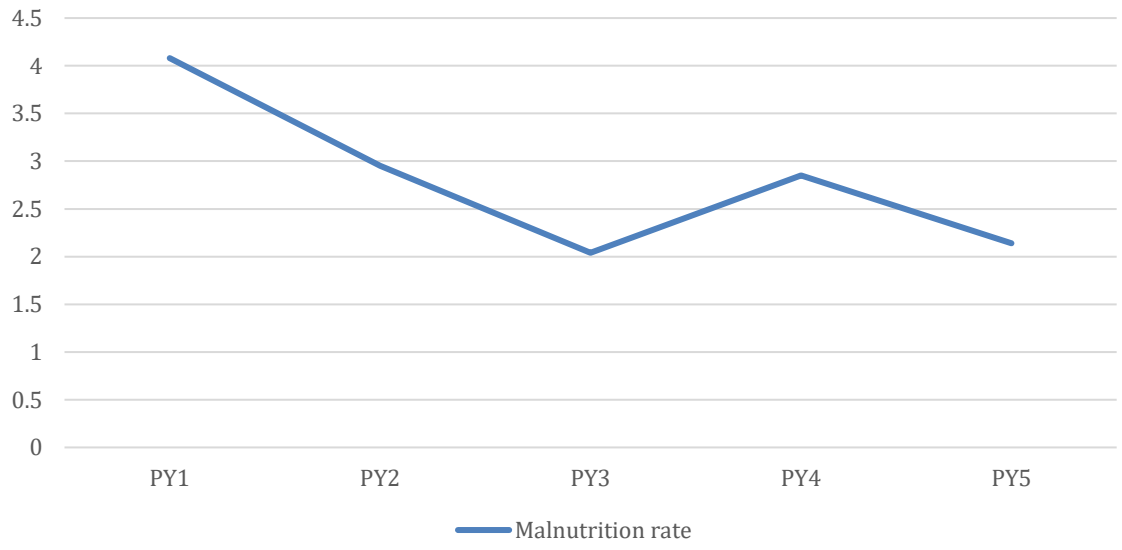
IMPLEMENTATION REPORT

The project was implemented through two components: the first component "to screen, refer and treat malnourished children" benefited individuals who lived with malnutrition. The goal was to identify them and ensure that they find proper treatment. The second component "to improve knowledge, skills and support to prevent malnutrition" targeted the support network (community health resources and general population) that is considered an important part of the prevention model when they improve their knowledge, share information, and adopt healthier habits.

COMPONENT 1: OPERATIONS TO SCREEN, REFER AND TREAT MALNOURISHED CHILDREN

Over the 5 years of AKSYON implementation, CHEs screened 529,207 children under 5 for malnutrition, of which we found 11,862 (2.24%) suffering from malnutrition. Of these children, 9,126 (1.72%) were moderately malnourished (MAM) and 2,736 (0.52%) were severely malnourished (SAM). All malnutrition cases were immediately referred to a health institution to receive proper care (see list of care and treatment health institutions in annex). Year after year, the rate of malnutrition decreased, except for year 4 during the emergence of the COVID-19 pandemic. While malnutrition numbers increased significantly during PY4 (2020), the numbers decreased again in PY5 (2021).

Fig.1: Percentage of U5 children suffering from acute malnutrition amongst children screened by AKSYON over the project period



If we rely on our monitoring records, we can safely say that in areas covered by AKSYON the malnutrition rate went from 4% in year 1 to 2 % in year 5, decreasing by 50%.

MALNUTRITION RATE FOUND IN LOCALITIES COVERED BY AKSYON

During mass screening sessions, CHEs distributed a 6-month supply of multivitamins to 850 children under 5 during year 1 through our partnership with Vitamin Angels. In year 2, Vitamin Angels stopped providing the multivitamins, but continued to provide other micronutrients. Over the life of the AKSYON project, we provided 411,616 doses of albendazole and 421,124 doses of vitamin A to children under 5. In addition, 45,515 children under 2 years old received a 1-month supply of micronutrient powder received as a subvention from UNICEF. Evidence shows that Vitamin A supplementation prevents childhood blindness and increases survival rates by 27%, adding albendazole ensures the optimal absorption of nutrients. Micronutrient powders have been proven to reduce the rate of anemia that is very high in Haiti (the most recently DHS survey found a rate of 66% for children under 5). The distribution of micronutrients complements other aspects of AKSYON dedicated to identifying and treating malnourished children.

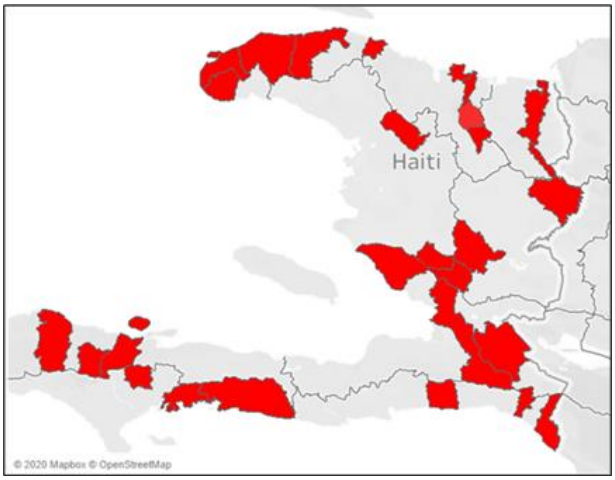
Training, screening and malnutrition referrals were the primary activities anticipated in AKSYON's original project concept. However, in working in Haiti's rural areas, it became clear that many children would not be able to complete treatment even if they were screened and referred to the nearest treatment facility. The reality is that the most vulnerable populations live in very isolated areas and therefore often have to walk hours to reach a clinic. The minimum treatment required for a malnourished child involves three months of weekly clinic visits. This is an impossible commitment for isolated families who cannot afford transport costs and/or the loss of a workday. As a result, these children are often left to die or to develop a chronic condition that will hinder their physical and cognitive development.

Mobile Clinic In Roche Blanche

To address this issue, the team worked with the MSPP to establish mobile treatment teams who meet sick children closer to their homes on a regular basis. This allows children to receive their entire treatment, as well as additional support from the project. During mobile treatment sessions, malnourished children are monitored (height and weight), their caregiver is counseled about nutrition and hygiene, and they receive a two-week supply of RUTF and additional goods such as ORS, AK-1000 (enriched flour), moringa powder, antibacterial soap, and water purification tablets. During the life of the project, the team held 202 days of mobile clinics, treating 784 children in 3 locations: the mountains of Fond-Verettes, Arcahaie, and Ganthier.

MAPPING OF MALNUTRITION OVER THE LIFE OF THE PROJECT

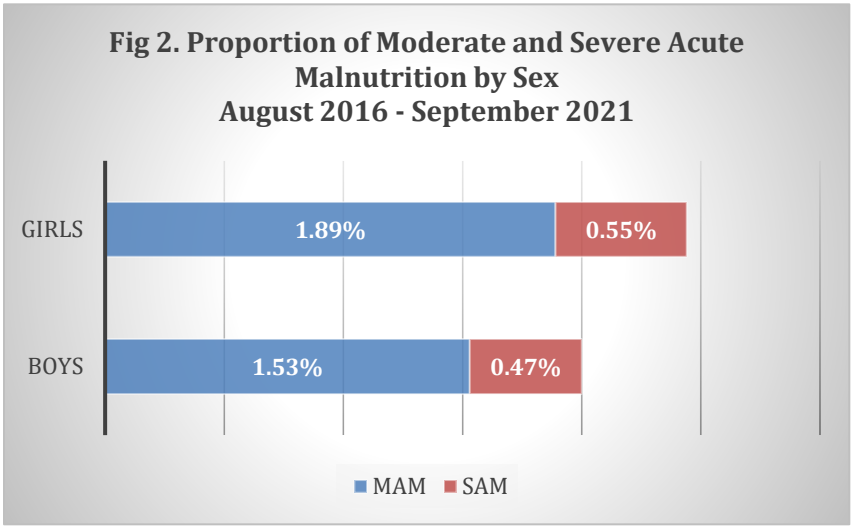
High malnutrition rates (over 5%) were found consistently in various communes during the 5 years of the project, even after rates decreased by several percentage points. The departments where malnutrition is a continuous issue are the North West, the North East, the Grande Anse and the West departments. High numbers have been found in the South and the South East, but not as consistently. During year 4, the height of COVID and the security crisis, the communes that found themselves more vulnerable to the crisis are illustrated in the map in *red*.



Map 2: Communes with the highest rates of malnutrition Y4

MALNUTRITION BY SEX

Since the beginning of the program, the rate of malnutrition in girls (2.44%) has systematically been found higher than in boys (2%). As a result, the total number of girls found with malnutrition is significantly higher than the number of boys, as summarized in the following figure:

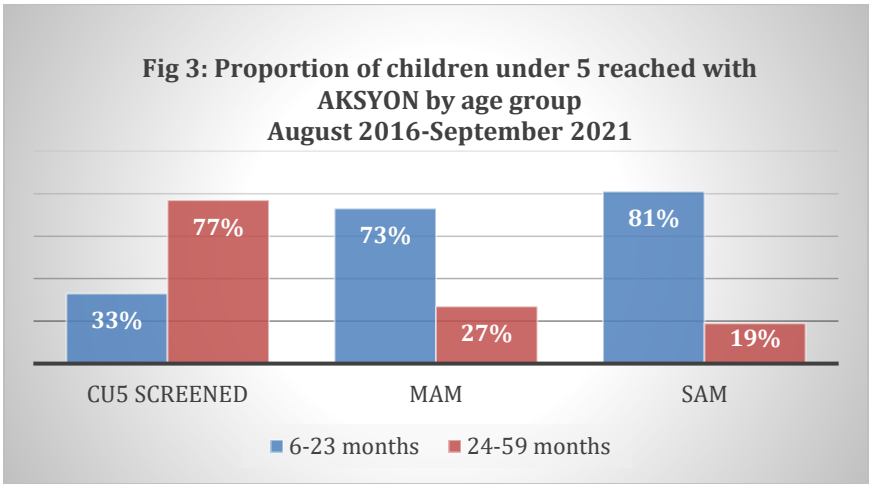


The data suggests that girls are consistently at higher risk than boys of developing malnutrition. The social impact team at FONKOZE implemented a qualitative study to find out if the food intake for girls was different than the boy's food intake. Various focus groups were organized in the localities where we found the biggest differences between the two groups. After talking with parents (mothers and fathers), there was no evidence of any sexual difference in the way the children under 5 were fed. In conclusion, while we can see a difference in numbers, it is not statistically significant and there is no evidence that illustrates a difference between boy´s and girl's feeding habits.

Considering how gender norms and disparities can impact the education and future lives of girls and boys in these communities, as well as the vulnerability of their households, the AKSYON team developed a targeted gender initiative to introduce gender training into our community work, hoping that gender sensitivity will favorably influence disparities and increase resilience.

MALNUTRITION BY AGE

The figure below illustrates the malnutrition vulnerability of children 6-23 months old. Even though children under 2 years old constitute only 33% of the total of children screened, they represent more than 75% of the MAM and SAM cases. This tendency had been observed year after year during the implementation of the project. Its root causes lie in weaning methods that are not always adequate and often leave children with high levels of nutrient deficiencies in quality and quantity. The AKSYON project promotes exclusive breastfeeding and offers special education on weaning strategies in communities and during home visits to vulnerable households. Mothers are coached to prepare meals that are adjusted to the children's weaning needs. We are confident that this new knowledge will help protect their children in the future.



In addition, the project had the opportunity to host an intern who developed a recipe book for children in the weaning period. This book has been shared with mothers of malnourished children during coaching visits.

FOLLOW-UP OF MALNOURISHED CHILDREN

Our principles in FONKOZE demand that we always follow-up with the people we serve until they receive the full benefit of our services. While we make all possible efforts for consistent follow-up, sometimes it is difficult to stay connected as we should. During the 5 years of the project, the team identified 11,862 malnourished children under 5 and was able to follow up on 11,050 (93%) of the

sick children. 84%[1] of the identified malnourished children benefited from full treatment; however, 4% did not respond and needed additional medical treatment to get better. In order to guarantee consistent follow-up, the community staff and volunteers have performed 37,355 home visits in compliance with the AKSYON follow-up protocol: each child found malnourished receives one visit immediately after the screening session and three monthly visits after treatment in which they receive nutrition and hygiene counseling as well as a support kit with livelihood products.

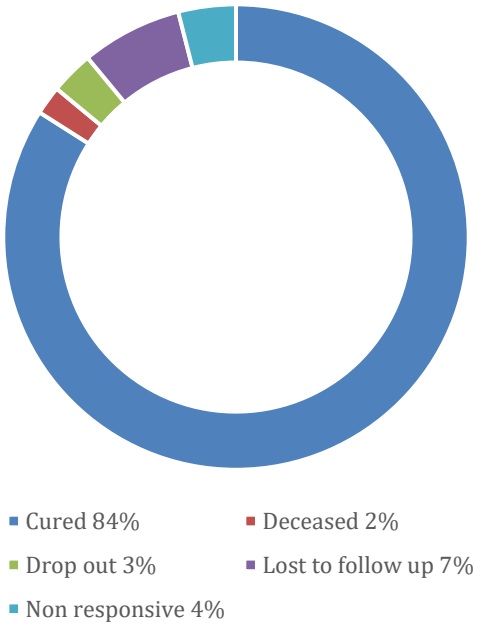
93% of identified malnourished children

benefited from 37,355 home visits

to guarantee the completion and success of the treatment protocol

The distribution of all children identified during the screening campaigns is showed below:

Fig 4. Distribution of Malnourished CU5 by status at the end of project



We have been able to decrease the number of deaths and children lost to follow-up over the years, nevertheless we aim for zero deaths and 100% recovery, and we need to increase our efforts to achieve that goal. There is still lot of work to do in promoting parental compliance of treatment and understanding the severity, causes, and cures of malnutrition since. One of the main causes of noncompliance, dropout, and death is linked to parental beliefs around the supernatural origin of the sickness and/or to a lack of confidence in the medical system. Other causes include moving to another community and the effort, time, and loss of business opportunities it requires to take their child to the health center when they live very far away.

[1] Note that these percentage numbers are based on our total number of children found with malnutrition while the SPHERE indicator reported in the impact section is based on the children who attended treatment. In our case, 11,862 children were found malnourished and 11.050 (93%) attended treatment.

Complications such as general edema, and the comorbidity of abdominal or respiratory infections were the leading cause of death for children under treatment. During the last couple of years, some dropouts were because of the COVID crisis where some health facilities were short staffed and/or did not have RUTF in stock.

PREGNANT AND NURSING WOMEN

Pregnant and nursing women have also been a focus group during AKSYON. During the project period, the project reached out to 49,774 pregnant and 35,787 nursing women who were screened for malnutrition in the intervention areas. In these groups, respectively 610 (1.22%) and 317 (0.88%) women were malnourished. They received nutrition counseling as well as prenatal vitamins, and they were referred to health centers with prenatal programs.

The prenatal vitamins we distribute are a gift from Vitamin Angels. Providing supplemental nutrition in the form of a daily multiple micronutrient supplement (MMS) is an excellent way to meet the increased nutrient demands during pregnancy. Prenatal MMS help support healthy pregnancies, prevent anemia, promote fetal growth, and ensure that babies are born at a healthy birth weight.

While women under 19 years old constitute almost 10% of the total number of pregnant and nursing women we screened, they represent 16% of the malnutrition cases in the group. These findings show the importance of reproductive health education for young girls, their families, and their communities to create awareness on the additional risks women face with early pregnancy and maternity. These findings reveal the necessity to begin family planning education early and to increase efforts to provide access to modern methods of contraception in isolated rural communities, especially for youth.

Our team found that many health centers were not prepared to manage cases of malnourished pregnant women. Uncomfortable with the ethics of this reality, the AKSYON team decided to offer support through regular home visits and a support kit with hygiene and nutrition products. This strategy has proven successful with a recuperation rate of 64% as presented in the story below.

Taking *aksyon* (action) against malnutrition in Haiti

Part of Fonkoze's founding philosophy is that by supporting a woman, we're also extending support to her entire household—enabling us to interrupt the intergenerational cycle of poverty in Haiti. When we launched the USAID AKSYON Program to combat malnutrition in Haiti, we knew that—in addition to focusing on malnourished children under 5 years old—we would also focus on malnourished pregnant and lactating mothers. Early on, we were shocked to learn that these mothers do not receive any special care in Haiti, despite malnutrition's threat to their lives and the lives of their babies.

In Haiti, 49% of women suffer from anemia and 11% are underweight (EMMUS VI). Pregnancy typically exacerbates these conditions, putting the lives of the mother and fetus at risk. Malnutrition is one of the contributing factors to Haiti's high maternal mortality rate.

As the AKSYON team began identifying malnourished pregnant and lactating mothers, one key strategy was to refer them to clinics for free prenatal care that is offered throughout Haiti. However, we were astonished to find that these prenatal care services did not provide any treatment or strategies specific to malnourished mothers; they receive the same care as all other mothers.

Athalie Jean-François, an AKSYON Community Health Entrepreneur near Senrafayèl, explains how to use the AK-1000 enriched flour.

Eager to address this situation, the AKSYON team drew on the Ministère de la Santé Publique et de la Population (MSPP or Ministry of Health) recommended strategy to use the same AK-1000 that is used for treating children with moderate malnutrition. AKSYON was already using this enriched flour to complement the diet of children who have recovered from malnutrition. The team decided to test AK-1000 as a recovery solution for malnourished pregnant and lactating women.

During the fourth year of AKSYON, we identified 140 malnourished mothers through our screening campaigns. As part of our monthly follow-up home visits, we began providing each mother with two pounds of AK-1000 as well as water purifiers, antibacterial soap, oral rehydration solution and vegetable seeds. AKSYON's Community Health Entrepreneurs coached mothers on strategies for improving their nutrition by using local products to improve their personal, family and household hygiene, for establishing a vegetable garden, and for increasing their self-esteem and self-care.

Of the mothers with whom we worked during the first testing year, 64% recovered completely and of these, 80% had "normal" measurements related to nutrition (using mid-upper arm circumference or MUAC) within three months. Pregnant women were attending prenatal visits regularly and gave birth to healthy babies. Nursing mothers continued exclusive breastfeeding practices, whereas we know that without the program's support, many would have ceased breastfeeding.

With such strong results, we are looking for opportunities to advocate for similar support to be systematically offered to malnourished mothers in Haiti, particularly through their prenatal visits. Not only will this increase compliance with prenatal and exclusive breastfeeding guidelines, but it will also ensure that more mothers and babies experience healthy pregnancies, births, and breastfeeding practices. At Fonkoze, we know that a mother's health is essential to enabling a strong start for her baby and we are proud to be taking innovative steps to achieve this.

This is an initiative that we would really like to analyze deeper to prove its value as a recuperation strategy for malnourished women.

Screening, counseling and home visits are primarily implemented by trained CHEs, who are also Fonkoze clients. In addition, CHEs also work with existing community health resources including "Manman lidè" and ASCPs. This strategy has enabled the program to facilitate connections with other community health resources that were already trained and willing to support the fight against malnutrition in their communities. Because these resources will continue to exist beyond the timeline of the project, we will continue implementing this partnership, which contributes in part to the total project performance.

COMPONENT 2: OPERATIONS TO IMPROVE KNOWLEDGE, SKILLS AND SUPPORT TO PREVENT UNDERNUTRITION

AKSYON's livelihood strategies were designed to support dietary diversity, food security and sustained positive behavior change. They were executed with several partners.

NUTRITION-SENSITIVE TRAINING

During the course of the project, by employing a cascading training-of-trainers strategy, 36,506 community members—primarily women—were trained on nutrition and nutrition-sensitive topics. Among the persons trained, the majority are women and members of FONKOZE. In total, 406 are members of community organizations, 383 are community members who had already been identified by former projects and were integrated in AKSYON, and 79 were ASCPs who were not attached to any project at the moment of our interventions.

The program also supported the MSPP by training 82 of their staff members to reinforce staff competencies in the care and treatment of malnourished children at the health center level.

Part of the training includes home gardening skills where the participants—again, mostly women—are taught to take care of a home garden where they grow nutritious produce to enrich their family's diet. This training is unique because it involves practical lessons, through demonstrations, on growing produce. The outcomes of growing produce can be seen during follow-up visits. In total, we trained 835 CHEs in home gardening and they are using their new skills to improve their own gardens, their diet, and increasing revenue by selling compost and/or biological insecticides.

AKSYON-THE LIVELIHOOD EXPERIENCE

The original concept of AKSYON was designed to work in partnership with another Haitian organization committed to sustainable development. We chose to work with ITECA, an experienced organization, to test a community livelihood model based on solidarity and engagement. Below are the results of this pilot:

ITECA partnership

JADEN LAVI

Institut de Technologie et d'Animation (ITECA) is a Haitian organization with extensive experience providing production support to vulnerable individuals in rural areas. The participatory model was tested in the South department (Cavaillon and Les Anglais) over two years, in partnership with local authorities and grassroots community organizations. This model included support to establish and improve home gardens as well as support egg production to be used as a source of animal protein.

The objective of this experiment was to find a livelihoods support model that would be replicable, scalable, and sustainable after the initial investment. In a context where the MSPP is actively promoting its concept of "Public Health Agriculture," the Jaden Lavi model seemed like a good strategy to contribute to reducing malnutrition, by preventing it through livelihood support.

Jaden Lavi included the following components:

Agriculture: Implementing adapted techniques for water management, soil enrichment, and organic pest control.

Income: Targeting household dietary diversity and supplementing household income.

Nutrition: Promoting healthful culinary practices and nutritious dietary diversity.

Over two years this pilot accomplished the following:

ACTIVITY	RESULTS
Improved home gardens	187
Vegetable species produced	8
Individuals consuming the garden vegetables	1206
Chicken coops (holding 300 chickens)	24
Individuals consuming eggs from the units	2925

P2. A beneficiary takes care of the chickens

The activities were implemented after the following training sessions:

TOPIC	# participants
Vegetable production	268
Soil fertility	247
Water management	100
Agribusiness management	268
Egg production	142
Environment and ecology	147

P3. Compost preparation during soil fertility training

Several challenges were identified during this pilot and recommendations were made to mitigate some of them:

-The lack of public policy for rural agricultural production puts all these initiatives at risk. With the drastic drop in the purchasing power due to the economic crisis and extended periods of drought, access to water, seeds and specific food for chickens becomes difficult.

-The solidarity model for the chicken unit must be built on trusting relationships between co-managers. If not, it is challenging to overcome any initial difficulties and move forward in a collaborative partnership.

-A single production cycle of eggs (18 months) does not yield strong profit relative to the initial investment in time and money. As such, owners looking for short-term gains tend to disengage before reinvesting in a second cycle that would have the potential for a lucrative return on investment.

-In addition to increasing the availability of nutritious food in the community, there is a need to promote the consumption of nutritious foods before their commercialization, or it will not increase the nutritional status in rural areas.

Conclusion: Unfortunately, because of the high cost of the intervention in relation to the number of households reached, AKSYON decided not to pursue this partnership for replication and scaling. It is not affordable at the project level and there is no evidence that it could become financially sustainable over time. However, home gardens and egg production are complementary interventions that could have a positive impact on the food and nutritional security of vulnerable populations if relative opportunities are offered.

VEGETABLE PRODUCTION TRAINING BY FONKOZE

After this experience, the team did not want to abandon all livelihood activities at once and we decided to introduce only the training part on vegetal production to see if this alone would have a positive effect on family nutrition. With a specialist in agronomy in our team, we chose to test this second hypothesis in 10 of our regional branches with CHEs to see if the training portion could help reach our objective of improving the quality of the family diet and improving family revenues.

In this second phase, 214 CHEs were trained during 2 sessions of 2 days where they covered, in theory and practice, the following topics:

- Vegetable production
- Preparation of natural insecticides
- Preparation of biological compost
- Environment and ecology
- Management of a micro agro enterprise

RESULTS

Among the CHEs who were part of the pilot, 90% installed a vegetable garden at home, but only 54% were able to maintain and reproduce the garden.

In the home gardens that succeeded, 61% of the families used the products for their own consumption only, increasing the quality of their diet like it was intended by the project. In addition, 26% consumed the vegetables and had enough production to sell the vegetables or the seedlings and increase their revenues. These additional revenues were used in this priority: to pay school fees, family clothing, credit, additional stock, and to increase savings. 13% of the new home gardeners shared their surplus production with their community.

Seedlings to be transplanted in Trou du Nord

When preparing their home gardens, 29% of CHEs used their own biological compost, 15% prepared their own pesticides, and some even commercialized the compost and pesticides to further increase their revenues.

Compost preparation in Thiotte

These results show that with only a minimal investment in training (USD 33 per CHE), there can be positive impacts on the livelihoods and quality of diets for families in rural communities. This strategy should continue but will require some adjustments to maximize the results. Both the CHEs and our expert recommend the following:

- Some additional coaching for their gardens
- Required access to a bigger variety of seeds
- Improved access to water containers for those who are far from a water source

This experience is valuable, and this project should be continued in FONKOZE's programming, and be included in other projects when possible, because of the positive effects on the health and resiliency of rural families.

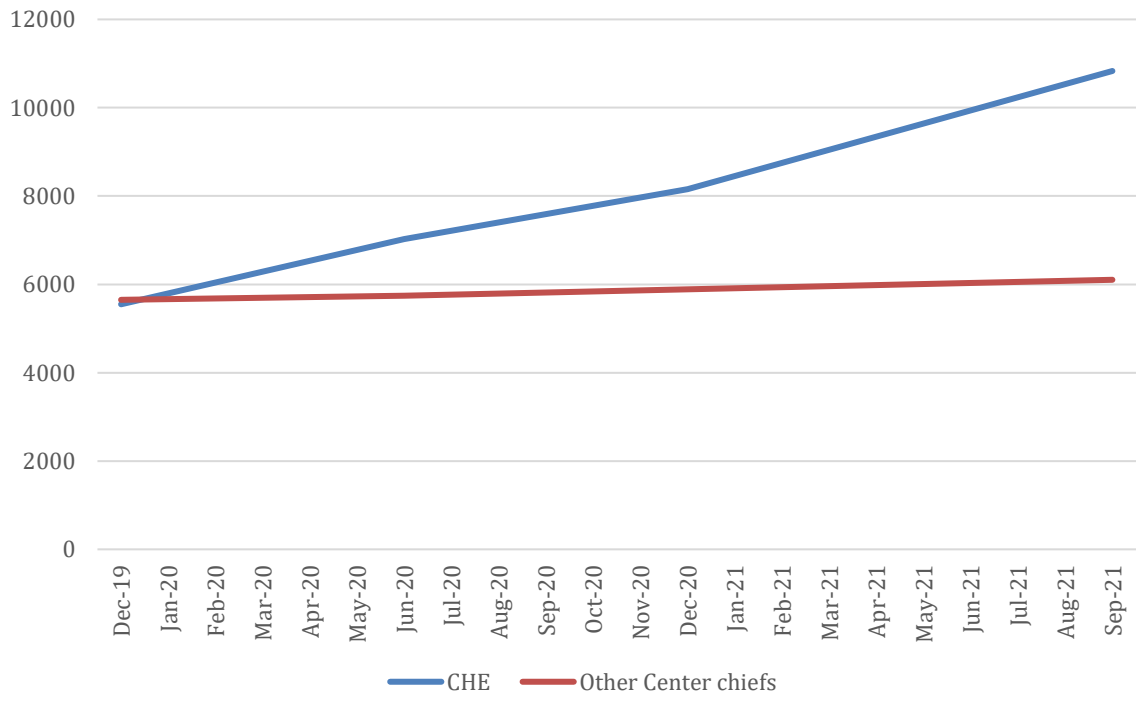
SÈVIS FINANSYE FONKOZE PARTNERSHIP

Sèvis Finansye Fonkoze (SFF), our financial inclusion partner, integrated a total of 35,177 new microcredit clients during the life of the project in the 38 branches where AKSYON took place. Access to financial services for these vulnerable families will lower the risk of being victimized when exposed to natural shocks as well as shocks caused by humans, as we have faced over the last five years.

An analysis of SFF clients who were instrumental to the success of the project reveals a higher rate of success when supported by the project. We compared the trends of two key financial indicators between the regular Center Chiefs in SFF and the Center Chiefs who enrolled as CHEs in the AKSYON program. The CHEs received continuous training and were committed to supporting their respective communities in getting children and women screened for malnutrition, educated on nutrition, and ensuring care and treatment for sick children.

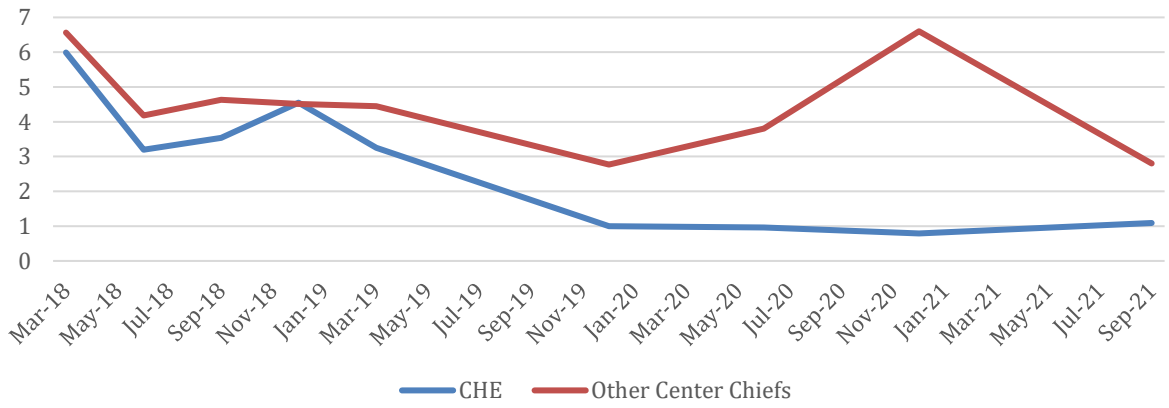
Average savings is an important indicator that shows how families, and in this case the Center Chiefs, prepare for unplanned events that could jeopardize their life goals, prepare for their life development, and the development of their families. Between 2019 and 2021, we can see how despite numerous challenges, CHEs kept and increased their savings while the regular Center Chiefs had difficulties doing so.

Fig 5. Average savings in HTG by Center Chief



PAR or Portfolio At Risk shows the capacity of an SFF client to reimburse their loan. It is the proportion of the portfolio among the designated group that is at risk of not being repaid. There again, we can compare the evolution of the indicator between the CHEs and other Center Chiefs to conclude that the CHEs have developed a better capacity and commitment to repay their loan.

Fig 6. Percentage of CHEs with at risk portfolio



The team truly believes that when a client participates and commits to the CHE program, it brings value to them, their family, their community, and the institution itself.

ACCESS TO NUTRITION-SENSITIVE PRODUCTS

Through Boutik Sante, CHEs expand access to nutrition sensitive products for more than three million people living in communal sections where at least one CHE operated. Combined with information and education provided by CHEs, these products are important for families to avoid conditions that are linked to and/or are direct causes of malnutrition.

Table 4. Sales of Nutrition sensitive products in communities served by AKSYON

Nutrition-sensitive products	FY1	FY2	FY3	FY4	FY5	TOTAL
Antibacterial soap	60,259	55,714	27,412	14,4087	309,967	597,439
Condoms	4,734	4,385	8,948	36,553	51,722	106,342
Diapers	441,525	875,532	731,652	5,694,661	12,185,302	19,928,672
Hand sanitizer	1,241	0	0	13,948	1,037	16,226
Iodized salt	42,171	91,070	93,742	211,274	270,455	708,712
Laundry soap	62,815	38,074	54,854	125,934	160,498	442,175
SATO	85	39	88	89	0	301
Sel lavi (ORS)	5,812	6,720	11,964	16,904	23,812	65,212
Water purifiers	4,996	3,089	3,736	18,035	22,487	52,343

SOURCE: Boutik Sante sales report October 2016 - September 2021

The population consistently utilized Boutik Sante services, even with the current decrease in purchasing power and unstable prices throughout the last couple of years. Clients were grateful to have access to Boutik Sante during the periods of insecurity when most of the other products were not reaching rural areas. All of the products significantly improve the lives of the population and the ones featured in the above table (ORS, water purifiers) save lives. The full list of products is available in the annex of this report.

IMPLEMENTATION CHALLENGES

CARE AND TREATMENT

The most important and persistent challenge faced by the program was the lack of standardization of the national care and treatment network in quality and in localization. Each department and each referral center is different, has different needs, and has a different perspective toward new or complementary providers. The team did a great job in addressing each of them appropriately and in a way that motivates all entities to work together.

The most challenging treatment issue was the logistical difficulties at the departmental MSPP level, where it takes time to plan and submit requisitions to UNICEF even though UNICEF is well-supplied. These bureaucratic delays lead to not having an inventory of essential supplies required for the care and treatment of malnourished children at the health center level. RUTF is particularly hard to acquire. The team supported the local facilities in the logistics chain by supporting local MSPP representatives with transport, communications, and the requisition process. In addition, AKSYON ensured that all children referred received adequate care and treatment, including temporarily providing supplies directly, as needed.

In addition to the lack of RUTF, the care and treatment network for malnourished children does not reach the whole population, especially children that are more vulnerable and isolated. Even when AKSYON identifies these children and refers them to the nearest facility, they often abandon treatment because of the distance and time it takes to access proper care. AKSYON has responded with two activities:

1) We supported the MSPP to train health center staff, so that the centers can offer adequate services to the malnourished children.
2) We conducted mobile PTAs based on the MSPP model to bring services closer to the population in need.

The following factors are a direct result of the lack of essential products being available that increase risk of death due to malnutrition:

1) Failure to respond to treatment
2) Abandoning treatment, which leads to chronic malnutrition
3) Stretching out the treatment schedule, which also increases the cost of recovery

Having access to essential products is key to successfully treating malnourished children. Toward the end of the project, the high level of insecurity on the roads made this challenge even more difficult to address.

Another challenge encountered by the program is the level of commitment and trust by the parents. We have found some parents are too young to face their responsibilities. Some parents have a set of taboos and beliefs regarding their child's sickness; they did not think that the proposed treatment would work. Other parents have too many responsibilities at home to be able and take time for only one child among too many. The list goes on. For these parents, we tried to intensify the education content of the home visits, hoping to educate them through one-on-one conversations, to give their child a chance of getting better. This tends to work better with a specific follow-up.

THE MODEL

Other challenges are inherent to the program model itself:

- Because Fonkoze serves the most isolated and vulnerable people, most of the children screened live far from any health clinics and there is a portion for whom health clinics are simply inaccessible. They are unable to travel to a medical visit and return home the same day – it is nearly impossible for families to make this trip weekly. For this category

of population, Fonkoze has committed its staff to organize mobile treatment units and meet the malnourished children closer to their house, generally midway. This assistance can only be maintained with additional external funding.

- The community health model relies on Fonkoze credit center's center chief (CHE), who serve on a voluntary basis, not as health professionals. CHEs are completing screening and the follow-up visits. Community-based treatment, when required, is carried out by nurses. While CHEs receive monthly training and refresher trainings from the AKSYON team, their capacity and skills are not all encompassing when it comes to treating malnutrition. All of these trainings and activities are very time consuming and require substantial effort. During the life of the project, they benefited from a perdiem of 500 gourdes for the days used to screen or visit children and most of them will continue after without this perdiem but restricting their geographical scope. Their main interest, beside their increased leadership and sense of responsibility, is to be able to sell the Boutik Sante products as part of their regular business. Nonetheless, among the 1,595 CHEs who collaborated with the project over the last 5 years, we stand now with 1,139. Dropouts did happen at an average annual rate of 20% and for a diversity of reasons, some linked to the SFF network, but others to migration, sickness and death. But mostly (70%), CHEs stopped collaborating due to a loss of interest for this demanding task or for the health business.

POLITICAL INSTABILITY

Protests and demonstrations have negatively impacted this program, including the ability for staff to safely travel. The instability related to growing popular dissatisfaction slowed our operations, as since staff were unable to travel to the office and/or had to leave early several days during the whole project life. This has led us to cancel training sessions, screening campaigns, and supervision visits due to travel security restrictions. We had to cancel meetings because of insecurity on the road and multiple members of our staff have been attacked and robbed while in the field for work.

In addition to the continuous unrest in parts of Port-au-Prince, gang activity has expanded to rural areas, causing disruption in field activities. Gangs have been demanding money at roadblocks and have created a climate of terror, keeping people from attending trainings and screening activities.

The general atmosphere is not improving and the conditions for the population seem to deteriorate daily, with no sign of positive change. The personal risks for staff and for the population is increasing each day. Working under these circumstances and conditions is extremely challenging and the mental strain on staff is very high. While Fonkoze has been supporting staff by providing stress management workshops and trainings, these high levels of stress impact productivity and quality of the working environment.

In addition to this high level of risks and challenges, a 7.2 magnitude earthquake struck in August 2021, destroying the homes and livelihoods of households in the 3 southern departments of Haiti. This could lead to an increase in the food security crisis that has already been documented at the national level by experts.

FINANCIAL INSECURITY

During most of the third year, the project management team had been awaiting a new distribution of funds, which arrived during the 4th quarter. Because we had expended almost 90% of the current funds, USAID directed the program to review and scale back activities to a minimum level of effort from May to July 2020.

COVID-19 CRISIS.

COVID-19 is a risk that we could not have foreseen and had a large impact on our operations, even though transmission seems not to have reached the rural population to the level that was initially announced. To reduce the potential negative effects on the health and nutritional status of the population, the project trained all CHEs on COVID risk and prevention measures. They then disseminated the information to the entire Fonkoze network of nearly 50,000 borrowing clients. Meanwhile, we put in place strategies to continue operations within safe limits.

As noted, restrictions on gatherings forced AKSYON to adapt its approach to malnutrition screening, dramatically slowing the program's pace by adhering to COVID-19 prevention strategies. Mass screening campaigns had to be cancelled and screening only happened in door-to-door visits. As of September of 2020, we were able to go back to the mass screening campaigns with appropriate protection measures for clients and staff.

M AND E

Year 1 of the project was dedicated to the design and development of the information system as well as the main primary and secondary collection tools such as registers and electronic compilation files, and reporting tools (monthly and quarterly reports). The coaching of the field staff was constantly done to empower them to manage their information and take ownership of the production and reporting process more easily.

During AKSYON's first year, the team worked with representatives of the Arnhold Institute at the Icahn School of Medicine of the Mount Sinai to design a baseline survey, which was implemented by the Haitian firm SocioDig. With the results of this work, the team was able to update the PMP and propose new targets for the end of the project.

Information on the beneficiaries of the various interventions (screening, drug distribution, referral, training, and mobile PTA) of the project were entered into the secured database of the project to keep AKSYON's activity history free from any alterations that might have happened if we were to exclusively manage the registers manually.

Over the 5 years, monitoring and evaluation (M&E) activities concentrated on reinforcing and maintaining project data quality, as well as ensuring that the database was up-to-date. Data was verified and errors were corrected systematically to leave a complete database of all persons touched by the AKSYON project.

The final evaluation took place with all its phases from the collection of data to the analysis and final report that was submitted to USAID. It was conducted with the same partners from the baseline and the results are featured in this report.

A data retention plan was elaborated and is being implemented, ensuring every AKSYON document is well archived and easily traceable for years to come.

THE ZABA EXPERIENCE

Fonkoze worked with Dimagi Inc. to conduct numerous activities for the development of the mobile ICT system component of the AKSYON project. We built, tested, iterated, and began developing training materials for the application during year1. The initial build process concluded at the end of April. User testing occurred during the month of May. Application iteration and training materials were developed in June 2017. The results of this work yielded a refined application that included content for Community Health Entrepreneur (CHE) and nurse users, who could register and track beneficiaries, record referrals, complete follow up visits, conduct PPI surveys, record meetings, trainings, and beneficiary education, provide feedback and obtain guidance for technical issues and help on how to use the app. Training materials developed include user manuals for CHEs and nurses, short but comprehensive exams for each user type, guidance for nurses on how to train CHEs with a trainer exam, and a checklist for nurses on how to manage CHEs using ZABA.

43 CHEs were trained in two branches (Trou du Nord and Cabaret) to use ZABA. They used this tool during their first screening sessions. During the second quarter of year 2, the M&E team worked with the DIMAGI team on the final modification of the ZABA app and proceeded with the pilot in 5 branches: Ganthier, Milot, Trou du Nord, Limbe, and Cabaret. At the end of the pilot phase, the team found no evidence that CHEs efficiently use the app. They experienced major difficulties in manipulating the tablet and the interface. Our hypothesis was that because of their age (around 40), they had no digital education. To mitigate this possible obstacle, we coupled them with younger community members (most of them were related to the CHE), but it did not solve the problem. At the end, we decided to discontinue its use with the CHEs and to use it only with nurses in the coming year. This system worked well with the nurses, but since our model uses the CHES more than 95% of the time, it was not efficient to keep using ZABA.

LESSONS LEARNED

PARTNERSHIP WITH THE MSPP

Since the beginning of the project, it was essential for the team to be embedded in the national efforts against malnutrition. Fonkoze was already a member of the Comité Technique National (CTN) against malnutrition for its previous interventions and the project was presented and approved by the MSPP. Through this, several strategies had been discussed to increase the number of children with access to treatment, but the initiatives to transfer strategies to practice were scarce.

Once the team had the resources and capacity to put them in practice, two of the most essential strategies were put in place:

- We began to treat children with acute moderate malnutrition. The treatment with RUTF had already been indicated in the national treatment protocol, but partners stayed attached to their old protocol of treating MAM with a specific nut preparation that was not available on the market anymore, and as a consequence, MAM were not treated. The AKSYON team encouraged the care and treatment centers, in alliance with the MOH, to make RUTF available for all malnourished children. Now, MAM and SAM children are being treated systematically with RUTF in the national program.
- In 2016, only one organization was doing mobile PTA as an outreach strategy and it showed very good results for the isolated areas of Petit Goave where no services had been before. The AKSYON team obtained the agreement from the Ministry of Health to replicate the strategy wherever there was a high rate of malnutrition and no health services within less than 4 hours of travel. This strategy was proven successful, and the other partners adopted it until it eventually became a national strategy that is now being incorporated in the new national treatment protocol for malnutrition.

LEVERAGING THE EXISTING SFF PLATFORM AS A STRATEGY FOR SUSTAINABILITY AND EFFICIENCY

The FONKOZE health program has been active with health education and screening for many years before the AKSYON project funding began. This health program was built on the SFF network, which has been serving thousands of Haitians for more than 25 years through 45 regional offices nationwide. This network relies on a group of business owners, mainly women, who are clients with SFF microcredit and are willing and eager to contribute to the development of their community.

Working with this local preexisting, and non-project dependent network, is the key to building a sustainable program. Through this network, members are engaged promptly in community interventions and obtain quick and sustainable results. In addition, because this is through a local organization, the local staff develops its competencies as managers and implementers of the project. After the project ends, the community will continue to benefit because community members continue to have and use these skills.

FONKOZE plans to continue to implement its health program and build upon the benefits obtained with AKSYON to continue screening and training the communities we serve.

COMMUNITY MOBILIZATION APPROACH

Many communities in developing countries are beneficiaries of outside support and projects; however, there is either none or very limited follow up. While these projects are beneficial while active, they bring little to no additional benefit after the project ends.

With AKSYON, even though we were working primarily with the FONKOZE client network, we adhered to the principle never to initiate interventions in a community without first calling for existing health community workers. Volunteers brought added value to the project and extended its scope of influence. We worked with health agents and volunteers from former projects, who already had the necessary abilities to support the AKSYON team in its work. It was more difficult with the official community health providers who sometimes saw the volunteer network as a threat for their professional space. There was never any open conflict, and by reaching out to them, we were able to calm their preconceptions since the volunteer network can never replace fully trained health providers. Without this initial outreach approach with existing community resources, it is possible that AKSYON interventions could have been boycotted due to perceived competition. Fortunately, we had positive community participation in all our interventions and great attendance in all of our campaigns.

CARE AND TREATMENT FOR MALNOURISHED PREGNANT AND NURSING MOTHERS

As the AKSYON team began identifying malnourished pregnant and lactating mothers, one key strategy was to refer them to clinics for free prenatal care that is offered throughout Haiti. We were astonished to find that these prenatal care services did not provide any treatment or strategies specific to malnourished mothers, but rather pregnant and lactating mothers receive the same care as all other mothers.

Eager to address this situation, the AKSYON team followed the Ministère de la Santé Publique et de la Population (MSPP or Ministry of Health) recommended strategy to use AK-1000 for treating children with moderated malnutrition. AKSYON was already using this enriched flour to complement the diet of recovered children and decided to test AK-1000 as a recovery solution for malnourished pregnant and lactating women.

During the fourth year of AKSYON, we identified 140 malnourished mothers through our screening campaigns. As part of our monthly follow up home visits, we began providing each malnourished mother with two pounds of AK-1000, in addition to water purifiers, antibacterial soap, oral rehydration solution, and vegetable seeds. AKSYON's Community Health Entrepreneurs (CHEs) coached the mothers on strategies for: improving their nutrition using local products, improving their personal, family and household hygiene, establishing a vegetable garden, and for increasing their self-esteem and self-care.

Of the mothers we worked with during the first testing year, 64% recovered completely and of these, 80% had "normal" measurements related to nutrition (using mid-upper arm circumference or MUAC) within three months. Pregnant women were attending prenatal visits regularly and gave birth to healthy babies. Nursing mothers continued exclusive breastfeeding practices, whereas we know that without the program's support, many would have ceased breastfeeding.

With such strong results, we are looking for opportunities to advocate for similar support to be systematically offered to malnourished mothers throughout Haiti, particularly through their existing prenatal visits. This will increase compliance with prenatal and exclusive breastfeeding guidelines and also ensure that more mothers and babies experience healthy pregnancies, births, and breastfeeding practices. At Fonkoze, we know that a mother's health is essential to enabling a strong start for her baby and we are proud to be taking innovative steps toward this.

MALNUTRITION SHOULD BE ADRESSED AS THE MULTIDIMENSIONAL ISSUE IT IS

Although the AKSYON program was performant at addressing individual malnutrition cases, there is not enough evidence to say that it was effective at the community level. The monitoring results show the same tendency as the national numbers over the years and it stays evident that during year 4, with the national food security crisis, families were much more vulnerable than before.

The team had the opportunity to compare, during the first half of the project, the level of malnutrition in relation with the level of poverty measured with the PPI. Our analysis showed that among the households with children suffering from malnutrition it was only 39% who lived under the extreme poverty threshold and 20% were over the poverty threshold.

From this analysis, we confirmed that the idea of malnutrition as a simple economic issue has strong limitations, and that to obtain global nutrition results, it was necessary to adopt a multidimensional approach that addresses all the determinants of malnutrition at the community, infrastructure and social, environmental, educational and economic level. As long as

we continue targeting and treating individuals, we will be able to temporarily helps some children, some women, some families, but will not participate in reversing the negative impact of all these determinants on the nutritional status of the population. The struggle should tackle all the determinants simultaneously.

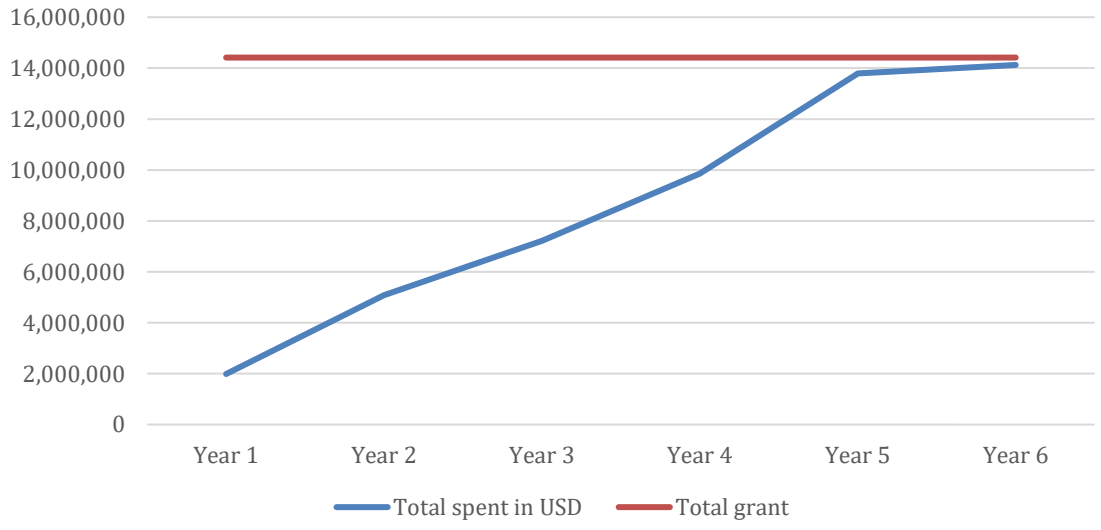
FINANCIAL MANAGEMENT AND COMPLIANCE

The AKSYON team monitored financial conditions to manage the received funds effectively and efficiently. This information was used to make strategic decisions to maximize the project impact. The funding went through various stages: it was cut by almost 4 million USD the second year because the USAID administration considered that we had not spent enough the first year and that we were far from our target. Nonetheless, after the first year of adaptation, the AKSYON team picked up the rhythm of activities and the burn rate of the project proceeded as it was expected.

The second change happened when we received a note that our allocation would be late during the third year. We had to slow down the rhythm of our expenses during months and we even had to cancel the mid-term evaluation that would have given us important insights on the process of implementation of the project.

Finally, in the last year of implementation, the program was prepared to intensify efforts and maximize its performance, and we did. However, the significant increase in the value of the HTG against the USD during the first quarter of PY5 increased the rate of expenses in an unplanned way, and we have been spending more than expected over this year. We were able to exceed target, but we also exceeded what we planned to spend without knowing if the foreign change trend would maintain itself. At the end of the project, we received the total amount of our grant and spent 98%, including the amount that we reserved for after project activities like the final audit and final reporting cost. Below we can observe the spending rate during the life of the project:

Fig 7. Evolution of expenses during the lifetime of AKSYON



The AKSYON team showed a high performance in managing the funds in terms of compliance with rules and standards (we were audited every year with more positive ratings each year), and in terms of absorption since we were able to spend the whole grant despite the unplanned slow-down in the allocation of funds and the abrupt modification in the change rate. As a local organization, it is important for us to put an emphasis on this fact and encourage funders to follow USAID's example and consider working more with local organizations directly.

CONCLUSION

Over the span of 5 years, from 2016-2021, a dedicated 61-person team worked nationwide across Haiti. During this period, more than 100,000 children under 5 were screened every year and those experiencing malnutrition were referred to a care and treatment center where they were cared for. Of those children, 84% fully recuperated. In addition to treatment, families were supported with home visits and a support kit with nutrition sensitive products. Pregnant and nursing women were also screened and cared for, and a new intervention was put in place for them to get better.

In terms of prevention, more than 30,000 community members were trained on nutrition sensitive topics, millions have increased access to nutrition sensitive products, Community Health Entrepreneurs have an increased opportunity to obtain credit and increase their savings, and all the children screened received micronutrients to increase their nutritional status.

The project was able to cure 84% of malnourished children found during the project and saved 11,500 years of life for children under 5 years of age. This project's impact on the global malnutrition rate is difficult to assess. Even with our monitoring numbers, we can see that during moments of crisis, acute malnutrition numbers increase with the food insecurity, showing that education and screening are not enough to weigh down the prevalence of malnutrition.

We have observed that during crisis situations, households that were directly touched by the project were more resilient and less prone to increase their rates of malnutrition than the households that did not participate in the project. This is a good indication that activities have left positive and lasting results. In order to maximize these results, it is essential to integrate all aspects of the malnutrition causal tree:

- Food in quality and quantity
- Nutrition and health education
- Access to basic education
- Access to health services
- Access to water and sanitation
- Access to livelihoods
- Financial opportunities

An integrated development program that encompasses all aspects of the nutrition simultaneously is the best way to decrease malnutrition and increase overall wellness. It is clear that all of these factors cannot be met in only one program, which is why collaboration and complementary partnerships are essential to increase impact and long-lasting successful outcomes.

This AKSYON project has shown that a local organization, such as FONKOZE Foundation, can be as successful and compliant as non-local partners and come with the added value of experience and sustainability. Interventions can take place quickly and continue operating locally, even when national and global problems keep most people from working. This successful partnership proves that local organizations can manage large projects and quantify the need for integrated programs powered through multidisciplinary partnerships.

Annexes

- List of submitted reports
- List of material produced
- List of training topics
- List of products sold
- List of reference centers
- Malnutrition kit content
- Geographic cover (communes and communal sections)
- PMP