

CASE STUDY

Sak Plen REP (Full Sack Resiliency Enhancement Program)

Program Overview

World Vision/Haiti implemented a Title II development food assistance program, Sak Plen REP (the Full Sack Resiliency Enhancement Program), in six communes of the Upper Plateau, two communes of La Gônave, and eight communes of the Lower Plateau and Artibonite. Sak Plen REP built on many of the activities and structures that were set in place in some of the communes that benefitted from the preceding development food assistance program.

Drivers of Integration

Driven by Haiti's high maternal, prenatal, and neonatal mortality rates, from the start of the program, family planning was included in the broader maternal and child health and nutrition (MCHN) health service package as a way of improving access to reproductive health services (this was also done in the preceding development assistance program). World Vision/Haiti's National Health Coordinator reflected that they tried to define a package from the beginning of the program that responded to the needs of the community and to train staff in those integrated services, so as to avoid the mentality of providing separate services. Integration was also facilitated by the fact that World Vision received a Flexible Fund Grant in 2007 that allowed for the integration of family planning into their Area Development Programs in Haiti, India, and Senegal.

Integration Strategies

Sak Plen REP leveraged several platforms within its community network to integrate family planning either as part of the integrated MCHN health package or the agriculture and livelihoods program components. Community health promoters (CHPs) and nurses were the two cadres of providers that played a critical role in most of the strategies. At the health facility level, program nurses were trained in delivering the integrated MCHN package, including monitoring health centers and mobile teams to ensure quality of service delivery. The nurses were also trained in maintenance of family planning supplies, providing family planning counseling, promoting the lactational



Community members gather at a rally post, where health services are provided monthly. (Photo from World Vision/Haiti, program midterm evaluation)

Funding: USAID Office of Food for Peace Title II (2008–2013), supplemented with Flexible Fund Grant

Goal: Reduce food insecurity and increase resiliency of vulnerable and extremely vulnerable rural households

Estimated beneficiary population: 540,369 (pregnant and lactating women, children 6–23 months of age, malnourished children 24–59 months of age, youth, farmers' groups and associations, and lead farmers)

Objectives:

- Improved nutritional and health status of targeted vulnerable groups
- Improved productive and profitable livelihoods

amenorrhea method and family planning in prenatal and postnatal visits, making home visits to new family planning users, and following up with drop-outs. The program-hired nurses were responsible for training and supervising the CHPs.

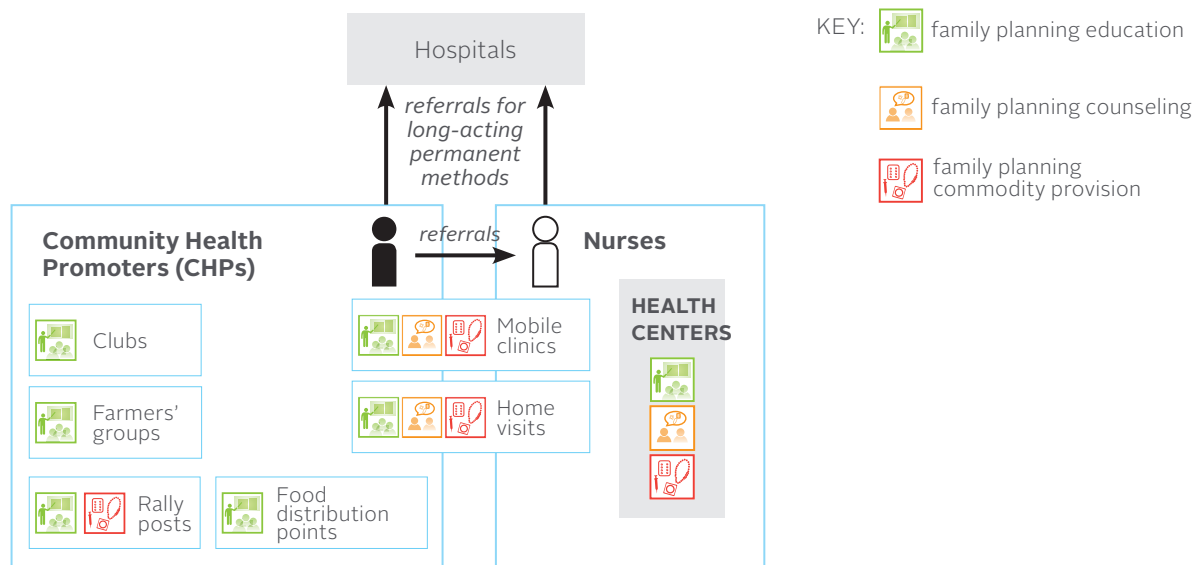
Community health promoters were either men or women, literate, and chosen by their community. CHPs were paid by World Vision and were trained on various health topics including family planning, nutrition (e.g., exclusive breastfeeding, growth monitoring and promotion, child feeding practices, and diet diversity), treatment of diarrhea, immunization, hygiene, and HIV. They were also trained on how to facilitate Mothers' Clubs, conduct home visits to inquire about malnourished infants and children, and follow up with mothers and children who did not come to a rally post. They were trained to provide family planning education and counseling and referred interested individuals to nurses at the health center for a medical check-up. CHPs provided family planning commodities, such as condoms, pills, and injectables, under the supervision of nurses via community-based services and at their homes (referred to as "Home Depots"). CHPs provided referrals to the health clinic for intrauterine devices. Both cadres provided referrals to the hospital if a woman was seeking a long-acting permanent method and the program transported women to local hospitals. In addition to health centers

and home visits, other platforms through which family planning integration was achieved are described next and shown in the figure below.

Rally posts. Community members accessed health services at rally posts that were set up at a designated place and time once a month. CHPs were involved with conducting multiple activities at these events such as distribution of family planning contraceptives, oral rehydration salts and chlorine tablets, immunization, vitamin A supplementation, deworming, growth monitoring and promotion activities, and delivering brief 15 minute health education sessions on various topics that were rotated monthly, including on nutrition and family planning. CHPs used a register to report on children they attended to.

Mobile clinics. Mobile clinics were conducted by nurses with support from the CHP once a month. At these clinics women had access to several MCHN services, including antenatal and postnatal care, and nutrition services, such as iron and folate supplements, growth monitoring and promotion, vitamin A supplementation, and promotion of exclusive breastfeeding. The nurses conducted medical examinations and, for women seeking family planning services, provided family planning counseling. CHPs provided health education and distributed contraceptives.

Platforms for Family Planning Integration



Clubs. Mothers' Clubs were an important component of the program's broader education and behavior change communication strategy to reduce child malnutrition, increase food security, and integrate MCHN activities with agriculture production. Mothers' Clubs targeted caregivers of children under 5 years of age and caregivers were grouped based on the age of their child. To be included in the program, mothers were required to have at least three prenatal consultancies and were then invited by a CHP to attend Mothers' Club meetings and were also eligible for food rations. Regular attendance at Mothers' Club meetings was a condition for receiving food rations. During the club meetings, which occurred at the monthly rally posts, CHPs delivered 45–60 minute long behavior change communication sessions covering a new health topic every month including nutrition and family planning, which followed a 6-month rotation schedule. Household production diversification activities (such as biointensive vegetable gardening, fruit tree planting, and small animal husbandry) led by Sak Plen REP technicians hired by the program were also conducted through the Mothers' Clubs in order to promote dietary diversification.

Although CHPs were trained to facilitate and lead the Mothers' Clubs under the supervision of nurses, in response to recommendations from the midterm evaluation, in 2011 the program introduced the concept of Lead Mothers. This was an adaptation of the Mother Care Group model, where mothers were trained to lead Mothers' Clubs and create a network of Lead Mothers as a way to improve sustainability of this strategy.

The program also used Fathers' Clubs and Grandmothers' Clubs to deliver the same topics covered in the Mothers' Clubs. However, these groups were not as established as Mothers' Clubs. The other opportunity fathers had to participate in health education was through Mothers' Clubs since the meetings were attended by caregivers of the children under 5, which were sometimes fathers.

Food distribution point. Food rations were provided once a month at designated sites referred to as food distribution points. These sites were also used for other health activities including family planning, growth monitoring and promotion, and delivery of



Mothers' Clubs targeted caregivers of children under 5 years of age. (Photo provided by World Vision/Haiti program staff)

preventive health messages. Family planning service provision never occurred on the same day as food distribution in accordance with USAID family planning requirements.

Farmers' groups and associations. The program integrated family planning into the agricultural component through farmers' groups and associations. In areas where there was a program agriculture component, CHPs sometimes visited these groups to provide family planning educational messages during their meetings.

Results

The evaluation of Sak Plen REP reported that the program was successful in demonstrating improvement in 11 of the 14 key indicators. For the nutrition outcomes, no change was reported for stunting (25.1 percent to 25.3 percent). Children underweight decreased from 23.5 percent to 10.7 percent. The composite infant and young child feeding indicator (exclusive breastfeeding, continued breastfeeding, and complementary feeding) increased from 18.1 percent to 30.2 percent. For food security, average months of adequate household food provisioning decreased from 5.4 to 3.5 and household dietary diversity score showed no change (from 5 to 5.2). Use of modern family planning methods increased from 43 percent to 58.3 percent.¹

¹ World Vision. 2013. "Annual Results Report: Multi Year Assistance Program (MYAP): FFP-A-00-08-00024"; World Vision. 2014. "Final Evaluation of the Haiti Title II Multi-Year Assistance Programs (MYAP)." p. 10.

Integration Facilitators

- **Leveraging an existing platform:** The program was able to build on the structure and gains made by the preceding development food assistance program to continue providing and expanding family planning services.
- **Flexible Fund award:** Being awarded a Flexible Fund grant allowed the program to expand its family planning activities by hiring more nurses and CHPs, including staff dedicated to family planning, and lessen the workload created by the high demand for family planning services. Having adequate numbers of trained staff to provide services was critical to program success.
- **Social acceptance of family planning:** Utilization of services was greatly facilitated by acceptance of family planning in the communities and the fact that Haitians wanted to access family planning services.
- **Using CHPs to distribute family planning commodities:** Using CHPs as a distribution point for family planning commodities reduced travel distance for clients to access services.
- **Consistent family planning commodity supply chain:** Program staff held monthly meetings with the Ministry of Health and Area Development Programs staff to discuss family planning supplies and transportation and developed a logistics system to ensure that family planning supplies were always available to CHPs and clinics. The program was successful in achieving an average 90 percent no stock-out rate and 100 percent of facilities were offering three or more methods.

Integration Barriers

- Limited human resources to meet growing family planning demand for services and commodities: High demand for family planning created a heavy workload for the different cadres of workers.

- Transportation issues: It was difficult for mobile clinics to reach certain communities because the roads were in poor condition.

Lessons Learned

- As explained by World Vision/Haiti's National Health Coordinators, "One of the most important lessons that we learned was that it is possible to integrate family planning into a nutrition program through a community network, of course you have to take into account the context because the contexts are not always the same."
- Involving communities in program processes facilitates implementation because they are more willing to utilize the health services.
- The preventing malnutrition in children under 2 approach which focuses on the 1,000-day period from pregnancy to 2 years of age allows programs to reach mothers at the most critical time, not only for nutrition, but also for family planning. It is important to have young people involved in family planning activities because many family planning clients are young mothers.
- The CHPs contributed to improving access to health services and strengthening the health system. The program also showed that CHPs can successfully deliver injectables.
- Mothers' Clubs and home visits were effective in terms of facilitating understanding of family planning because of the interactive nature of these contacts between the CHPs and the beneficiaries.
- Building the capacity of Ministry of Health and health facility staff is critical to ensuring sustainability to continue meeting the demand for family planning services.

Read the complete *Desk Review of Programs Integrating Family Planning with Food Security and Nutrition* at www.fantaproject.org.

