Funding for Train-the-Trainer Program to Improve Children’s Health in Rural Pestel, Haiti: A Grant Proposal

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Project Summary

- Children living in remote parts of the world such as Pestel, Haiti have poor access to immunization services and treatment for anemia associated to malnutrition and intestinal worms.
- This project proposes to combine immunization services with anemia treatment that include vitamin A supplementation and deworming medication in Pestel. The program will accomplish this by training Community Health Workers (CHWs) using Train the Trainer model. The aim is to decrease immunization related death/disability and anemia rate by empowering community members to participate in the improvement of their children’s health.

Introduction

- Each year vaccine preventable illnesses contributes to 1.8 million deaths among children under the age of five with a majority of these children dwelling in resource-poor communities1.
- In the Western Hemisphere, Haiti has the poorest health indicator profile for women and infants2. Continuing poverty, past political instability and natural disasters such as the 2010 earthquake in Haiti have also contributed greatly to increased level of malnutrition and food insecurity, loss of shelter and safe drinking water 3.

Goals

- To improve the overall health of children living in Pestel, Haiti, by reducing the rate of vaccine preventable disease associated death/disability and anemia.
- To empower community members to participate in the improvement of their children’s health.

Objectives

- Upon completion of the Train-the-Trainer program eight CHWs-1 will have the knowledge and skills to educate others on how to administer immunizations, vitamin A supplements with deworming medications to children in Pestel, Haiti.
- Once trained as trainers, the eight CHWs-1 will conduct as least one educational program each to prepare 18 additional community health workers CHWs-2 who will be trained to implement the community outreach program.
- Upon the completion of the first community outreach programs, 20% of parents will have their children (from birth to age 18 years) immunized for diphtheria, tetanus, pertussis, polio, measles, rubella, rubola, and tuberculosis, and treated for anemia by providing Vitamin A supplements and deworming medication.

Methods

Multilevel intervention program
1. Train CHWs-1,
2. Train the CHWs-2,
3. Offer Immunizations & Anemia Treatment

Evaluation

- **Train-the-Trainer program** pre-test post-test no comparison group design will be used for the training components (see Figures 1) of the program
- A post-test only no comparison group design will be used to evaluate the effectiveness of the community-level program (see Figure 2).

Figure 1: Design for the Community Health Workers Level 1 and 2 Training

![Diagram: Community Health Workers Level 1 and 2](image1)

Figure 2: Design for the Community-Level Service Uptake

![Diagram: Community level service uptake](image2)

References