

SDSH Semi-Annual Report: October 1, 2009 – April 30, 2010

April, 2010

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SDSH
SANTÉ POUR LE DÉVELOPPEMENT
ET LA STABILITÉ D'HAÏTI

Projet Santé pour le Développement et la Stabilité d'Haïti — SDSH

Semi-Annual Progress Report October 1, 2009 – April 30, 2010

Comment dans cette zone post conflictuelle et fragile restaurer et maintenir le droit à la santé particulièrement pour des innocents que constituent les enfants de moins de 5 ans ?

Objectifs du Programme Nutrition :
- Administrer une dose de Vit A à 70% des enfants âgés de 6 à 59 mois soit 5.479 enfants au cours de l'année.
- Administrer une 2^{ème} dose de Vit A à 60% des âgés de 6 à 59 mois soit 4.696 enfants au cours de l'année.



- Engagement et Partenariat entre secteurs technique et politique.
- Dialogue soutenu avec les protagonistes de la zone.
- Mobilisation et sensibilisation de la communauté et du personnel institutionnel sur la nécessité de reprendre les activités de santé dans la zone.
- Choix des travailleurs communautaires en collaboration avec le personnel institutionnel et les protagonistes de la crise.

- Stratégies gagnantes :**
- L'implication de la communauté y compris des protagonistes est essentielle à l'amélioration de la couverture sanitaire surtout dans les zones post conflictuelles et fragiles.
 - L'accompagnement continu du staff est incontournable au maintien du climat de confiance et à la continuité des services.
 - La planification participative et la rétro-alimentation des résultats obtenus au personnel constitue également un élément essentiel au succès et à la pérennité.

CENTRE DE NUTRITION ET DE SANTÉ ROSALIE RENDU
CITÉ SOLEIL, DÉPARTEMENT DE L'OUEST
POPULATION DESERVIE : 44.220 HAB.



Le Développement de l'Enfant : Une approche intégrée et holistique

- DÉFI**
- ▶ La précarité des moyens des parents de la zone desservie de Varreux, Cité Soleil
 - ▶ Le bas niveau d'éducation et de formation des mères et gardiennes d'enfants



- STRATÉGIES GAGNANTES**
- ▶ **Partenariat inter institutionnel**
 - Intégration des mères au micro crédit du centre.
 - Transfert des enfants au Kindergarten Marguerite Naseau puis à l'École Fondamentale Sainte Louise de Marillac.
 - ▶ **Communication pour le Changement de Comportement (CCC) et Mobilisation Communautaire (MC)**
 - Séances d'information et de motivation.
 - Organisation des visites domiciliaires de suivi.
 - Rencontres communautaires.
 - ▶ **Développement d'une approche globale suivant les besoins de l'enfant.**
 - Admission en récupération nutritionnelle.
 - Support nutritionnel adéquat à la famille.
 - Admission des mères à «Man-Man Yo»

- RÉSULTATS OBTENUS**
- ▶ Changement d'attitudes et de comportement des mères
 - ▶ Amélioration du statut nutritionnel
 - ▶ Diminution de la morbidité et de la mortalité infantile
 - ▶ Participation consciente des leaders de la communauté.



- LEÇONS APPRISSES**
- ▶ Le renforcement du partenariat interinstitutionnel permet une approche plus globale prenant en compte différents besoins relatifs au développement de l'enfant.
 - ▶ L'autonomie financière des mères contribue à consolider la survie de leurs enfants



La Santé à l'heure du Développement

This publication was produced by Management Sciences for Health for review by the United States Agency for International Government Development (USAID). The views expressed herein do not necessarily reflect the views of USAID or those of the United States

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Annex:

Evolution of the Results of the SDSH Project

About the Project: Year 3

In August 2007, the US Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a contract for the implementation of a new 3-year task order in line with the 2006–2009 USAID country program for Haiti. The *Santé pour le Développement et la Stabilité d’Haïti* (SDSH) Project contributes to the Priority Objectives of USAID, specifically to that of increased access to quality basic social services.

The technical assistance delivered under the extended, now 5-year, \$81.4 million SDSH Project targets approximately 50 percent of the Haitian population in all 10 departments to increase their access to and use of a package of integrated basic health services that includes maternal and child health care, nutrition, family planning, and prevention and control of infectious diseases, including HIV & Acquired Immunodeficiency Syndrome (AIDS) and tuberculosis. Demographic targets are (a) children and youth under 25 years of age, (b) women, and (c) special concerns groups, such as persons living with HIV and AIDS (PLWHAs) and Tuberculosis (TB) patients.

The SDSH team focuses efforts in three areas:

Service Delivery—to increase access to and use of the Government of Haiti’s basic healthcare package.

The SDSH project supports public and private, nonprofit sector health care delivery. MSH implements project activities through Performance Based Financing sub-contracts with 26 local NGOs (non-governmental organizations), operating 74 health facilities and 1843 community “rally posts”; and, through the MSPP in 31 targeted geographical areas known as “Zones Ciblées”, including 75 health facilities and 2098 “rally posts”.

Support to the Government of Haiti—by strengthening the leadership of the Ministry of Public Health and Population - *Ministère de la Santé Publique et de la Population (MSPP)* at both central and departmental levels to carry out its executive functions in support of health care services delivery and strategic management of resources for the health sector.

Partnerships with other local and international organizations—to increase program impact by leveraging funding from the private sector and other donors.

The project currently covers nearly 40.3% of the Haitian population or 4,069,580 people.

Despite the catastrophic earthquake that struck Port au Prince on January 12, 2010 the SDSH project continued to focus on delivery of basic health services throughout its network, quickly helping partners to re-establish services and expand care to meet the needs of displaced populations. Overarching strategies for SDSH project implementation continue to include:

- **Focus on measurable results** and sustainable impact;
- **Integration of services to provide a continuum of care** to all clients.
- **Focus on systems strengthening and governance:** through performance based financing and direct technical assistance
- **Mentoring and accompaniment** by SDSH of local partners and between partners;
- **Linkages, synergies and operational collaboration among groups,** sectors, and organizations;
- **Strategic partnerships** engaging stakeholders at all levels;

Operational Partners Implement Key Program Activities

MSPP Zones Ciblées (ZC)

Artibonite: Gonaïves; St Michel; Marmelade; Grande Saline
Centre : Belladère ; Cercle la Source ; Savanette
Grand'Anse : Abricot ; Corail
Nippes : L'Azile; Petit Trou; Anse à Veau
Nord : Acul; Borgne ; Dondon ; St Raphaël
Nord'Est: Mombin Crochu; Ste Suzanne ; Vallières
Nord'Ouest : La Tortue ; Baie de Heine ; Anse à Foleur
Quest : Belle Fontaine ; Cornillon ; Bel Air ; St Martin ; Trou d'Eau/Crochu ; Tayfer
Sud : Les Anglais ; Ile à Vache
Sud'Est : Bainet

31 Zones Ciblées ; 73 fixed sites, 1,281,000 population

NGO Partners

**Albert Schweitzer Hospital; Hôpital Claire Heureuse; Pierre Payen Health Center
 Save the Children**
**Haitian Health Foundation; Ste. Hélène; Léon Coicou H.C.; AEADMA (Association d'Entr'Aide des Dame-Mariens)
 None**
**Comité Bienfaisance de Pignon ; Dugué Clinic ; Centers for Development and Health (CDS); Konbit Santé
 CDS Nord' Est**
Beraca Medical Center
**St. Paul Clinic; CSNRR ; FONDEFH, FOSREF ; Fermanthe Hospital ; Grace Children's Hospital; OBCG, SADA, Lucelia Bontemps Health Center; CDS Ouest
 La Fanmy ; MEBSH
 Sacré Cœur de Thiotte Health Center**

25 NGOs ; 74 fixed sites ; 2,709,000 population

Executive Summary

Despite the January 12 earthquake the SDSH project achieved or surpassed almost all of its project indicators. From October through December, 2009 strong progress was achieved towards improving PHC outcomes and strengthening MOH systems. Preparations for the “Success Fair” scheduled for January 22, 2010 had brought together both NGO partners and all Departments and Directorates of the MSPP, strengthening collaboration and communications and serving as a strong motivator for improved performance. The earthquake pre-empted the fair, however the partnerships and materials developed in planning for the fair are continuing to serve to further SDSH objectives.

The earthquake has affected all development sectors of the country, particularly the health sector. Infrastructure damage, loss of life and loss of staff to evacuation impaired health facility functioning even in parts of the country not directly affected by the quake. Significant stress was added to the already fragilized network by the demands for post-quake emergency care, the increased needs for handicapped and mental health services and the additional demands placed on many health facilities by displaced populations living in camps or migrating to communities outside the earthquake impact zone.

Post-quake USAID mandated SDSH to move quickly to re-establish health delivery systems in SDSH sites. No additional funding was provided. While some staff provided direct assistance to partner health facilities to deliver needed emergency clinical services, the rest mobilized to conduct a detailed post earthquake needs assessment of nearly all SDSH sites. This provided the basis for an SDSH contingency plan to reinforce the partners’ capacity. Starting in March 2010, significant improvements had been observed.

Earthquake damage forced an evacuation from the SDSH office, disrupting availability of financial and contractual records and procedures. Working in an outdoor porch, the contracts and finance teams were able to resume operations and renew NGO contracts, providing funds for continued operations.

Simultaneously SDSH sought out existing strategic partners and developed relationships with new partners to provide direct response to the emergency. These efforts resulted in several direct grants from partner NGOs to provide health services to camp residents (IRC and Americares) and to assess health services provision in the camps (PAHO) as well as massive contributions of another partner (DRI) to provide pharmaceutical supplies to SDSH-supported health facilities. Emergency efforts have not diverted attention or resources from the SDSH Project, but rather, have contributed to SDSH objectives.

In September 2009 the three-year goal had been surpassed for leveraged contributions to the health system from multiple partners in Haiti’s commercial private sector. From October through April 2010, this amount increased four-fold.

Overall, during this 6-month period project results show significant improvements in pre and post natal consultation and skilled deliveries, child vaccination rates, vitamin A therapy, HIV counseling, testing, ARV/ART initiation and palliative care, PMTCT enrollment, and testing of TB patients for HIV . The project also made significant progress in the implementation of integrated communal plans. However project targets were not achieved for HIV positive women receiving PMTCT prophylaxis, TB testing of HIV positive patients, ART treatment continuation rates and achievement of the last intervention in a series (e.g. 3rd pre-natal visit, 2nd tetanus vaccination, DPT3, second dose of vitamin A).

Success Highlights

Indicator	Oct 2008 Result	Oct 2009 Result	Oct 2009-Mar 2010 Result	Sept 2010 Target
Pregnant women counceled and tested	40,341	49,196	21,766	40,000
Number of newborns of HIV+ mothers benefitting from pediatric care	434	407	207	400
Number of people tested for HIV and received results	91,494	94,907	42,116	75,000
Number people newly placed on ARV	726	973	381	700
Number of people receiving ART at end of the reporting period	1800	2077	2,139	2,650
Percentage of TB patients tested for HIV and received their test results	47%	34%	28%	40%
#of postpartum/newborn visits in USG-assisted programs in 3 days after delivery	27,977	40,019	22,613	45,000
Percentage of pregnant women having first prenatal visit during first trimester of pregnancy	28%	40%	33%	40%
Number of deliveries with a skilled birth attendant	12,066	12,326	6,269	12,000
Number of pregnant and lactating mothers who received food supplementation	–	910	1,301	2,000
% of children 0-11 months fully vaccinated	–	–	43%	85%
# of children under 5 years who received Vitamin A	280,579	314,419	223,342	343,000
Number of Family Planning users	201,083	239,394	221,361	249,503
Number of integrated Communal Plans being implemented with project support			56	65

Performance Based Financing Introduced with MSPP

SDSH Project activities follow MSPP directives, guidelines and standards in all SDSH components. SDSH also provides specific support to the MSPP to strengthen executive functions at both the national and departmental levels. The project coordinates closely with other donors, including the Canadian-funded PADESS and PALIH projects, and other USAID projects to strengthen MSPP financial management, logistics systems, strategic planning and other management functions.

Principal accomplishments:

Performance Based Financing (PBF) will be introduced in all ten departments and is being pilot tested in four departments (North, North East, South East, and the Centre Department). An orientation session was organized in November with directors these departments and key technical staff to discuss the strategy, concerns, the schedule of payment table and next steps.

All departments will have nearly the same indicators with specific targets determined in collaboration with the departmental directors and site managers. Targets and indicators will be based on the current status of service delivery and the needs of the population in each area. All PBF results will be audited and verified by a group including a representative of the departmental hospital, a departmental program manager, and a representative of the project. An award fee or bonus will be given to both the service delivery point and the departmental directorate responsible for providing assistance needed by the site.

To **strengthen the Ministry's financial and accounting management systems**, an orientation session on QuickBooks software was organized in December with staff from four departmental directorates (Centre, South and Nippes) and employees working for the departmental hospital. A formal training was planned for the end of January 2010, but was postponed due to the

earthquake

A five-day workshop was organized by the project for SDSH Project and partners' staff in November, with the objective to **calculate standard costs of the minimum package of services**. A plan was developed to provide technical assistance to five selected institutions to use the CORE + tool to achieve this objective. Participants included staff from Save the Children, FONDEFH, SADA, ICC and OBCG.

The Sub Committee on Financial Resources of the CONASIS, of which SDSH is a key member, organized a three-day workshop on user fees and fixed assets management at Moulin Sur Mer in December. The workshop was designed to validate the content of the Appendices Handbook of Financial Management relating to internal revenue management at health facilities, and management of assets in the structures of the MSPP, agencies and utilities health sector.

MSPP Department Level Improves Management Functions and Financial Systems

Principal Accomplishments:

SDSH central and departmental public health and management staff work closely with their departmental colleagues. MSPP staff works with SDSH staff to analyze project results, conduct supervision, prepare integrated departmental plans, prepare and manage budgets and develop strategies to improve performance. Besides this routine assistance specific activities were carried out in several departments to strengthen financial and logistics management. These included:

- A financial management training organized in the North Department for the MSPP staff based in the Departmental Directorate to implement a system to adequately manage program income.
- A training in the Nippes Department improved skills of departmental staff on the use Excel software to prepare financial reports and budgets.
- The West Department financial advisor participated in the logistics planning of the Hygiene Program managed by the Departmental Directorate and in the distribution of aid/support received by the department.
- In the Artibonite Department, technical assistance was provided to local service providers including Saint-Nicolas Hospital, Dumarsais Hospital and Charles Colimon Hospital to strengthen their accounting and financial management. Participants identified key management weaknesses including timesheet management, vacation planning procedures, bank reconciliation and management of program income and equipment and supplies and then developed plans to improve those areas.
- Artibonite departmental staff was integrated in the disbursement of funds for the department. They signed vouchers, ordered payments, and participated actively in the payroll process. Administrators and site managers now understand the need to create a group responsible for solving health issues in the Department.

SDSH supports the effort of the MSPP to decentralize critical planning and implementation responsibilities to the departmental level. To this end, an SDSH technical advisor and financial officer have been assigned to each department to support the departmental directorates. While their primary responsibility is to work with the departmental staff to support SDSH-funded initiatives, especially in the “Zones Cibleés”, they also participate in other department-wide activities.

Community Level Project Plans Developed and Advances in Nutrition and Diarrhea Education



Principal Accomplishments:

BCC/IEC Material: Existing educational materials have been distributed in response to specific requests as supply allowed, however, plans to disseminate new materials at the Success Fair were pre-empted by the earthquake. This year a brochure on maternal health and PMTCT (Preventing Mother to Child Transmission of HIV), and a guide for establishing and training mothers clubs have been produced.

Local Health Task Force: As of end of March, 2010, 18 community level organizations were identified to manage grant funding at the Commune level for the implementation of community-level health improvement activities. Since then, the identification and

selection of umbrella organizations has continued in the departments. Progress has been documented, and corrections made whenever necessary. Proposals of community health actions have been developed by six (toward target of 20) community organizations and submitted to SDSH for grant funding.

Technical Assistance to the MSPP: This semester BCC support focused on strengthening at the central level. This included continued development of PMTCT and maternal health materials; participation in the workshop on National Policy for the Promotion of Health; and, the planning, preparation and organization of the workshop on the standardization of curriculum in interpersonal communication. A concerted effort was made to involve the Central Technical Consultants (CTC) and Departmental CTD in coordinating the process of implementation of the Communal Health Councils.

Since October, Community mobilization resulted in a dramatic increase in the number of mothers and child caregivers that received nutrition counseling (53,423, or 80% of the annual target) and education on the prevention and management of diarrhea (59,636 or 89% of the annual target). Implementers, mainly NGOs, were asked to focus on these interventions. Reporting also improved.

Maternal Health, Family Planning and Reproductive Health: SDSH on Target to Exceed Key Annual Objectives.

Principal Accomplishments:

The progress and successes of maternal health, family planning and reproductive health during this reporting period were in some rather unexpected areas and degrees. While the earthquake didn't substantially change programs and services, it did impact the emphases of the programs and the types and numbers of services provided. It provided, as well, however opportunities and audiences for furthering education and other priorities in the months ahead.

Regarding specific goals for the period, the percentage of pregnant women making their first antenatal visit during the first trimester of pregnancy is well above the target for the reporting period at 33%. This is on target to surpass the 40% goal by the end of the annual reporting period. Postnatal home visits within three days following childbirth was precisely on target with 22,613 visits—just over half of the 45,000 annual target. The indicator for deliveries assisted by trained health personnel was also just over 50% of the annual goal, and the number of births in institutional settings increased. Family planning targets are also on target to achieve or exceed annual goals

Indicator	Annual Target	Result
% of pregnant women attending first antenatal visit during the first trimester of pregnancy	40%	33%
Number of postnatal home visits within three days following childbirth	45,000	22,613
% of mothers who have had postnatal consultation	35%	17.5%
Number of deliveries assisted by trained personnel (excluding matrons)	12,000	6,296
% of people of reproductive age using modern PF	27%	26%
Number of PF Users	162,000	84,506

Training, education and advocacy goals were also advanced. Toward the goal of renewal of the Training of TBAs ("Matrons") this period, an inventory of active matrons was conducted, the training curriculum was revised, and the role of accompanying matrons of the network was strengthened. In an effort to the less efficient institutions, formative supervision was implemented. Advocacy to promote the availability at the institutional level of the reviewed and validated Maternal Health Norms targeted the Direction of Family Health (DSF). Family planning activities were strengthened through working with nurses to involve them more intensely in departmental and communal level planning and by using multiple means of communication to encourage and support them: email, phone and field visits. In the context of a collaboration with the USAID/WINNER project, a training curriculum was developed to sensitize members of farm cooperatives to the importance of family planning.

242 Peer Educators Provide Quality Sexual and Reproductive Health Services at 10 Youth-Friendly Sites

In addition to the six sites already enrolled in this initiative, from October 2009 to April 2010 four new ones have been selected (in North West, North, Centre, and Nippes) to expand, organize and maintain services in these youth-friendly health institutions. The goal is to provide quality services in Sexual and Reproductive Health, including counseling, family planning methods, and HIV testing and referrals for the continuum of care available throughout the SDSH HIV program. The selected sites are:

- a) West : FONDEFH Sainte Elisabeth, Carrefour Feuilles, Port-au-Prince
- b) West : FONDEFH Martissant, Port-au-Prince
- c) Artibonite : Hospital Claire Heureuse, Marchand Dessalines
- d) North East : Centre Médico-social, Ouanaminthe
- e) South : Centre de Santé, Les Anglais
- f) Grand'Anse : AEADMA, Dame-Marie
- g) North West : Centre Médical BERACA, Port de Paix
- h) Nord : Centre Médico-social La Fossette, Cap-Haïtien
- i) Centre : Centre de Santé de Belladère
- j) Nippes : Centre de Santé de l'Anse-à-Veau



Despite the serious difficulties caused by the earthquake, the project has been implemented in all ten selected sites. A total of 242 peer educators are actually offering counseling services in family planning, HIV counseling for voluntary testing as well as behavior change communication to promote safer practices in sexuality and health, and helping their young counterparts to navigate the system to obtain youth-friendly services. They all have received appropriate training in youth-friendly communication techniques.

A strong component is the community anchorage of the youth program. Due to circumstances quite independent of SDSH efforts, FOSREF enjoys a great penetration in youth activities and programs throughout the country, as a result of its wide funding portfolio. Indeed, various donors such as the Bill & Melinda Gates Foundation, the Global Fund, PEPFAR, USAID through projects supported via MSH/SDSH, MSH/LMS and FHI/CHAMP, the Ministry of Youth and Sports and others have given FOSREF the opportunity and ability to conduct several experimental or institutional programs in the 10 Departments of the country over the years. The end-result is an ad-hoc youth program integration at the field level.

The down side of this is the fact that FOSREF is overstretched, and because of that, its pace of implementation is becoming slower than during the second year of the program. Clinical services are only available in the first six institutions. Where HIV testing is available, it is still offered in

the context of adult services. But referral services are available at all the ten sites.

HIV/AIDS and Tuberculosis: Integrated Services Increase

To be effective, and sustainable, the next generation of HIV & AIDS services requires a dramatic change in thinking and strengthening health systems in countries most affected by HIV & AIDS. To reverse the HIV & AIDS epidemic in Haiti, the SDSH Project has supported the MSPP in changing how services are designed and delivered.

SDSH is supporting a *systems approach* to HIV & AIDS programming. This holistic approach creates a strong foundation by focusing all efforts on *integration, effectiveness, and sustainability*. AIDS programs in the 2010s must be centered on a health systems response, which requires an approach based on a vision of a holistic, high-performing system that builds on six fundamental components that work as a unified whole:

- 1.) Leadership, governance, and management
- 2.) Health service delivery
- 3.) Human resources for health
- 4.) Pharmaceutical and laboratory management
- 5.) Health care financing and financial management
- 6.) Health information

The health system must use evidence to guide policies, choice of interventions, and programmatic strategies. It should work from a vision of the desired impact on health to choose the inputs, processes, and outcomes to achieve measurable results.

MSH's philosophy is to look at the HIV/AIDS problem comprehensively and see the person living with the virus as a "whole," while recognizing the need for additional, innovative and varied approaches to the disease. This includes integration with Family Planning, Maternal and Child Health, and Tuberculosis (TB) services.

Services specific to the HIV+ population and HIV prevention are not neglected, but rather made stronger through the integrated approach. The four strategies still found to be effective in the SDSH Project, and implemented throughout the entire network, are known as: (a) VCT "Eclaté": "opt-out" approach to testing and PMTCT, (b) a treatment approach emphasizing patient monitoring and adherence, (c) involvement of all categories of providers, and (d) reducing stigma and discrimination.

Integration of HIV/AIDS services with Family Planning Services and STIs

MSH's approach has always emphasized integration HIV prevention and care with family planning and prevention of other sexually transmitted infections (STI's). HIV information is offered systematically now through SDSH-supported family planning programs and sites. Counseling, and starts from the first prenatal contact with a pregnant women and goes beyond their postnatal follow-up. In addition, SDSH aims to include complete family planning services in VCT, PMTCT, and ART services to help all women avoid unintended pregnancies and offer the opportunity to space pregnancies or plan new births, particularly HIV+ women. Integration is also reversely promoted when clients accessing family planning services are encouraged to get tested to know their HIV status in order to better manage their lives.

From Hospital to Home: SDSH Provides An Unparalleled Continuum of Care

The following indicators present the greatest strides forward this period for the SDSH HIV and AIDS component:

Indicator	Result Oct 08	Result Oct. 09	Annual Target/ PMP 2010	Oct. 09 –Mar 10 Result
Pregnant women counseled and tested for HIV	40,341	49,196	40,000	21,766 (54%)
Pregnant women tested HIV (+) placed on ARVs	363	562	700	303 (43%)
Advise persons tested for HIV	91,494	94,907	75,000	42,116 (56%)
People HIV (+) having received Palliative Care	8,398	11,133	13,000	12,315 (95%)
People HIV (+) newly initiated in ART	726	973	700	381(54%)
People HIV (+) having received ARVs	2,120	2,834	3534	3194 (90%)
People on ARVs active at the end of the period	1,800	2,077	2650	2139 (81%)

To strengthen ARV services on-site refresher sessions were carried out in all sites providing HIV services to enhance health provider knowledge, and improve treatment and follow-up strategies. Partners' budgets have been readjusted to support the installation of new support groups. As of March 31st 2010, 3194 individuals ever received ART among whom 2139 are still active, and 381 were newly enrolled in treatment. After the earthquake an urgent effort was launched to reach out to most patients under ART.

Sustained Results in VCT Provided by 30 NGO Service Delivery Sites



SDSH exceeded nearly all of its HIV-related objectives during the first semester of PY09/10. Thirty (30) sites provide Voluntary Counseling and Testing. This semester, two sites began offering Prevention of Mother to Child Transmission (PMTCT) services with SDSH assistance, bringing the total number of full-service PMTCT sites in the network up from 21. Six (6) network sites continue providing ART.

SDSH Strategic Approach to Voluntary Testing and Counseling

MSH-SDSH during this period put the highest priority on HIV testing and counseling in the high density areas and more at risk populations. In addition, SDSH emphasized making VCT easy and accessible to promote *early* testing for HIV-positives. The earliest detection possible is critical for HIV positive individuals, as those who enter care late are less likely to survive and thrive. Also, HIV+ individuals on Antiretroviral Therapy (ART) are much less likely to pass the virus on to others during sexual activity due to suppression of viral load. The SDSH strategic approach to VCT focuses on including VCT and

referral to VCT within the entire health system, still emphasizing an “Opt Out” approach.

During this period SDSH capacitated and brought three new sites to full functionality in the Nippes Department. Despite the earthquake, SDSH HIV testing sites exceeded targets and have tested 42,116 people excluding pregnant women.



For The World AIDS Day 2009 SDSH received a grant from the AIDS Health Care Foundation (AHF) to participate in the Testing Millions Global Campaign in Haiti. Activities conducted included : awareness sessions in schools and churches by peer educators and community health workers; brainstorming meetings with religious leaders, elected officials, teachers, and traditional healers; open house at the main clinics; school sports competitions; promotion for the free testing; free HIV testing clinics in various sites; clinical referrals for the cases detected as positive. Over 5000 people were tested for HIV in less than three weeks

Partners for World AIDS Day	Department	# Tests completed
Claire Heureuse Hospital	Artibonite	2,812
FONDEFH	West	738
AEADMA Hospital	Grand' Anse	838
Beraca Hospital	Northwest	400
Comite de Bienfaisance de Pignon	North	300



Continuous Progress in PMTCT in SDSH Supported Sites

SDSH Strategic Approach to Prevention of Mother to Child Transmission

PMTCT services in the SDSH network are designed to be part of antenatal care. All pregnant women are informed of the benefits of knowing their HIV status to protect their newborn during the first prenatal visit and are systematically tested. Independently of the test result, a birth plan is jointly elaborated by the nurse in charge of the prenatal clinic.

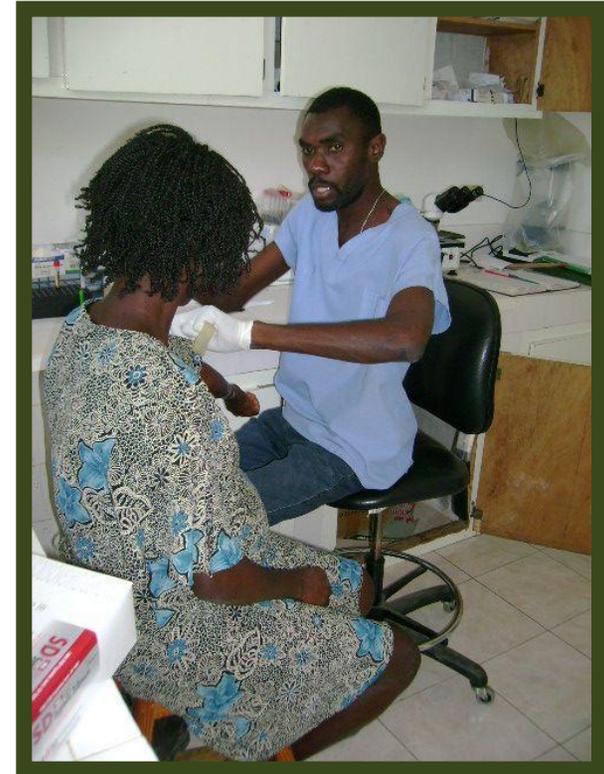
For those who are found to be HIV+, this plan is reviewed at each visit and an “adherence plan” for PMTCT prophylaxis is developed with the woman. Whether the woman chooses to deliver at institutional or at community level, they are strongly encouraged to choose a buddy companion who can be a TBA (*Matrone*), a community health worker, a family member or even simply a friend.

The role of this buddy companion is to escort the pregnant woman during all the subsequent visits. This “*accompagnateur*” is also oriented on care and support to provide to the woman and her newborn. 15 days before the expected delivery date, prophylaxis medication is given to this “*accompagnateur*” for safekeeping, and sometimes to the woman herself as appropriate. Emphasis is put during all this process on the importance to have the newborn seen at the health center no more than 72 hours after birth.

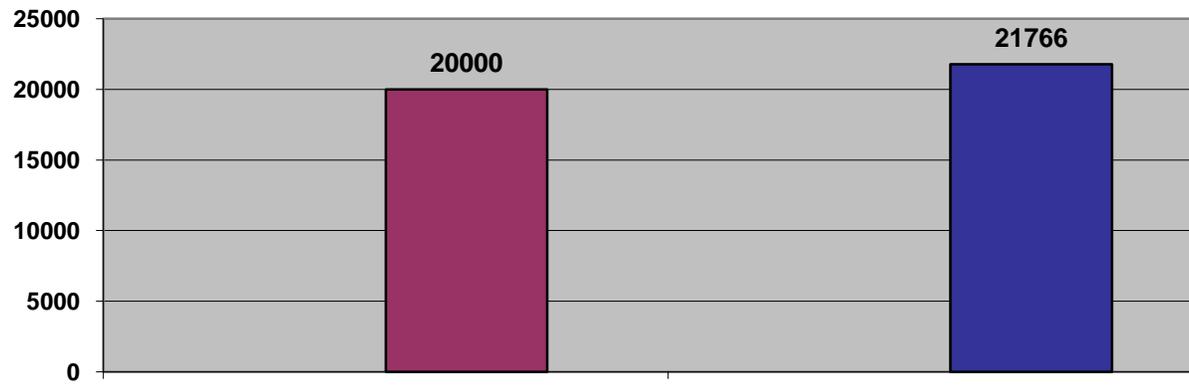
A community based PMTCT approach contributes to increase to more than 55% the number of pregnant women completing their prophylaxis.

Outreach strategies, such as mobile clinics, have been organized almost every week around sites to reach the maximum of pregnant women possible, determine their HIV status and provide them with appropriate services for HIV+ pregnant women and their newborns.

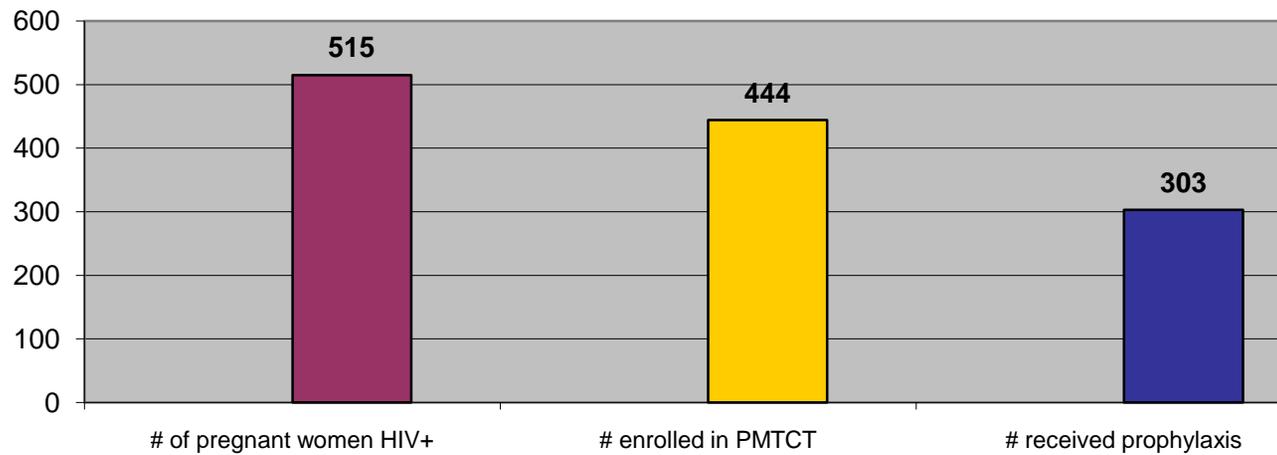
SDSH has surpassed its expected objective for this period and has reached 21 766 pregnant women for testing. PCR-DNA testing was made available at all SDSH ART sites and also some PMTCT sites in partnership with to an agreement with the CARIS Foundation.



**Number of pregnant women tested for HIV
SDSH, October 2009-March 2010**



**# of pregnant women HIV + who received ART prophylactic
SDSH, October 2009 - March 2010**

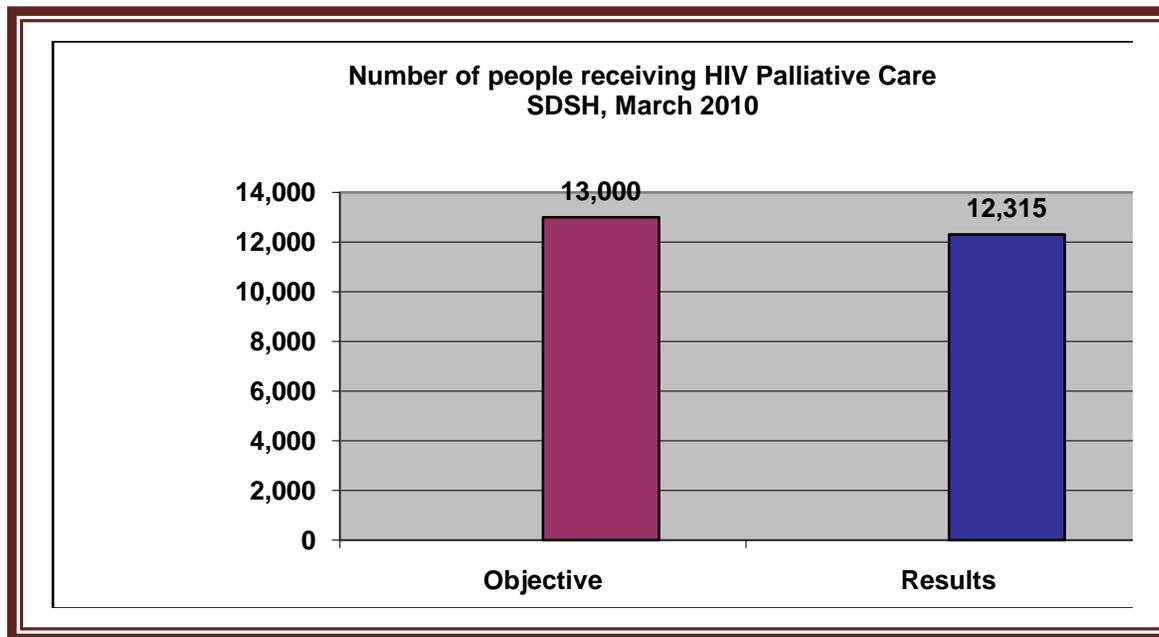


Palliative Care: Strengthening Care to Ensure Continuum of Living Positively.

A Strategic Approach

SDSH's approach to palliative care includes support to HIV+ individuals and their children, providing an integrated approach with other HIV and non-HIV services. MSH works with local health task forces to sensitize communities regarding stigma and discrimination. Services to HIV+ individuals are organized through support groups at both Government (*Zones Ciblées*) and NGO sites. In addition, psychosocial care is offered at the sites. Social workers, health agents, and trained PLWHA make home visits to clients. A focus on orphans and vulnerable children (OVCs) was added to the SDSH project in 2009. During this reporting period 1700 OVC have been supported.

SDSH palliative care sites and community mobilization projects reached 12,315 individuals. This is 11% more than the 11,000 in the one year objective, but in only 6 months.



SDSH has surpassed its expected objective for this period and has reached 21 766 pregnant women for testing. PCR-DNA testing was made available at all SDSH ART sites and also some PMTCT sites due to an agreement with the CARIS Foundation.

Number of Tuberculosis Patients Tested for HIV Who Received Their Results Surpasses Goal By 40%

There has been renewed interest in tuberculosis (TB) among donors and international implementers since the earthquake, because of the overcrowded living conditions that the earthquake created.

SDSH has surpassed the semiannual target for testing TB patients for HIV and providing them with results, with 28 % of TB patients tested for HIV and provided with test results, against the annual target of 40%.

Notable progress has also been made against the following annual goals, however, progress is only measured annually: (a) notification rate (goal 103%) and (b) detection rate (goal 35%) for TB; and (c) the number of laboratories performing microscopic TB test with 95% reliability. Tests will be conducted by the National Laboratory as part of its mandate.



Chart needs title

Indicator	Annual Goal	Result Oct09-Mar10
Percentage of TB patients who were tested for HIV and received their results	40%	28%
Percentage of the estimated number of new TB cases detected under DOTS	75%	38%
Number of sites offering integrated TB services (HIV and TB) (<i>detection only with referral for treatment</i>)	30	38%

The greatest challenges facing the SDSH Project are sustaining the effort to integrate TB fully into the integrated package of services and obtaining more funding targeted specifically towards TB efforts. Most sites in the TB network do not test for HIV and must refer TB patients to other sites that do perform those tests. Consequently, there have been only 558 TB patients tested against the target of 1755 patients tested for HIV.

The targeted number of sites providing integrated screening for TB and HIV is 21. In the Haiti health system there are no sites providing TB detection only with referral for treatment; any site providing TB detection is able to treat; they may

refer to sites for treatment for the patient's convenience. Training remains highly centralized and is performed by the management of the national program or the national laboratory. Neither the national program nor the laboratory conducted any training sessions during this time period.

HIGHER: SDSH Network Combats Malnutrition

Results attained to date with the USAID HIGHER (Haiti Integrated Growth through Hurricane Emergency Recovery) 2008 funding are on target. HIGHER has greatly improved the management of cases of severe acute malnutrition (SAM) among children less than 5 years with a weight/height ratio of less than 3 Z score despite the period of instability created by the January 12th earthquake.

Detection of Severe Acute Malnutrition in children less than 5 years old at 20 SDSH network sites October 2009-March 2010

Period	Children Screened	Moderate Acute Malnutrition (MAM)	Severe Acute Malnutrition (SAM)	Severe Acute Malnutrition with complication SAM/C
October 09	4,044	1,172	428	112
November 09	4,711	1,444	459	95
December 09	6,092	2,181	548	106
January 2010	5,557	1,925	443	108
February 2010	6,938	1,753	338	72
March 2010	7,709	##	423	70
	35,051	11,207 58.9%	2,639 7.5%	563 1.6%

All 147 SDSH network sites provide growth monitoring.

However, 20 sites have offered treatment for Severe Acute Malnutrition (SAM) with USAID funding since 2009. During the first semester of this Fiscal Year, 324,104 children under 5 years of age were reached by nutrition outreach programs at institutions and at the community level. This total represents 74% of the annual target of 440,000 children targeted by the Nutrition component of the SDSH Project. Among these children, 33,022 were screened for SAM.

The number of children under the age of 5 that have received one dose of vitamin A from SDSH is 223,342, or 65% of the annual target of 343,000. The Project has reached nineteen percent of the annual target for children who have received two doses of vitamin A (47,585 out of 257,000 children). The second dose is given four months after the first dose. A total of 2,322 children under age five have been treated with Ready to Use Food (RUTF), milk, F100, F75, and Vitamin A. Of these children 900 have been successfully treated. SDSH has distributed 11,912 food rations to children attending the program, and treated 4,340 children with Albendazole or Mebendazole.

At its 20 sites, the SDSH Network detected Moderate Acute Malnutrition amongst 33.1% of children under the age of 5, Severe Acute Malnutrition (SAM) in 7.6% and SAM with Complications in 1.6%.

To reduce low weight at birth and newborns exposed to greater morbidity and increased mortality, SDSH has distributed rations to 3,929 pregnant and 3,178 lactating women. Of the 20 sites that are monitoring activities, only six (6) have received expected food rations for the supplementation of pregnant and lactating women with a MUAC of less than 23 ml. Other sites have stopped screening activities because of lack of supplies for the targets identified. The beneficiary sites have distributed rations to 4237 pregnant women and to 2722 lactating women. The project continues efforts with agencies distributing food aid and other partners in search of food supplements for these two targets.

After January 12, 2010: SDSH Earthquake response



Please note: This section covers the period from January 12, 2010-may 31 in order to tell a consistent story.

After the Earthquake: SDSH Regroups, Responds and Focuses On Rebuilding

All of USAID/SDSH's staff survived the earthquake. Like everyone in Haiti, all suffered the consequences. The SDSH office was damaged and could not be used.

Within 12 hours the MSH home office had constituted an earthquake response group. Within 36 hours local SDSH and MSH earthquake response groups were formed. Within 48 hours all staff members had been located and accounted for. Within 6 days a temporary office space was created in an outdoor shelter. Within one month all staff members present in Haiti had resumed full time work and regular project functions were fully operational. By February 24th a new office had been located and renovation started, but SDSH is still operating in a temporary space.

Immediate Emergency Response

SDSH' accomplishes its central mandate of strengthening health systems to expand access to a quality package of basic integrated health care services by providing funding, technical support and limited equipment and supplies to local NGO partners and the MSPP who implement the program. SDSH also works with partner organizations such as the World Food Program UNICEF, UNFPA and international NGOs to provide complementary services and supplies to enhance its basic package of facility and community-based services. SDSH is not a relief organization, is not funded to purchase or distribute relief supplies and does not directly provide medical services. No additional funding was available to the project for direct emergency response. Its immediate response capacity was therefore limited to its existing human and material resources. Until a functional office was established all available SDSH staff participated in emergency response activities.

SDSH Staff responds to the crisis

Immediately after the earthquake and for up to 6 weeks thereafter, SDSH physicians and nurses worked alongside MSPP and foreign medical teams to offer emergency medical care and surgical services to hundreds of people injured in the quake. Other SDSH staff coordinated with the MSPP to disinfect areas in the hard-hit zones of Morne Lazaar where contaminated corpses are still under the rubble.

Many staff offered direct support, including supplies and shelter to affected people in their neighborhoods.

Central and departmental SDSH staff worked closely with UN and local organizations to mobilize and deliver emergency food rations and other supplies to key SDSH partners.

The project supported medical logistics, in health facilities and at the national and departmental levels, and provided vehicles to USAID for relief activities. The project also collaborated with UN agencies to conduct two surveys of medical services in camps for displaced people.

Senior project central and departmental staff reached out to the central and departmental MSPP, participating in post-quake coordination meetings, and participated in "Cluster" coordination meetings with UN and international relief agencies.

In many departments not directly affected by the quake, SDSH departmental advisors worked closely with MSPP leaders to mobilize health services to receive and care for refugees arriving from Port au Prince and other directly affected areas.

SDSH Focuses on Re-Establishing Functional Health Service Delivery

Realizing that emergency relief was not the SDSH mandate, and was being handled by a multitude of arriving organizations, SDSH leadership in consultation with USAID concluded that reestablishing existing systems was the priority for the project. This included:

- 1) Assuring continued funding availability to project and project partners
- 2) Reactivating contractual and results monitoring systems (performance based financing)
- 3) Initiating assessment of all SDSH supported Health facilities. The results shared with the MOH, USAID and international organizations.

Within the first few weeks, SDSH had re-established financial management, contracting and Information Technology functions as well as results monitoring. The most important contracts and financial records were located and relocated, emergency backup systems were activated; alternative temporary funding mechanisms were activated, including cash transfers from the US. The financial status of each partner institution was reviewed and arrangements were made to meet immediate needs and to receive statistical reports.

In February, SDSH undertook a full review of 119 project supported health care facilities including 45 of the 48 located in the geographical zones

directly affected by the earthquake, to determine the impact of the earthquake on the functionality of each facility in terms of infrastructure, human resources, availability of medicines, equipment and supplies, basic health services offered, patient load and health services provision to inhabitants of nearby displaced persons camps. The survey showed that only ten of these sites suffered no physical damage while 4 had been completely destroyed. Although many personnel had suffered the direct affects of the earthquake, almost all were working in their health facilities. Their level of productivity had been significantly reduced, however. At that time the great majority of SDSH-supported facilities had adequate pharmaceutical supplies, although stocks were low. The majority of sites were experiencing shortages of anti-tuberculosis medications and some reported a shortage of contraceptive pills. The majority of HIV patients expected during the time of the review reported to the sites and received their medications, however. Attendance at mother and child health services had dropped significantly from pre-quake levels in part due to the extended end of year vacations of staff and, significantly due to the cessation of community-based services in



many sites post-quake. Other than patients reporting for quake-related injuries, the majority of health facility visits showed a pattern similar to the pre-quake period with no noted increases in consultations for diarrhea, IRAs or fevers. At the time displaced persons in the camps had limited access to services, however the presence of displaced populations in health facility compounds as well as damage to infrastructure required modifications in service delivery locations and processes.

Recommendations included: rehabilitation of affected health facilities, provision of supplies and materials, relaunch of community-based services, including for displaced persons, and identification of resources for the psychological support of health personnel. SDSH, over time addressed many of these issues with its partner institutions whether through project resources or by facilitating partnerships with other organizations.

SDSH Interventions Revitalize the Integrated Basic Package of Services In Project Sites

HIV/AIDS and Tuberculosis

Despite the constraints of this period, SDSH exceeded nearly all of its HIV-related objectives. The months of January and February were spent in emergency planning and assistance to bring all affected SDSH sites back to functioning. Targeted assistance was provided to the partners in order to assure minimal interruption of the complete package of primary health services, including HIV/AIDS.

Maternal and Child Health

SDSH responded to the emergency needs of health facilities throughout its network to enable effective response to maternal and neonatal emergencies. SDSH worked with partner institutions, like DRI and the MSH sister projects, LMS and SCMS, to deliver materials and supplies to damaged health facilities and those responding to the needs of displaced populations.

Upon request of the Ministry of Health Direction of Family Medicine, SDSH provided substantial assistance to the country's largest maternity hospital, the State University Hospital of Haiti, to resolve problems that this facility faced following the earthquake. In this context, JHPIEGO provided a \$15,000 grant to motivate the return to work of medical residents in charge of maternal health services. The SDSH Project staff, assisted by experts from JHPIEGO sensitized medical residents and staff to return to the building and provide services in accordance with the standards of infection prevention to reduce maternal mortality. These teams also worked with medical residents and hospital staff at the HUEH maternity and operating rooms, in outpatient clinics (to resume prenatal and gynecological consultations, including management of rape and induced abortions commonplace in the IDP camps and temporary shelters); and provided materials and equipment for the management of obstetrical emergencies in collaboration with UNFPA.

As a result of these interventions no cases of maternal and neonatal deaths were recorded at this hospital from 12 January through the end of March 2010. In the maternity and operating rooms, 590 new pregnant women received prenatal consultations and 61 cesarean sections were performed, 360 deliveries were completed and 5 cases of post-abortion complications were treated.

Several new management tools were introduced. A selection of residents, nurses and midwife nurses received orientation on the use of the birth plan for pregnant women and all women seen in antenatal clinic received a birth plan. The WHO modified Partograph for managing childbirth was reintroduced and family planning services were integrated into maternal health services. Finally, a one year Maternity Strengthening Plan was developed to be presented in the near future to MSPP partners for approval and funding.

Community health volunteers were mobilized in Bel Air and St Martin to triage the immediate health needs of earthquake survivors and will continue to offer primary care services as survivors establish semi-permanent shelters, i.e., "tent cities," and 70 health agents in Leongane developed an emergency plan to provide community level primary health care with the Episcopal Church-Ste Croix.



**The Ministry of Public Health,
January 12, 2010**

**The Ministry of Finance,
January 12, 2010**



SDSH Participates in Coordination of Earthquake Response and Support to the MSPP

Directly after the earthquake and for many weeks thereafter organizations which habitually participated in the delivery of health services to the Haitian people, including SDSH and many other donor-funded projects, many UN agencies and bilateral donor organizations, local NGOs and the MSPP, were hampered in their ability to organize and lead the earthquake response, first by the damage and loss they had sustained, but, perhaps more importantly by the generous, massive and overpowering international response. While local organizations struggled to mobilize scant human, financial and material resources, international agencies, NGOs, governments and individuals poured into Haiti bringing personnel, money, materials and supplies. Only very gradually did a modest proportion of these resources come under the management of existing local organizations, including the MSPP, and SDSH.

While this international assistance was essential to relieve the immediate suffering and chaos resulting from the quake, was greatly appreciated and effectively mitigated the disaster's immediate impact, it also resulted in the sidelining of many of the people and organizations with intimate knowledge of the Haitian context, culture, established protocols and services, key local players and channels of communication, established networks and decision-making processes. Frequent rotation of international assistance personnel contributed to the challenge of coordination.

SDSH actively sought out potential partners among international relief organizations (and continues to do so) to complement its efforts to re-establish and remobilize existing service provision facilities. This effort has resulted in multiple collaborative interventions (see following section). After an initial period of participation in international relief "Cluster" coordination meetings coordinated by WHO/PAHO and other UN agencies, the project redirected its primary efforts to support of the MSPP and the promotion of increasing the Haitian "voice" in the relief and recovery response. MSPP staff participated actively in multiple MSPP coordination committees and supported MSPP-directed activities as resources permitted. Project staff facilitated communications between selected international NGO partners and MSPP officials and systematically encouraged their close collaboration with MSPP leaders and respect of official MSPP health protocols and strategies.



SDSH Provides Technical Assistance to MSPP Strategic Planning for Post-Emergency Transition Period.

The PDNA

As one result of the project's initial efforts to support international and MSPP coordination efforts, senior project staff were invited to be key participants in the PDNA/RF (Post Disaster Needs Assessment and Recovery Framework) process initiated in Haiti on February 18, 2010. The PDNA is a cross-sectoral assessment of disaster impact (damage, losses, and needs) supported by the World Bank, the European Commission and the UN system and, in Haiti, by the IDB (Inter-American Development Bank). It is a government-led analytical process, which forms the basis for identification of medium and long term recovery needs and results in a strategic "recovery framework" which is presented at a donor conference as the foundation for resource mobilization. For Haiti this donor conference, which united over 150 countries and international organizations, took place in New York on March 31 and resulted in pledges of \$9.9 billion in pledges over the next three years by 59 countries, of which \$5.3 billion for the next 18 months. The World Bank has been designated the fiscal agent for the Haiti Reconstruction Fund.

In the context of the "Action Plan for the Reconstruction and Development of Haiti" which resulted from the PDNA process, The MSPP has undertaken a process of detailed planning for the 18 month "Transition Phase" of the recovery effort. SDSH has been invited by the MSPP to participate in this planning process as one of only two non-donor partners. Senior SDSH staff has provided intense technical support for the development of the action plan process at both national and departmental levels, for the preparation of donor and NGO meetings to explain this process and for the implementation of Department level workshops. SDSH staff will continue to provide support to the MSPP as members of the technical advisory group to the Ministry's .

Promoting the "Haitian voice" in international Haiti recovery conferences and meetings

Parallel and related to the support for the PDNA process, SDSH has proactively sought opportunities to promote greater inclusion of Haitians and the representatives of the Haitian government, in particular, in recovery planning and strategy decision-making processes at the international level. Within the first few weeks, SDSH staff kept the MSPP informed of developments in the international community and encouraged inclusion of MSPP officials in international coordination meetings and Clusters. SDSH staff also participated in NGO coordination meetings occurring in the United States by phone. The principal messages communicated at these meetings were:

1. "Remember that there were successful health programs in place before the earthquake that should be built on for reconstruction. There is no need to start from scratch."
2. "Remember that earthquake response should be led by, or at a minimum, coordinated with, the national authorities."

MSH headquarters supported these efforts by the Haiti team and also participated as MSH in numerous international meetings related to the Haiti earthquake. One important activity occurred in March a week before the New Your Donors meeting related to the PDNA. Two senior member of the SDSH team attended a series of Haiti related information sharing events organized by MSH in Washington D.C. On March 22, 2010, MSH hosted a congressional reception, *The Health of Haiti*, on Capitol Hill in conjunction with the House Foreign Affairs Western Hemisphere Sub-committee. Representatives Yvette Clarke and Diane Watson attended the reception and spoke about their commitment to the success of Haiti. SDSH and MSH leaders spoke about their experience in Haiti and shared their perspectives on needs and priorities. Posters developed by SDSH for the project-sponsored “Success Fair” which had been canceled due to the earthquake, were used to inform guests about successful health interventions in Haiti prior to the quake.

Additional presentations were organized for USAID/Washington Health sector staff. The team then attended an NGO coordination meeting organized by InterAction, a coalition of humanitarian and development organizations and the American Red Cross. SDSH Haitian staff were able to give firsthand accounts of the country, an input greatly appreciated by many of the NGOs present who had not had much experience in Haiti, but were just now focusing their attention on the country. Later on the eve of the March 31 donors meeting, the three MSH and SDSH representatives attended a daylong meeting in New York with senior international policy makers in charge of international Haiti reconstruction efforts to discuss recommendations offered to the global donor community for Haiti reconstruction.

The week of Haiti engagement offered SDSH/MSH and SDSH/MSH field staff the opportunity to share their stories, and contribute their perspective to international strategic thinking related to health issues in Haiti.



Centre de santé Léon Coicou
ABRICOTS, DÉPARTEMENT GRANDE ANSE
POPULATION DESERVIE : 12.000 HAB.

**Offrir des kits postnatals aux nouvelles mères,
une autre manière de promouvoir la consultation postnatale**



D É F I

- Dans la section communale d'Anse-du-Clerc, commune des Abricots : comment promouvoir un changement de comportement chez les nouvelles accouchées quand leurs croyances leur dictent de garder la maison pour une prise en charge traditionnelle afin de récupérer de l'accouchement?



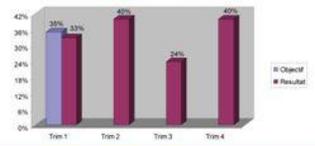
STRATÉGIES GAGNANTES

- Renforcement des séances éducatives sur l'importance de la consultation postnatale et sur la promotion des bonnes pratiques d'hygiène du nouveau-né à travers toutes les activités communautaires y inclus les visites domiciliaires ciblées.
- Distribution de kits postnatals aux femmes ayant complété leur consultation postnatale.

RÉSULTATS

- Au cours de l'année 2008 – 2009, grâce à cette initiative, le nombre de consultations postnatales est passé de 68% à 116% du 3ème trimestre (Avril – Juin) au 4ème trimestre (Juillet – Septembre).

Accouchées bénéficiant d'une consultation postnatale
Période : Oct. 08 – Sept 09



Trimestre	Objectif (%)	Résultat (%)
Trim 1	32%	32%
Trim 2	32%	40%
Trim 3	32%	24%
Trim 4	32%	40%



LEÇON APPRISE

- En réponse à la situation économique précaire des ménages, un incitatif peut servir d'appât pour passer des messages et informations visant un changement de comportement et aidant à vaincre, dans une certaine mesure, des croyances ancrées depuis des générations dans la vie quotidienne des communautés.



La Santé
à l'heure du **Développement**

SDSH Partnerships Provide Resources for More Substantial Project Engagement in Emergency Response and Reconstruction.

From the first week after the disaster, SDSH staff actively sought opportunities to partner with newly arriving emergency response NGOs whose efforts were compatible with the SDSH philosophy that emergency response must build on what exists in order to build for the future while responding to current needs. The earthquake presented opportunities for exponential growth in SDSH matching funds partnerships, and brought about an approximate 400% increase in additional matching and leveraged contributions. Care was taken that these activities did not undermine SDSH capacity to fulfill its obligation to meet project objectives. Multiple activities were completed and many are ongoing.

Feed The Children / Foundation Hands of Love:

After the first agreement in 2009 that established a partnership for a deworming program for children from 5 to 15 years in schools and health centers, FTC and SDSH entered into a new agreement after the earthquake for the donation of 20 tons of foodstuff to compliment SDSH activities. In addition, an important stock of Vitamin A has also been donated by FTC to the SDSH Project and this has helped to overcome the insufficient availability of this micronutrient that occurred both at the MSPP and at UNICEF.

International Rescue Committee and PAHO

Through an agreement signed between SDSH, International Rescue Committee (IRC) and PAHO, a rapid assessment has been completed in 206 camps in the seven communes of the Metropolitan area to evaluate gaps and difficulties in access to PHC services, to give feedback to the MSPP and other donors, and to contribute to the allocation of funds to meet the observed and documented health needs. The results of these assessments constituted the basis to organize needed services for the people living in these camps and semi-permanent shelters through mobile health teams and the establishment of a referral system to health facilities and hospitals in the vicinity.

DRI (Direct Relief International)

This partnership resulted in emergency response to 40 public and private health facilities in earthquake affected areas, and 55 shipments of more than 230 tons of requested medicines and supplies. After the earthquake, a new MOU was signed between Kombit Sante, MSH and DRI, specifically to respond to emergency care for victims of the disaster, from February 2010 to March 2012. Immediately after the Earthquake, DRI launched a massive Emergency Medical Assistance Response to Haiti.

Most of the major hospitals, such as the State University Hospital, Centre de Diagnostic et de Traitement Intégré (CDTI), University Hospital La Paix, Hôpital de la Communauté Haïtienne, were overwhelmed with hundreds of patients, volunteers from several nations. Unsolicited donations created serious bottlenecks and threatened to slow needed treatment. DRI's support was critical in helping solve logistical problems, in getting medicines and supplies to health care providers as quickly as possible, and in establishing a warehouse. They also provided support to PROMESS and were joined by some staff of SCMS in managing the emergency assistance and helping control the supply chain, taking this burden off the healthcare facilities, thus allowing them to focus on patient care.

With the support of FedEx planes, DRI brought 55 shipments, equivalent to 230 tons or 350 pallets of prescription drugs and medical supplies from January to April 2010. This effort has been unprecedented in the 62 year history of FedEx and amounted to nearly \$38.5 Million at the end of April. SDSH introduced its new partner to the MSPP to formalize a relationship with the Government of Haiti. A negotiation process has started and will lead to capacity building of the MSPP in Disaster Relief Preparedness targeting staff training in the Direction of Pharmacy. DRI also plans to expand its Hurricane Preparedness Program to include distribution of needed aid in Haiti, from three facilities in 2009 to five.

PADESS

PADESS and SDSH collaborated on renovations of the Ministry of Public Health Southeast Department Office and joint evaluations of three departments (West, South East, and Nippes)

The following donations are underway and will be received soon:

Containers to Clinics

To replace health facilities damaged by the earthquake, SDSH entered into an agreement with this Massachusetts-based organization that resulted in deployment of the first modular unit made of outfitted containers to replace damaged health facilities. The prototype modular unit is made from two 8'x 20' recycled shipping containers, retrofitted to house two examination spaces in the first one, and a small pharmacy and a diagnostic laboratory space (in an L-shape design), connected by a canopy to serve as a shaded patient waiting area. In the back, there is resting space for the clinic staff.

This four-way agreement has been passed between Grace Children Hospital; Containers to Clinics; AmeriCares, providing lab equipment and medicines; and SDSH, responsible for overseeing the medical staff and the reporting systems. Grace Children Hospital is already supported technically and financially by SDSH. The plan is well underway for the

first modular unit to be installed in the second semester of 2010. A period of observation and monitoring will be needed to make eventual adjustments and modifications to the operations of the clinic, before considering deployment in several areas of the country if funding becomes available.

AmeriCares

This partner provides donations of medical equipments and pharmaceutical supplies to the project and is a co-partner in the Containers to clinics effort.

Pure Water for the World:

PWW is a longstanding SDSH partner to provide safe drinking water to schools, health facilities and communities as well as deliver a hygiene education program to teachers, children and their families. The January, 2010 Earthquake resulted in a complete stop of all activities and the departure from Haiti of the two new PWW staff. Most schools collapsed in Cité Soleil during the Earthquake and the majority of installed filters have been destroyed. PWW is in the process of resuming work in this commune, since the Government ordered schools to resume their activities. By end of April 2010, filters have been installed at 309 of 450 schools targeted, 50 health facilities, and 249 households, surpassing the goal of 200 households.

The SDSH Project works closely with other donors and other USAID Projects to promote synergy and complementarity of Project activities. Principal among these collaborators are UNFPA, UNICEF and the World Food Program, each of which provide materials and supplies as well as technical collaboration in support of SDSH activities. A close working relationship is also maintained with the USAID-funded LMS and SCMS Projects for logistics management and with PSI, CHAMP, CDC and others for Family Planning, HIV/AIDS and related activities.

Annex 1.

Evolution of the Results of the SDSH Project, October 1, 2009 through March 31, 2010

Note: Matching Funds Partnerships indicators include progress through April, 2010

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct 09 – Mar 10	Assessment of Results	Comments/ Recommendations
HIV & AIDS						
3.1.1.9 (F)	Number of service sites providing the minimum package of PMTCT services according to national and international standards	#	19	21		
3.1.1.10 (F)	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	#	40,000	21,766	Achievements reach beyond the 20,000 reference mark for the semester.	
3.1.1.10.a	Number of HIV-positive pregnant women enrolled in PMTCT	#	1,000	444	The achievements are below the 500 reference mark for the semester.	

3.1.1.10.c	Number of newborns of HIV-positive mothers benefiting from pediatric care	#	400	207	Objective (200) for the period reached	
3.1.1.11	Number of diagnosed HIV-positive pregnant women having received ARV prophylaxis in a PMTCT setting	#	700	303	The achievements are below the 350 reference mark for the semester.	
3.1.1.12 (F)	Number of health workers trained in the provision of PMTCT services according to national and international standards	#	35	15		The training was conducted by the INHSAC in November 2009. Participants came from the following sites: 6: Anse à Veau, Petit Trou and Azile (Nippes) 1: AEADMA (Grand Anse) 8: St Michel de l'Attalaye, Marmelade and Raboteau (Artibonite)
3.1.1.13 (F)	Number of sites providing counseling and testing according to national and international standards	#	24	30		
3.1.1.14 (F)	Number of people who received counseling and testing for HIV and received their test results	#	75,000	42,116	Achievements beyond the 37 500 reference mark for the semester.	Of 42,116 people tested, 14,641 or 35% are men and 27,475 or 65% of women

3.1.1.14.a	Number of HIV-positive individuals tested for TB	#	3,000	909	The achievements are far below the 1500 reference mark for the semester.	Of the 909 HIV positive patients tested for tuberculosis, 353 or 39% were men and 556 women or 61%
3.1.1.16 (F)	Number of people trained in counseling and testing (training has to be realized by another agency - targets determined by the implementation agency directly funded by USAID)	#	30	3		The training was conducted by INHSAC in November 2009. The three (3) participants were from the Department of Nippes (Anse à Veau, Petit Trou de Nippes and L'Asile)
3.1.1.17 (F)	Number of sites providing ART	#	6	6		
3.1.1.18 (F)	Number of people newly placed on ARV during the reporting year	#	700	381	Achievements beyond the 350 reference mark for the semester.	Among the 381 patients newly placed on ART, 160 or 42% were men and 221 or 58% were women. In addition, 14 or about 4% of these 381 were under 15 years of age.
3.1.1.18.a	Number of individuals who have received ART during the year	#	3,534	3,194	90% of annual target achieved	Of the 3194 patients who received ARVs, 1251 or 39% are male and 1,943 or 61% are women. In addition, 173 of these 3,194 or about 5% are under 15 years

						of age
3.1.1.19 (F)	Number of people receiving ART at the end of the reporting period	#	2,650	2,139	81% of annual target achieved	Among the 2139 active patients on ARVs by the end of the period, 805 or 38% are male and 1,334 or 62% female. In addition, 129 of these 2139 or about 6% are under 15 years of age
3.1.1.19.a	Percentage of individuals placed on ARV and found still in active treatment at the end of the reporting period	%	80%	67%	More than 10% to the annual target.	
3.1.1.20	Number of health workers trained to deliver ART services	#	15	--		
3.1.1.21 (F)	Number of sites providing treatments for TB to HIV-positive patients	#	20	13		
3.1.1.22 (F)	Number of people provided with HIV-related palliative care (including those co-infected with TB and HIV)	#	13,000	12,315	Annual target achieved at 95%. Strong possibility to reach the target if the trend continues.	Among the 12,315 patients who received palliative care, 4415 or 36% are male and 7,900 or 64% are women. In addition, 720 of these 12,315 or about 6% are under 15 years of age.
3.1.1.22.a	Number of sites offering a complete clinical package of palliative care to HIV-positive people	#	20	17		

3.1.1.23 (F)	Number of HIV-positive individuals receiving treatment for both TB and HIV	#	700	97	The achievements are far below the 350 reference mark for the semester.	Among the 97 patients treated for both TB and AIDS, 53 or 55% are men and 44 or 45% are women. In addition: 2 of those 97 or about 2% are under 15 years of age.
3.1.1.24 (F)	Number of people trained to provide HIV palliative care (including TB/HIV coinfection)	#	50	4		The training was conducted by INHSAC in November 2009. Participants came from the following departments: Nippes: 3 (Anse Veau, Petit Trou de Nippes and L'Asile) Grand' Anse: 1 (AEADMA)
3.1.1.29 (F)	Number of laboratories with capacity to perform (a) HIV tests and (b) CD4 tests and lymphocyte tests,	#	35	30		
3.1.1.30	Number of people trained in the provision of laboratory-related services	#	10	20		
3.1.1.31 (F)	Number of tests performed at supportive laboratories: (a) HIV testing (b) TB diagnostics (c) Syphilis testing	#	207,660	115,815	The achievements far exceed the 103 830 reference mark per semester.	

	(d) HIV disease monitoring					
TUBERCULOSIS						
3.1.2.1 (F)	Rate of TB Notification	% ⁰⁰⁰⁰	103% ⁰⁰⁰⁰	--		Results to be provided on an annual basis
3.1.2.1.a	Rate of detection of TB	%	35%	--		Results to be provided on an annual basis
3.1.2.3 (F)	Number of people trained in DOTS	#	20	--		
3.1.2.4 (F)	Percentage of TB patients who were tested for HIV and received their results	%	40%	28%	The achievements far exceed the semester's 20% reference mark	Numerator:: 558 (number of TB cases tested for HIV) Denominator: 1997 (number of TB cases detected)
3.1.2.4.a	Number of TB patients who were tested for HIV and received their results	#	1,735	558	The achievements are far below the semester's 868 reference mark.	Male: 281 Female: 277
3.1.2.5 (F)	Percentage of laboratories performing TB microscopy with over 95% correct results (the validation tests will be carried out by the National laboratory in accordance with its mandate)	%	>95%	--		Results to be provided on an annual basis
3.1.2.6 (F)	Percentage of the estimated number of new TB cases	%	75%	38%		

	detected under DOTS					
3.1.2.6.a	Number of sites offering integrated TB services (HIV and TB) (<i>detection only with referral for treatment</i>)	#	30	17		
3.1.2.6.b	Number of people trained for TB and HIV testing	#	30	—		
3.1.2.6.d	Number of people trained in TB and HIV testing	#	30	—		
MATERNAL HEALTH						
3.1.6.3 (F)	Number of postpartum newborn visits during the 3-day interval following child birth	#	45,000	22,613	Achievements beyond the semester's 22 500 reference mark.	
3.1.6.4 (F)	Number of prenatal care visits with skilled providers	#	245,000	109,697	The achievements are below the semester's 122,500 reference mark.	
3.1.6.4.a	Percentage of pregnant women having the first prenatal visit during the first trimester of pregnancy	%	40%	33%	The achievements far exceed this semester's 20% reference mark	Percentage calculated on the annual target basis represented by the number of pregnant women attending first antenatal visit. Numerator: 14,429 (number of pregnant women attending first antenatal visit during

						<p>the first trimester of pregnancy)</p> <p>Denominator: 43,621 (number of pregnant women attending first antenatal visit)</p>
3.1.6.4.b	Percentage of pregnant women who have had at least three prenatal visits	%	55%	20%	The achievements are below the semester's 27% reference mark.	<p>Percentage calculated on the annual target basis</p> <p>Numerator: 21,820 (number of pregnant women who had three prenatal visits)</p> <p>Denominator: 109,392 (number of pregnant women expected)</p>
3.1.6.4.c	Percentage of pregnant women who have received a second dose or a recall dose of tetanus vaccine	%	75%	34%	Period's objective (38%) not reached	<p>Percentage calculated on the annual target basis</p> <p>Numerator: 37,414 (number of pregnant women who received a second dose or booster dose of tetanus vaccine)</p> <p>Denominator: 109 392 (number of pregnant women expected)</p>

3.1.6.4.d	Percentage of pregnant women making a birth plan	%	85%	36%	The achievements are below the semester's 42.5% reference mark.	Percentage calculated on the annual target basis Numerator: 39,323 (number of pregnant women with a birth plan) Denominator: 109,392 (number of pregnant women expected)
3.1.6.5 (F)	Number of people trained in maternal and newborn health (women and men)	#	100	--		
3.1.6.6 (F)	Number of deliveries with a skilled birth attendant—TBAs not included	#	12,000	6,269	The achievements exceed this semester's 6,000 reference mark	
3.1.6.6.b	Number of deliveries with assistance of a health facility based skilled birth attendant	#	60,000	26,708	The achievements are below the semester's 30,000 reference mark.	
3.1.6.6.c	Percentage of new mothers who have had postnatal consultations	%	35%	18%	Period's 17.5% objective reached	Percentage calculated on the annual target basis Numerator: 19,219 (number of new mothers who received a postnatal consultation in the span of 0-42 days after birth) Denominator: 109 392 (number of new, others expected)

3.1.6.6.d	Percentage of sites that have at least one maternal health committee in their service area	%	50%	5%		The results are expected to improve with the start of the "Local Health Task Force.
3.1.6.6.e	Number of malnourished pregnant women and lactating mothers enlisted in the nutrition program	#	--	3,366		
3.1.6.6.f	Number of pregnant women and lactating mothers who received food supplementation	#	2,000	1,301	65% of the annual target reached	Pregnant women: 813 Breastfeeding women: 488
3.1.6.6.g	Number of mothers and childcare givers receiving nutritional counseling	#	67,000	53,423	80% of the annual target reached	
3.1.6.18 (F)	Number of health facilities renovated to improve maternal health services offered	#	10	1		A total of twelve (12) sites were to benefit renovation. Work progress is presented below: Corail (public site): Quote completed and submitted to SDSH Contracts Office FONDEFH/ Martissant service site (PPS): Work completed but building damaged by the 12 January earthquake. New work in progress

						<p>PPS SADA / Matheux: First disbursement made</p> <p>Public sites (PPS) Bainet/Bahot and and Brésilienne: Quotation ready</p> <p>PPS Dondon / St Raphael: File completed, submitted to the project's Contracts office</p> <p>Public site (PPS) at Ile-à-Vache: File Completed/ Approval of Development Plan to be given by the Departmental Director</p> <p>Public site (PPS) Cornillon: Work completed but the building damaged afterwards by the January 12, 2010 earthquake. Evaluation for new renovation to be presented</p> <p>PPS Petit Bourg du Borgne and Borgne: Quotation Approved / Funds transfer to be</p>
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						done
CHILD HEALTH						
3.1.6.2	% of children 0-11 months fully vaccinated	%	85%	43%	Period's objective of 42.5% reached	Percentage calculated on the annual target basis Numerator: 40,979 (number of 0-11 months old children fully immunized) Denominator: 95,978 (number of children aged 0-11 months)
3.1.6.7 (F)	Number of people trained in child health care and nutrition	#	300	--		
3.1.6.11 (F)	Number of children reached by nutrition programs	#	440,000	324,104		
3.1.6.11.a	Percentage of weighings for children under five years of age that indicate a weight-to-age ratio equivalent to low weight-for-age, very-low-weight for age.	%	13%	13%		The percentage of weighing with weight / age equivalent to LWA and VLWA remains within expected limits. Numerator: 135,075 (number of LWA and VLWA among children less than 5 years old children weighed).

						Denominator: 1,025,473 (number of under 5 year old children weighings done).
3.1.6.11.b	Percentage of weighings for children under five years of age that show evidence of severe malnutrition	%	3%	3%		Numerator: 30,808 (number of VLWA among children under 5 years weighed) Denominator: 1,025,473 (number of weighings done for children under 5 years)
3.1.6.11.c	Percentage of weighings for children under five years of age that show high risk of severe malnutrition	%	10%	10%		<u>Numerator: 104 267</u> <u>(number of LWA in</u> <u>children under 5 years</u> <u>weighed)</u> <u>Denominator:</u> <u>1,025,473 (number of</u> <u>weighings done for</u> <u>children under 5 years)</u>
3.1.6.11.c	Number of children under 12 months who received DPT3	#	90,000	68,371		
3.1.6.12 (F)	Number of children 0-11 months who received DTP3	#	99,000	47,433	The achievements are below the reference mark of 49,500 for the semester.	

3.1.6.13 (F)	Number of children under five years of age who received vitamin A	#	343,000	223,342	65% of annual target achieved		
3.1.6.13. a	Percentage of children under five years of age who received vitamin A	%					
3.1.6.13.b	Number of children under five years of age who received two doses of vitamin A	#	257,000	47,585	19% of the annual target achieved	The second dose of Vitamin A is given four months after the first dose.	
3.1.6.14.a	Number of mothers and childcare givers educated on the prevention of diarrhea (exclusive breastfeeding, hygiene and drinking water)	#	67,000	59,636	89% of the annual target achieved		
3.1.6.14.b	Number of mothers and childcare givers educated on the management of diarrhea (signs of danger and oral rehydration)	#	67,000	59,636	89% of the annual target achieved		
3.1.6.14 (F)	Number of cases of childhood diarrhea treated (institutional and community level)	#	NOT IN CURRENT M&E Table				
3.1.6.19 (F)	Number of cases of pneumonia in children under five years of age treated with antibiotics	#	7,000	7,750		The data validation process is underway. Data from October 2009 to March 2010 for HCH and from October 2009 to April 2010 from HAS have been already corrected. Which	

						explains the number of reported cases to decrease from 8,265 to 7,750
REPRODUCTIVE HEALTH AND FAMILY PLANNING						
3.1.7.2 (F)	Total number couple-years of protection (CYP)	#	260,000	117,398	Achievements are below the 139,000 reference mark for the semester.	NGO Sector: 80 765 Public Sector: 36 633
3.1.7.3 (F)	Number of people trained in FP/RH (women and men)	#	100	20		This training was done in December 2009 by the SDSH project staff through a partnership with the WINNER project Men: 1 Women: 19
3.1.7.3.a	Number of people trained in offering longer term FP methods	#	50	0		
3.1.7.5 (F)	Number of people who have seen or heard a specific FP/RH message	#				
3.1.7.6 (F)	Number of policies or guidelines developed or changed to improve access to and use of FP/RH services	#	1	0		

3.1.7.8 (F)	Number of supported PPSs providing FP counseling or services	#	142	142		
3.1.7.8.a	Percentage of PPSs offering at least five FP methods, of which two are longer term	%	45%	49%		<p>Numerator: 70 (number of service sites (PPS) with 5 FP methods including 2 long-term methods)</p> <p>Denominator: 142 (number of sites/PPS offering counseling or family planning services)</p>
3.1.7.10 (F)	Number of PPSs reporting stock-outs of any contraceptive commodity during the reporting period	#	15	28		
3.1.7.12 (F)	Number of sites with improved management information systems	#	6	--		
3.1.7.13 (F)	Proportion of total modern contraception prevalence rate for long-term or permanent methods	%	13%	13%		<p>The 13% of total users include 7% of of Norplant users and 6% of Voluntary Surgical Contraception (CCV)</p> <p>Numerator: 29,277 (number of users of permanent and long-term FP methods)</p>

						Denominator: 221 361 (number of FP users)
3.1.7.13.a	% of people in reproductive age using a modern family planning method	%	27%	24%		<p>Numerator: 221,361 (number of FP users)</p> <p>Denominator: 924,086 (number of women aged 15-49 expected)</p> <p>Long term Method 13% i.e. 6% of long-term and 7% of Norplant. Users of short-term methods represent 87% of total users.</p> <p>Furthermore, 22% of users are under 25 years and 34% are men</p>
3.1.7.13.b	Percentage of Depo-Provera users who respect the procurement delays	%	905%	92%	THIS INDICATOR IS MISSING ON THE NEW REPORT	<p>Numerator: 91,184 (number of Depo users in November 2009 who have met their procurement delay in March 2010, The number of November 2009 Depo users not re-provisioned in March 2010 is 7,865)</p>

						Denominator: 99,049 (number of Depo users in the month of November 2009)
3.1.7.13.c	Number of FP users	#	162,000	84,506		In addition, 39,283 new users are men and the number of new users under 25 years is 34,491
3.1.7.14	Number of new sexually transmitted infection cases detected and treated	#	45,000	17,989		
STRENGTHENING OF MSPP EXECUTIVE FUNCTIONS						
FE.1	Number of health departments with major donor coordination mechanism	#	6	6		
FE.2.a	Percentage of departments implementing the approved strategic plan	%	100 %	100%		
FE.3	Number of Integrated Communal Plans being implemented with the support of the project (technical and/or financial assistance)	#	65	56		The 56 communes are thus distributed, by department: <ul style="list-style-type: none"> • Aritbonite : 8 • Center : 4 • Grand'Anse: 4 • Nippes : 3 • North: 9 • North-East: 7 • Northwest: 4 • West: 10 • South: 5 • South-East: 2

FE.3.a	Number of departments implementing a supervision plan for the provision of services	#	10	10		
FE.4	Number of <i>zones ciblées</i> funded via performance-based funding	#	12	0		The PBF program could not start as planned in January 2010 as a consequence of the 12 January earthquake. It should start in May 2010.
FE.4.a	Number of Zones Ciblées (ZC) that have benefited from the minimum package of services supported by the project	#	29	31		The Dondon and St Raphael communes are no longer part of the CBP network. They are now supported by the MSPP and receive technical and financial assistance from SDSH. Starting May 2010, they will be funded on the performance basis.
FE.5	Number of departments in which the new financial and accounting management system has been set up	#	10	0		Training sessions on the use of QuickBooks software has been organized for staff of the departments of Artibonite, North and South-East in 2009.. A training session planned for late January 2010, for the Center, Nippes and

						South staff of health departments had to be postponed due to the earthquake.
FE.6	Number of communes, counting <i>zones ciblées</i> , where an information system for provision of services has been set up and is in use	#		29	IS THIS ZERO? THE CELL TO THE LEFT WAS BLANK – Please restore numbers (or no #) as in the initial M&E Report	
FE.7	Number of departments supported to operationalize the national HIS	#	6	0		The support for the implementation of the routine health information system in the health departments has been planned. Under the implementation plan, a training of trainers on data collection and reporting was scheduled to be executed at the SDSH project office early February 2010. Because of the January 12, 2010 earthquake, this training has been postponed..
OTHER DOMAINS						
AD.1	Percentage of Haitian population served by project	%	50%	40.3%		

AD.2	Number of departments in which trained youth groups are integrated into and support the project activities	#	6	9		In three (3) other departments (Nippes, North-East and Northwest), FOSREF and SDSH have identified youth to be trained as peer educators to organize Sexual and Reproductive Health Services (SRH)
AD.3	Number of private sector partners providing support (in-kind or monetary) to implementation of the project activities	#	--	41		<p>List of partners that provided support to the project.:</p> <ul style="list-style-type: none"> • Pure Water for the World (PWW) • Konbit Sante • Mercy Hospital / AMHE / AMH / SOSHADEF • Caris Foundation • ACDI / PADESS • ACDI / PALIH • ACDI/PARC • UNIBANK FOUNDATION • Feed the Children/ Foundation Hands of Love • Compagnie Ayikodans • Direct Relief International (DRI) • UNICEF • Fonds d'Assistance Economique et Social (FAES) • PAM • Methodist Church of Haiti

						<ul style="list-style-type: none"> • Church of the Nazarene of Haiti • Episcopal Church of Haiti • Wesleyan Church of Haiti • International Child Care • Containers To Clinics • International Rescue Committee (IRC) • PAHO • Project Concern International (PCI) • 18 other SDSH network NGO and ZC partners
AD.4	Number of sites certified as 'youth friendly' by the Youth from the Youth-SDMA	#	10	10		
AD.5	Percentage of matching funds received	%	20%	98%		<p>The "Matching Fund" amounts to 50 145 665.28 U.S. dollars.</p> <p>This overachievement is justified by a significant contribution from 2 SDHS partners during this semester</p> <p>Following the 12 earthquake of January 12, 2010, DRI, KS and SDSH signed a new MOU for the February 2010 - March 2011</p>

						<p>period. This agreement focuses on relief and reconstruction in the field of health.</p> <p>40 public and private sectors service sites (PPS) have received donations of medicines, materials and equipment, amounting to a total of 38.5 million U.S. dollars.</p>
AD.6	Number of areas of activity where at least on site (school or PPS) has clean water	#	450 schools, 41 PPSs, 200 families	309 schools, 41 PPSs, 249 families		The activities could not continue as planned, because of difficult operating conditions caused by the 12 January earthquake
AD.7	Number of high-visibility events organized	#	--	1		Presentation of some SDSH successes in Primary Health SDSH through 15 posters explaining "Winning Strategies". Washington DC March 2010.
AD.8	Number of "success stories" transmitted to USAID	#	12	3		
AD.9	Number of supported sites and visibly showing the sign/logo « USG- Ed Pèp Ameriken »	#	147	10		<ul style="list-style-type: none"> • AEADMA (<i>Grand-Anse</i>) • Fort St Michel (<i>North</i>) • La Fossette (<i>North</i>) • Fort Liberté (<i>North - east</i>) • Ouanaminthe

						<p><i>(North -east)</i></p> <ul style="list-style-type: none"> • FONDEFH/Martissant <i>(West)</i> • CS Aurore du Bel Air <i>(West)</i> • ICC/GCH <i>(West)</i> • Centre de Santé Lumière <i>(South)</i> • Hôpital Bonne Fin <i>(South)</i>
AD.9.a	Number of local health task force active	#	20	0		<p>Nine (9) of ten (10) departments have been visited by a consultant hired to evaluate and document the process followed by the departmental teams for the implementation of the LHT. This tour has led to the following progress update:</p> <p>Seventeen (17) out of 20 umbrella organizations targeted have been identified but the supporting documents needed (minutes of meetings, selection grid) were not available. However at the end of the quarter, most departments were able to set up complete files and some organizations have prepared and submitted applications for grant request.</p>

						<p>The establishment of "Local Health Task Force" has been discontinued during the second quarter due to the emphasis on post-earthquake evaluation of service delivery sites.</p>
AD.10	<p>Number of sites making available the full array of standard (BCC) et PSPI education materials</p>	#	100	0		<p>Participation in working sessions of the Task Force set up by USAID for the production of outreach materials for FP in USG-supported service areas: 2 posters, a brochure and two radio spots developed by partners have been revised, finalized and ready for production in January 2010.</p> <p>Through collaboration with IYCN, an initial assessment was conducted at three (3) sites (Borgne, L'Asile and SADA). The findings were discussed with the project team; proposals and recommendations were to be reflected in the final report. It must be stressed that the talks with the MSPP to take</p>

					<p>the next steps have not progressed.</p> <p>Meanwhile, an alternate plan has been developed to facilitate the development of educational materials on nutrition.</p> <p>The ten (10) audio spots to promote Maternal Health and PMTCT developed last quarter, have been tape recorded and their distribution plan has been developed.</p> <p>The twelve (12) first mini-series scripts have been revised, the comments provided to the ENARTS for their finalization. The steps have been undertaken to prepare their taping.</p> <p>The brochure was reviewed and the comments discussed with the firm responsible for its production.</p> <p>The 12 January 2010 earthquake has resulted in significant</p>
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						<p>changes in action plans, with priority being given to the situation assessment and to emergency response.</p> <p>The preliminary version of the brochure has been pre-tested in the field. The results of the pretest were analyzed with the firm responsible for designing the brochure. The findings were used to prepare the final version.</p> <p>The synopsis of the mini movie and documentary have been revised and discussed with the Representative of the ENARTS responsible for their completion.</p>
AD.11	Number of departments that have executed their communication plans	#	6	0	.	<p>The project has contributed financially to the execution of CCC activities through its partner institutions.</p> <p>Departments have benefited indirectly from SDSH technical support through the assistance provided to the PNLs (National Aids</p>

						<p>Program) and DPSPE/MSPP:</p> <p>Standardizing of the Training Curriculum on Inter Personal Communication (IPC).</p>
AD.12	Number of GUCs awarded	#	40	0		<p>The SDSH project has received a number of applications for grants from various community organizations throughout the 10 departments. The process of evaluating these applications began during the first quarter but was discontinued because of the new priorities to deal with the post-seismic situation..</p>

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