

SDSH Semi-Annual Report: October 1, 2008 – April 30, 2009

April, 2009

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Santé pour le Développement et la Stabilité d'Haiti — SDSH

Semiannual Progress Report October 1, 2008–April 30, 2009

Contract No.: GHS-I-00-07-00006-00

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**Santé pour le Développement et la Stabilité d’Haïti (SDSH)
Semiannual Progress Report – English Version**

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About the Project

In August 2007, the US Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a contract for the implementation of a new task order, the *Santé pour le Développement et la Stabilité d’Haïti* (SDSH) Project. This task order, in line with the 2006–2009 USAID country program for Haiti, addresses the Health Program Area under the category “Investing in People.” The SDSH Program fits within the New Strategic Framework for U.S. Foreign Assistance, to “help build and sustain democratic, well-governed states that will respond to the needs of their people and conduct themselves responsibly in the international system.”

Within the five Priority Objectives of USAID, SDSH contributes to that of increased access to quality basic social services (Services SO). The SDSH Project and its all-Haitian team are working to increase availability of essential social services, reduce internal conflict, enable productive livelihoods that contribute to Haiti’s economic development, and build capacity as the foundation for progress.

The technical assistance delivered under this task order targets approximately 50 percent of the Haitian population and aims to increase their use of a package of integrated basic health services that includes maternal and child health care, including nutrition, family planning services, and prevention and control of infectious diseases, including HIV & Acquired Immunodeficiency Syndrome (AIDS) and tuberculosis.

Demographic targets for SDSH 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. Women and youth are targeted as both beneficiaries and participants. Geographic targets include all 10 departments (but SDSH is not a national program) and a special focus under this task order is to support the improvement of stability.

The SDSH team focuses efforts in three areas:

- *Service Delivery*—to increase access to and use of the Government of Haiti’s basic health care package.
- *Support to the Government of Haiti*—by strengthening the leadership of the Ministry of Public Health and Population (MOH) (*Ministère de la Santé Publique et de la Population-MSPP*) for 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.

Both public and private, nonprofit sector health care delivery will be strengthened as well as the Haitian health ministry’s ability to carry out its executive functions at the central and departmental levels.

MSH implements project activities through Performance Based Financing sub-contracts with 26 local NGOs (non-governmental organizations), which will go on to become additional sources of technical assistance, and, through the MOH in 29 targeted geographical areas known as “Zones Ciblées”. SDSH currently works with a total of 147 public and private health facilities and 3,941 community health posts (See Annex 2 for a summary of SDSH current sites and Project-supported health personnel).

Within the last year and a half the context of the project has changed as the constitutional government newly installed in 2006 has evolved. In consultation with USAID, SDSH continues to adjust its implementation strategy and targets in response to these changes.

At Project start-up key conditions included:

- Constitutional governance had resumed in June 2006;
- The “*Plan National pour la Réforme du Secteur Santé*” (National Plan for Health Sector Reform—PNRSS) was to be put into place;
- The Government of Haiti’s (GOH’s) “*Déclaration de Politique Générale*” (Declaration of National Policy) expressed a commitment to:
 - provide a minimum package of health services to the population,
 - keep a focus on the process of decentralization,
 - promote participation and partnership at the local level,
 - strengthen local institutional and management capacity, and
 - improve governance and donor coordination;
- GOH priorities, the MOH plan, and USAID SOs were mutually consistent; and
- Previous USAID efforts had laid a strong foundation (Departmental Strategy and *Zones Ciblées*) for SDSH to build on.

Haiti Context Today:

- The MOH “*Réalignment de la Réforme du Secteur Santé*” (Realignment of Health Sector Reform) is now on hold ;
- The emphasis is on the *Document de Stratégie Nationale pour la Croissance et la Réduction de la Pauvreté* (DSNCRP) (Document for the National Growth and Poverty Reduction Strategy) ;
- The MOH is being restructured;
- The trend is towards reduced autonomy of departmental level; and
- After the August and October, 2008 cyclones, the post-disaster impact continues to be felt.

At the end of February, 2009, USAID amended the SDSH Project contract to set up a mitigation program to respond to the emergencies created by the hurricanes. This activity is taking place in health facilities damaged by the 2008 hurricanes that are currently being supported by USAID through SDSH.

Overarching strategies for SDSH project implementation include:

- Continuous focus on results and sustainable impact;
- Strategic partnerships engaging stakeholders at all levels;
- Short-term visible and measurable results while building local capacity;
- Linkages and synergies among groups, sectors, and USAID’s Strategic Objectives; and
- Health as an important catalyst to improve collaboration and strengthen governance.

SDSH is implemented through an MSH-led partnership of Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), AIDS Healthcare Foundation (AHF), JHPIEGO, and *Fondation pour la Santé Reproductrice et l’Education Familiale* (Foundation for Reproductive Health and Family Education—FOSREF) with USAID, the Government of Haiti, local NGOs, community leaders, and the commercial private sector.

REPORT OVERVIEW

This semiannual progress report covers the period from October 1, 2008 to April 30, 2009 (the first part of Project Year— PY-2).

The report is submitted in compliance with Section C. XXII Contract Management and Reporting Requirements, Section F.2 Deliverable Schedule and Reporting Requirement of the project task order. It includes the following:

- Highlights of progress to date in the execution of the Milestones Plan in relation to PY2 planned key interventions and expected results;
- A data table summarizing MSH semiannual performance;
- Annexes providing details of various project achievements.

The data table and written report summarizing semiannual performance are based on the indicators and targets of the monitoring and evaluation (M&E) plan.

A Results Overview provides a summation of key results overall and is followed by a more detailed presentation of expected results and key interventions included in the Milestones Plan for PY2 grouped into the following four categories, which provide the structure for this report:

- 1) *Integrated Delivery of Health Services* – Review and reinforcing the organization of health services offered in all SDSH supported sites in order to maximize both access to and use of services, including efforts to achieve the best possible results in all Integrated Package of Priority Services(IPPS) (*Paquet de Services Prioritaires Intérgés— PSPI*) components especially in Maternal and Child Health, HIV/AIDS, Tuberculosis and Reproductive Health (Family Planning..FP) despite multiple constraints;
- *MOH Executive Functions/Decentralization* – Assisting MOH National and Departmental Directorates in finalizing the development of and implementing the 2008-2009 Integrated Departmental Plan (*Plan Départemental Intégré-PDI*), strengthening their *executive functions and increasing their managerial capacity*, especially for three managerial systems: drug logistics, financial management, and the monitoring system;
- *Public-Private Partnerships and Strengthening the Technical Global Development Alliance—with the aim of (a) promoting corporate social responsibility, (b) increasing the number of public-private alliances in support of the health sector, (c) improving donor coordination; and*
- *Communications and Public Relations* – to inform key stakeholders and the public of (a) USAID’s assistance and contribution to Haiti’s health sector, and (b) MOH’s initiatives, interventions and successes.

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ACRONYMS AND ABBREVIATIONS

ADS	<i>Agents de Santé</i> health agents (community level)
AEADMA	<i>Association d'Entr'Aide des Dame-Mariens</i>
AIDS	Acquired immunodeficiency syndrome
AMH	<i>Association Médicale d'Haïti</i> (Haitian Medical Association)
ARV	Antiretroviral
BCC	Behavior change communication
CCV	<i>Contraception Chirurgicale Volontaire</i> (voluntary surgical contraception)
CDC	Centers for Disease Control
CDS	<i>Centres pour le Développement et la Santé</i> (Centers for Development and Health)
CM	Community mobilization
CPR	Contraceptive prevalence rate
CPN	<i>Consultation Prénatale</i> (Prenatal Consultation)
CSR	Corporate Social Responsibility
CTD	<i>Conseiller Technique Départemental</i> (Field Technical Advisor, SDSH)
DD	Departmental Directorates
DPT	Diphtheria, Pertussis Tetanus (vaccination)
DSA	<i>Département Sanitaire de l'Artibonite</i> (Artibonite Health Department)
DSC	<i>Département Sanitaire du Centre</i> (Center Health Department)
DSN	<i>Département Sanitaire du Nord</i> (North Health Department)
DSNCPR	<i>Document de Stratégie Nationale pour la Croissance et la Réduction de la Pauvreté</i> (National Growth and Poverty Reduction Strategy Document)
DSNE	<i>Département Sanitaire du Nord-Est</i> (North-East Health Department)
DSNO	<i>Département Sanitaire du Nord-Ouest</i> (North-West Health Department)
DSO	<i>Département Sanitaire du Ouest</i> (West Health Department)
DSS	<i>Département Sanitaire du Sud</i> (South Health Department)
DSSE	<i>Département Sanitaire du Sud-Est</i> (South-East Health Department)
EOC	Emergency Obstetric Care
FAES	<i>Fonds d' Assistance Economique et Sociale</i> (Economic and Social Assistance Fund)
FONDEFH	<i>Fondation pour le Développement et l'Encadrement de la Famille Haïtienne</i> (Foundation for the Development and Support of the Haitian Family)
FOSREF	<i>Fondation pour la Santé Reproductrice et l'Education Familiale</i> (Foundation for Reproductive Health and Family Education)
FP	Family planning
GUC	Grant Under Contract
HAS	Hôpital Albert Schweitzer (Albert Schweitzer Hospital)
HIGHER	Haiti Integrated Growth through Hurricane Emergency Recovery
HIS	Health Information System
HIV	Human immunodeficiency virus
HUEH	<i>Hôpital de l'Université d'Etat d'Haïti</i> (Haiti State University Hospital)

ICC	International Child Care
IPPS	Integrated Package of Priority Services
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics (now known as JHPIEGO Corporation)
LWA	Low weight-for-age
M&E	Monitoring and evaluation
MEASURE	Monitoring and Evaluation to Assess and Use Results (USAID)
MEBSH	<i>Mission Evangélique Baptiste du Sud d'Haïti</i>
MOU	Memorandum of Understanding
MOH	Ministry of Public Health and Population
MSH	Management Sciences for Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i> (Ministry of Public Health and Population)
NSP	Nutritional Support Program
OBCG	Œuvre de Bienfaisance de Carrefour et de Gressier
ORS	Oral rehydration salts
PADESS	<i>Projet d'Appui au Développement du Système de Santé</i>
PAHO	Pan American Health Organization
PDI	<i>Plan Départemental Intégré</i> (Integrated Departmental Plan)
PEPFAR	President's Emergency Plan for AIDS Relief
PIMUD	<i>Prise en Charge Intégrée en Milieu Urbain Défavorisé</i> (Case management –of TB-in poor urban areas)
PLWHA	People living with HIV & AIDS
PMP	Project Milestones Plan
PMS	<i>Paquet Minimum de Services</i> -(Minimum Package of Services)
PMTCT	Prevention of Mother to Child Transmission (of HIV/AIDS)
PNLT	<i>Programme National Lutte contre la Tuberculose</i>
PNRSS	<i>Plan National pour la Réforme du Secteur Santé</i>
PPS	<i>Point de prestation de services</i> (service delivery point)
PSPI	<i>Paquet de Services Prioritaires Intégrés</i> (Integrated Package of Priority Services)
PWW	Pure Water for the World
RH	Reproductive health
RNDI	<i>Réseau National de Distribution des Intrants</i> -National Materials and Supplies Distribution Network
SDMA	Service Delivery and Management Assessment Protocol
SO's	Strategic Objectives (United States Agency for International Development)
STI	Sexually transmitted infection
TB	Tuberculosis
TBA	Traditional birth attendant
UCGAT	<i>Unité de Coordination et de Gestion de l'Assistance Technique</i> (Management and Coordination Unit, SDSH)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPE	<i>Unité de Planification et d'Evaluation</i> (Planning and Evaluation Unit, MOH)
USAID	United States Agency for International Development
USG	U.S. Government

VCT	Voluntary counseling and testing
VLWA	Very Low weight-for-age
WFP	World Food Program
WHO	World Health Organization

RESULTS OVERVIEW

During the first seven months of project year two, SDSH made significant progress toward target indicators despite the disruptive and distracting effects of the 2008 Cyclones which caused considerable devastation in Haiti, including in SDSH project areas. As a result of these natural disasters, SDSH received additional funding to participate in the USG emergency response, including the Haiti Integrated Growth through Hurricane Emergency Recovery (HIGHER) activities to address maternal and child malnutrition, thus adding a significant project component.

SDSH was able to surpass some project annual targets within these months as well as achieve such significant progress in other areas as to be able to project a surpassing of annual targets during the second half of PY2.

Results Highlights

Annual Health Targets already achieved or likely to be surpassed by the end of PY2:

Achievement	Annual Target	Result
Maternal Health		
Number of deliveries assisted by trained Traditional Birth Attendants (TBAs)	44,250	31,538
Number of post-partum newborn visits during three day interval	30,000	24,245
Percentage of pregnant women making a birthplan	50%	41%
Number of people trained in maternal and newborn health	300	328
Child Health		
Number of children under 5 years reached by the nutrition program	323,800	320,290
Number of children under 1 year provided with DTP3	90,000	68,371
Number of children under 5 years of age who received vitamin A	314,100	214,734
Reproductive Health and Family Planning		
Number of people trained in offering longer term FP methods	50	53
Proportion of total modern contraception prevalence rate for long-term or permanent methods	15%	14%
Total number couple-years of protection	232,000	147,511
HIV/AIDS and TB		
Number of sites offering the minimum package of PMTCT services according to national and international standards	15	28
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25,000	26,053
Number of HIV+ pregnant women enrolled in PMTC	1000	572
Number of people who received counseling and testing for HIV and received their results	60,000	53,539

Number of individuals who have received ART	2,686	2,432
Number of people provided with HIV-related palliative care	8,000	9,690
Number of HIV-positive individuals receiving treatment for both HIV and TB	600	650
Strengthening of MOH Executive Functions		
Percentage of Departments implementing approved strategic plan	100%	100%
Number of departments implementing a supervision plan for the provision of services	6	9
Number of communes where an information system for service provision has been set up and is in use	40	31
Partnerships and Matching Funds		
Number of private sector partners providing support (in-kind or monetary) to implementation of project activities	20	26

Success in many of the clinical components is a result of a strategy that emphasizes partnerships between health care facilities and members of the community, especially trained community health agents and trained traditional birth attendants (“matrones”). This partnership allows for a diversification of strategies to identify and follow-up people at risk (high risk pregnancies, malnourished children, PLWHA) and assure that preventive services are made available to those who need them (vaccinations, prophylactic HIV treatment, including Community PMTCT, prenatal care, FP), as well as to provide education and counseling to encourage clients to seek both preventive and curative care at health facilities when necessary and to adopt healthy behaviors. Strategies include door-to-door visits, community level service provision at “rally posts”, mobile clinics and mini-campaigns.

This mobilization of the community in partnership with fixed site health personnel has been strengthened through the development and launching of Behavior Change Communication (BCC) and Community Mobilization (MC) strategies in support of the Integrated Package of Priority Services. Related BCC/CM messages and tools were updated and disseminated to select service personnel and communities. Youth needs are being specifically addressed through the formation of Youth groups and training of youth peer educators. Youth have also been trained to participate in implementation of the youth service delivery component. The project is now developing youth friendly integrated reproductive health services.

Principal Results: Support to the MOH
<ul style="list-style-type: none"> *10 Departmental Plans developed and implemented *31/60 communes developed and implemented Integrated Communal Plans *31/40 communes, incl. <i>zones ciblées</i>, information systems functional *Performance Based Financing for public sector: concept paper done and shared with MOH

Support has been provided directly to the central levels of the MOH, especially the Direction of the Pharmacy and Medications and to the Human Resources Donor Coordination Technical Group. Also in each of the 10 Departments SDSH technical and financial advisors provide direct support to the Departmental Directorate of the MOH.

Matching funds

*Number of partnerships: 26 – surpassing the target of 20 for this semester

*Total value of leveraged resources (funds, materials, technical assistance): almost \$6.9 million (80% of the amount specified by USAID by the end of PY3)

Challenges and Opportunities

The greatest challenges during this period continue to be related to maternal health. Few deliveries are assisted by trained medical personnel, as the majority of Haitian women continue to deliver at home. In part because of the constraints of distance and available transportation, few women make a prenatal visit to a health facility during their first trimester of pregnancy and few women make a post-partum visit within 3 days of their child's birth. A second, related challenge is the still relatively modest rate of contraceptive prevalence, especially in areas served by public sector health facilities.

Indicator	Target	Result
Number of deliveries assisted by trained personnel	18,680	7,551
Number of first prenatal visits during the first trimester of pregnancy	40%	26%
Percentage of new mothers who have had postnatal consultations	35%	19%
Percent of people of reproductive age using a modern contraceptive method	27%	22%

These challenges are being partially addressed through the community-based strategies mentioned above. Further planned actions include:

- a BCC campaign to promote facility-based deliveries,
- improvement of Family Planning (FP) services and quality at all public sites,
- assuring a regular supply of commodities to avoid stock-outs, and
- a public campaign by the MOH to promote FP service utilization.

Another challenge is reaching the goal of 50% coverage of the population. In part because of the performance-based financing strategy, SDSH has occasionally been obliged to end or suspend a partnership with one of the NGO sub-contractors for lack of performance. While every attempt is made to work with these NGOs to enable them to improve performance and maintain their partnership status, poor quality services are not accepted. SDSH is studying ways of responding to these realities while increasing service coverage. At present 43 percent population coverage is being achieved.

The TB program has been slow to achieve its targets due to limited funding. The Global fund no longer supports TB activities in Haiti and USAID funds are limited to HIV/AIDS resources. However, SDSH continues to collaborate with the MOH to scale up services through short term technical assistance.

In general, the SDSH project has performed above expectations and exceeded targets to increase use of a package of integrated basic health services during the first semester of the 2008–09 fiscal year. However, SDSH will continue strengthening performance in the following areas: (a) HIV & AIDS, ARV prophylaxis to HIV-positive pregnant women and HIV testing of TB patients by targeting more highly populated areas than in the first semester of PY2, (b) improving third prenatal consultation (*Consultation Prénatale #3—CPN3*) and vaccinating of pregnant women and infants against tetanus, and (c) improving the structure of the FP program in the *zones ciblées*, while continuing to increase the supply of long-term methods in NGOs.

Increased focus will also continue on implementation of Behavior Change Communication (BCC) and Community Mobilization (MC) strategies in support of the components of the Service Package at the local level. SDSH will continue to support strengthening of MOH managerial functions including through continued participation on the National Committee for the Support of the Health Information System (*Comité National d'Appui au Système d'Information Sanitaire* – CONASIS) created by the MOH.

SERVICE DELIVERY OVERVIEW

Table 1. The Integrated Package of Priority Services Supported by SDSH



Service Component	Number of PPS Where Available
Child Survival	142
Maternal Health	147
Family Planning	142
Tuberculosis	57
HIV/AIDS and VCT	28
HIV/AIDS and PMTCT	28
HIV/AIDS and palliative care	17
HIV/AIDS and ARV prophylaxis	5

Through 147 sites or PPS (French acronym for service delivery points, *points de prestation de services*), SDSH has made available to the Haitian people an Integrated Package of Priority Services including child survival, maternal health, FP, and prevention and treatment of infectious diseases including HIV & AIDS and TB.

Table 2. Description of Elements of the Integrated Package of Priority Services Supported by SDSH

Section	Elements
Child survival	<ol style="list-style-type: none"> 1. Complete immunization of children under one year of age 2. Prevention and management of diarrhea and diarrheal dehydration among children under five years of age 3. Growth monitoring and nutritional status of children under five years of age 4. Prevention and management of pneumonia in children under five years of age 5. Prevention of xerophthalmia among children ages 6–59 months 6. Community education and mobilization
Maternal health	<ol style="list-style-type: none"> 1. Pregnancy monitoring 2. Delivery assistance 3. Monitoring of mothers and newborn babies 4. HIV testing 5. Prevention of mother-to-child transmission (PMTCT)

	6. Community education and mobilization
Family planning	<ol style="list-style-type: none"> 1. Public Awareness and education of clients 2. Counseling 3. Clinical evaluation 4. Supplying FP methods 5. Following up on clients 6. HIV testing and prophylaxis
HIV & AIDS	<ol style="list-style-type: none"> 1. Promotion of HIV prevention and testing 2. Voluntary Counseling & Testing (VCT) 3. PMTCT (counseling, testing, and ARV prophylaxis) 4. Palliative care for people living with HIV & AIDS (PLWHA) 5. Antiretroviral therapy (ART)
Support systems	<ol style="list-style-type: none"> 1. Health information management 2. Human resources development 3. Accounting and financial management 4. Pharmaceutical supplies and materials management 5. Waste management and infection prevention

The distribution of PPS by geographical department is presented in table 3. Table 4 shows the target population by department, and figure 1 is a graphic summary of the percentage totals from table 4.

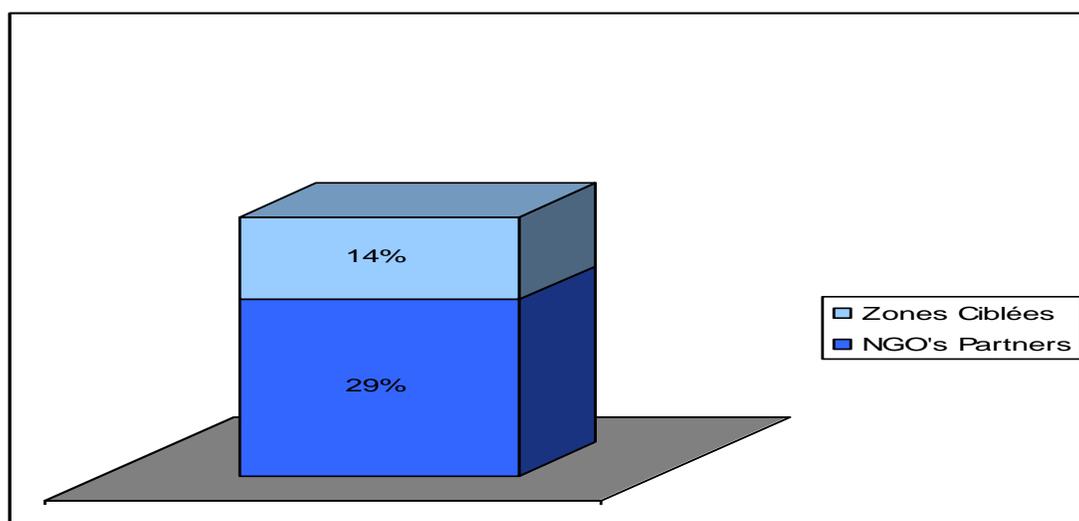
Table 3. Number of Institutions, PPS by Health Department, October 2008

Department	NGO		Public Sector		Total PPS
	Institutions	PPS	Zones Ciblées	PPS	
Artibonite	3	16	4	11	27
Centre	1	4	3	8	12
Grande-Anse	4	5	2	2	7
Nippes	—	—	3	9	9
North	4	8	2	8	16
Northeast	1	4	3	6	10
Northwest	1	1	3	14	15
South	2	7	2	2	9
Southeast	1	1	1	7	8
West	11	28	6	6	34
Total	26^a	74	29	73	147

^a Note that NGOs total 26 instead of 28 because CDS, an NGO partner, is present in three departments.

Table 4. Total Population by Department and Population Covered by SDSH, 2009

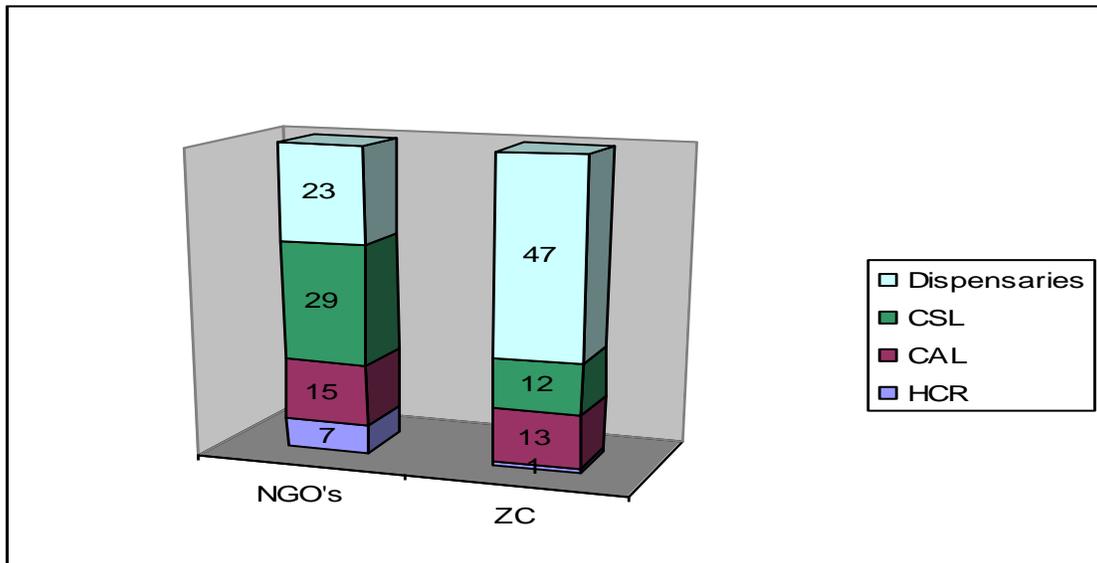
Department	Total Population (number)	Population Covered					
		NGO		<i>Zones Ciblées</i>		Global Network	
		Number	Percent	Number	Percent	Number	Percent
Artibonite	1,431,994	322,762	22.5	310,000	21.6	632,762	44.1
Centre	648,424	45,245	7.0	148,390	22.9	193,635	29.9
Grande-Anse	386,496	239,899	62.1	42,676	11.0	282,575	73.1
Nippes	280,319	—	0.0	113,276	40.4	113,276	40.4
North	896,813	376,481	42.0	104,195	11.6	480,676	53.6
Northeast	345,222	161,820	46.9	78,307	22.7	240,127	69.6
Northwest	590,013	22,190	3.8	79,903	13.5	102,093	17.3
South	663,825	102,789	15.5	38,311	5.8	141,100	21.3
Southeast	515,512	30,909	6.0	66,134	12.8	97,043	18.8
West	3,618,437	1,407,151	38.9	299,450	8.3	1,706,601	47.2
Total	9,377,055	2,709,246	28.9	1,280,642	13.7	3,989,888	42.6



Percentage of Haiti's population served by SDSH, NGOs, partners, and zones ciblées, October, 2008 through April, 2009

Table 5. Division of PPSs by Category and Type of Institution

Category	Institution		
	NGOs	Zones Ciblées	Total
Community hospital as reference (HCR)	7	1	8
Health center with beds (CAL)	15	13	28
Health center without beds (CSL)	29	12	41
Outpatient clinics (dispensaries)	23	47	70
Total	74	73	147



**Number of service delivery sites by category for NGOs and Zones Ciblées:
October, 2008 through April, 2009**

ACHIEVEMENTS AND CHALLENGES BY SERVICE DELIVERY COMPONENT

Child Health



Successes in this project component have been achieved in the following areas:

- Expanded community surveillance capacities and training of community health workers and mothers in how to identify and treat dehydration at home, and what symptoms require medical attention at a hospital or other health facility;
 - 68,371 Children Under 12 months received DTP3 vaccination against a PY2 goal of 90,000;
- 320,290 children under 5 years reached by the nutrition program, against the annual goal of 323,800;
 - Continuation of the Safe Water component in collaboration with Pure Water for the World as part of the Corporate Social Responsibility (CSR) Initiative:
 - To date this effort has made safe water available in 454 select schools. (surpassing goal by 4 schools), 41 Service Delivery Sites (PPS), and 184 families in SDSH areas.
 - Training of school teachers and principals in safe water and sanitation practices (e.g. hand-washing, proper use of wells and other water sources) to pass along to children and their families.

Challenges include a) a lack of availability of oral rehydration (ORS) packets, b) insufficient distribution system for EPI commodities, and c) the interdiction (by the MOH) of ARI treatment at the community level by community health agents.

Maternal Health

Successes in this component include:

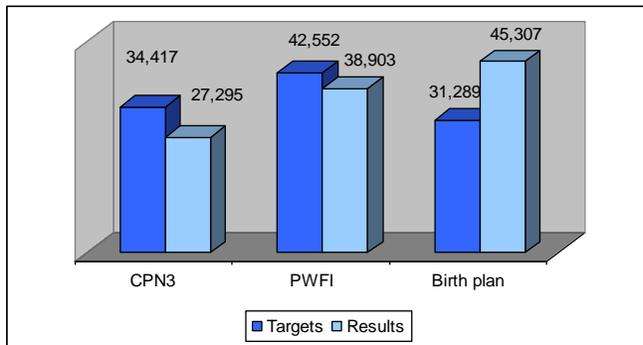
- 31,538 deliveries with assistance of a trained *matrone* (Traditional Birth Attendant) against a PY2 goal of 44,538;
- Training of *matrones* and incentives for accompaniment of pregnant mothers to health facilities for safe delivery, especially for high risk deliveries;
- 328 people trained in maternal and newborn health, surpassing goal of 300 for PY2;
- 41% of pregnant women are making a birth plan, against goal of 50% by end of PY2;
- Improvement in the number of women having a first prenatal consultation (*Consultation Prénatale # 1*— CPN1) during the first trimester of pregnancy and *vaccinating pregnant women against tetanus*.

It remains a challenge to get pregnant women to a health facility for prenatal care, delivery and post-natal care, but steady improvement of care is occurring through the *Matrone* program.

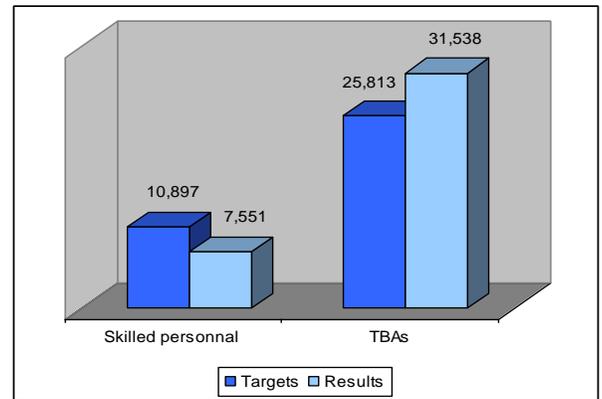
Goals for PY 2 in addition to those listed in Annex 1 include:

- Community workers will execute 30,000 postnatal home visits;

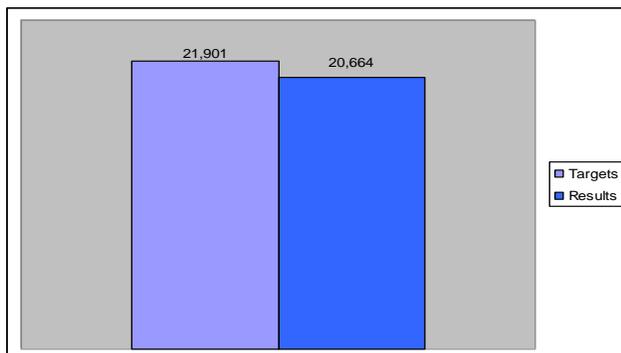
- All service providers will be adequately trained to provide a full package of Maternal and Neonatal Health (MNH), reproductive health, EOC (Emergency Obstetric Care), PMTCT and Family Planning services;
- All sites will have structured and supervised TBA programs linked to institutional services;
- A “Birth-preparedness” Plan will be developed for each pregnant woman in all PPS;
- Local Community groups (local Health Task Force) will be trained to support the “birth-preparedness” initiative, facilitate transfers of pregnant women to fixed health facilities, and reduce the three “delays” (The woman’s decision to seek care in a health facility, the availability of affordable and timely transportation and the availability of trained personnel, equipment and supplies for safe delivery);
- Technical assistance will be provided to strengthen PMTCT interventions (including a sub-component of Community PMTCT) in at least 19 sites while capacitating service providers at targeted sites in the management of newborns and infants of HIV+ mothers; and
- Concerted efforts will be made to continue strengthening the TBA program and effectively linking it to service delivery sites in the context of EOC and PMTCT, and to expanding the Birth Planning Strategy.



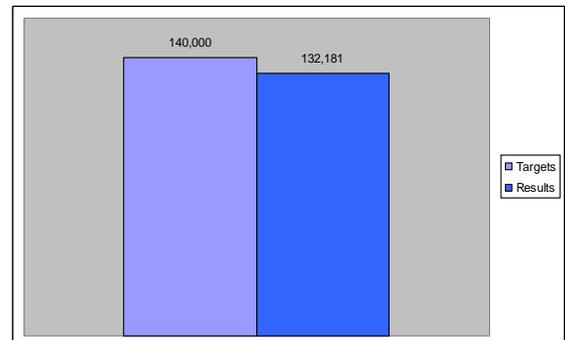
Number of prenatal clinical visits 3 (CPN3), pregnant women fully immunized and birth plan: October, 2008 through April, 2009**



Number of deliveries supervised by skilled personnel and by TBAs: October, 2008 through April, 2009**



Number of mothers provided with postnatal care: October, 2008 through April, 2009**



Number of prenatal visits by skilled personnel: October, 2008 through April, 2009 **

** Target prorated for 7 month period

Family Planning, Reproductive Health, and Youth

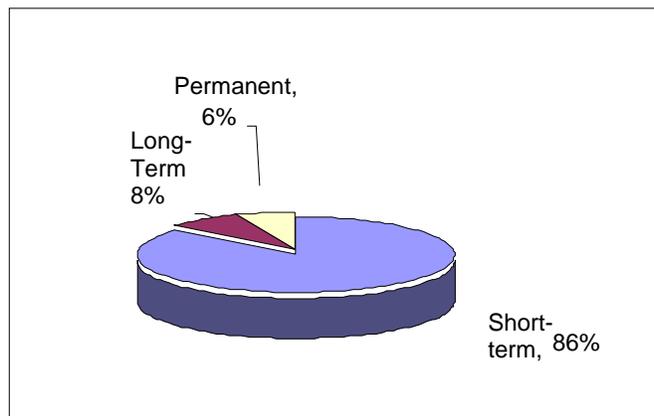
Successes in this project component include:

- 1) Proportion total of modern contraceptive prevalence rate for long-term or permanent method has reached 14%, relative to a PY2 goal of 15%. For the semester, 6 percent of the women used permanent methods and 8 percent used Norplant (See figure 21). This has been the result of an innovative strategy of using mobile clinics to both deliver services and train fixed site providers;
- PY2 goal of people trained in offering long term FP methods has been surpassed by 6%;
- Youth groups are engaged in peer education and six centers have been selected from which to provide youth-friendly and appropriate family planning services;
- At the service delivery level, family planning is being integrated with MCH, HIV/AIDS, postpartum care, and postnatal care; and
- Family Planning Departmental Day has been introduced and launched with 28 “mini-workshops” in 8 Departmental Directorates, with a goal of 10 DDs for PY2.

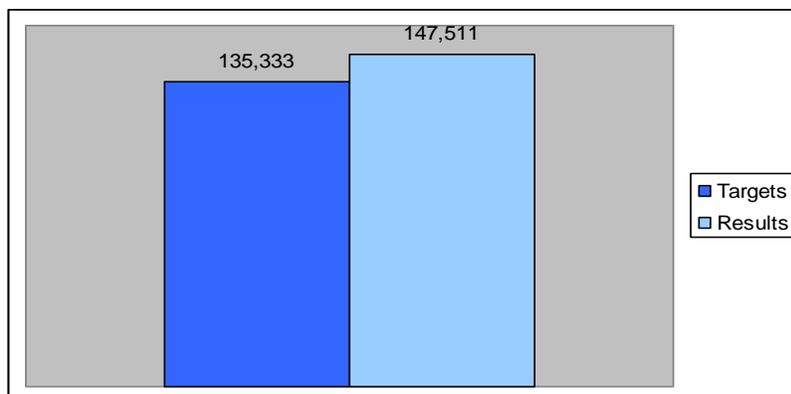


However, the challenges remain substantial: currently there are only 89,937 FP new users in project areas against the PY2 goal of 134,200. Modern contraceptive prevalence in the project areas is at 22% of people of reproductive age compared to PY2 goal of 27%. Contraceptive prevalence is especially low in zones covered primarily by MOH managed health services. The structure of the FP program in the *zones ciblées* must be further strengthened.

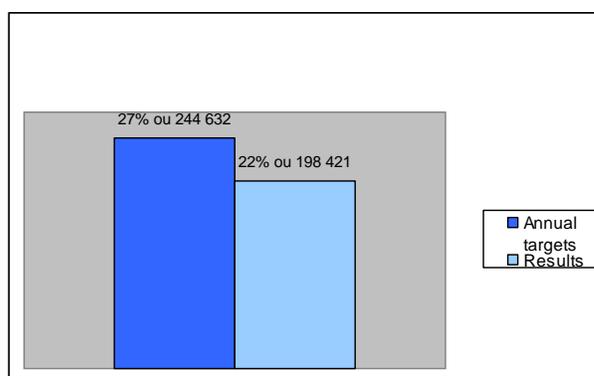
SDSH continues to develop innovative strategies for increasing contraceptive prevalence, especially through community-based services and youth-friendly programs. The diversification of the method mix and expansion of access to services remain priorities.



Percentage of modern FP users, by type and method:
October, 2008 through April, 2009



Couple years of Protection: Comparison of expected results for October, 2008 - April, 2009 and actual results for the period.**



Number and % of modern PF users: Oct., 2008-April, 2009

**Target prorated for the 7-month period

Youth

Youth will not only be beneficiaries and full participants of SDSH, but instrumental in the development and implementation of key project components.

For the first phase of this activity, successes include:

- 120 peer educators have been tasked to fully participate in this project's implementation by participating in nine-day training sessions to launch awareness initiatives aimed at mobilizing the youth in their communities.
- Training of peer educators has been completed at all sites, to be followed by the training of providers, formally selected by the participating health institutions.
- 217 peer educators conducted a structured assessment of all the selected sites.
- Six sites were selected to organize and maintain youth-friendly services.

Selected Youth –Friendly Reproductive Health Sites

North East: CMS Ouanaminthe

Artibonite: Hospital Claire Heureuse, Marchand Dessalines

South : Centre de Santé Les Anglais

West : FONDEFH Martissant, Port-au-Prince , FONDEFH Ste Elisabeth, Carrefour Feuilles

Grande-Anse : AEADMA, Dame-Marie

After the profound disruption caused by the four hurricanes that hit Haiti during August and September 2008, MSH and FOSREF had to wait for the roads to be repaired. A structured assessment was completed by 217 peer educators from October through December, 2008 of all the selected sites surrounding 10 SDSH-supported health institutions. An adapted Service Delivery and Management Assessment (SDMA) protocol and pathfinder guide for assessing youth-friendly clinics and health institutions was used. With field support from all Departmental Technical Advisers, a formal presentation to the SDSH technical team of the findings and recommendations by FOSREF took place in January, 2009 at MSH. The discussions generated by the conclusions of the assessment led to a joint selection of six sites with the greatest potential for rapid success in organizing and maintaining youth-friendly services responsive to the sexual and reproductive health needs of adolescents and young adults of both sexes.

In the next phase, from May to September, 2009, renovations will be completed before opening the centers to offer youth-friendly services. Efforts are under way to develop and reproduce health education materials including posters and flyers targeting the specific needs of youth.

By design, MSH is developing the youth component with a vision that goes beyond the supply of sexual and reproductive health services, through a holistic and comprehensive approach to enable the youth to adopt appropriate practices and more responsible behaviors as productive and law-abiding citizens, future parents, and balanced individuals aware of their environment and of the imperative of social and economic development in a democratic society.

The SDSH program places a special emphasis on holistic care, human dignity, effective internal and external referral mechanisms, appropriate infrastructure, and availability of material and equipment required by the norms

HIV/AIDS and Sexually Transmitted Infections

Successes in this SDSH Project component include:

- As the result of partnerships with Caris Foundation and Johns Hopkins University), PCR-DNA testing was successfully piloted to allow for expansion of early diagnosis of newborns within two weeks so treatment may begin promptly.
- 26,053 women have received HIV counseling and testing for PMTCT and received their test results, surpassing goal of 25,000 counseled and tested.
- 53,539 people received HIV counseling and testing, with the projection of surpassing the goal of 60,000

for PY2.

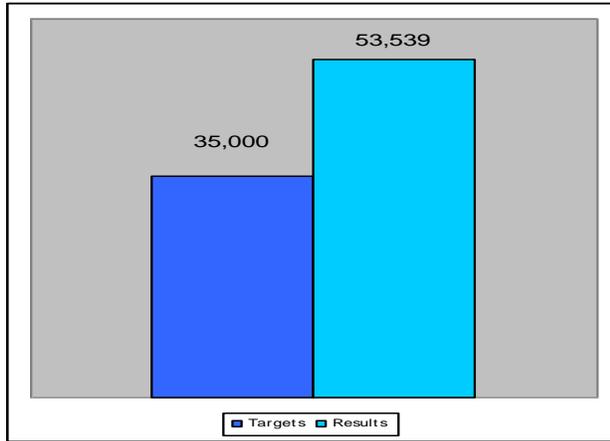
- The goal of 8,000 people (including those co-infected with TB and HIV) provided with HIV-related palliative care has been surpassed; 9,690 were provided with these services.
- The minimum package of PMTCT services conforming to national and international standards is offered in 28 sites, nearly double the annual goal of 15 sites.
- 57% of the annual goal of 1000 of HIV-positive pregnant women enrolled in PMTCT has been achieved.

Challenges include:

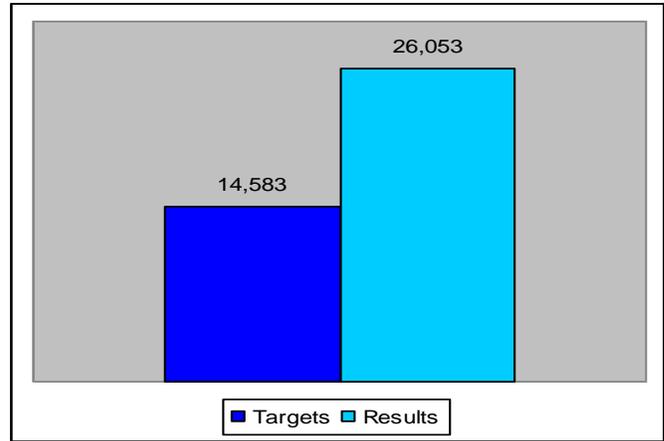
- HIV and AIDS service delivery is still excessively medicalized and vertical.
- Meeting goals for numbers of pregnant women and newborns completing PMTCT prophylaxis is difficult in part due to the prevalence of home births and the insufficient

quantities of pediatric dosages. The project is testing an innovative strategy of Community-based PMTCT which is meeting with initial success.

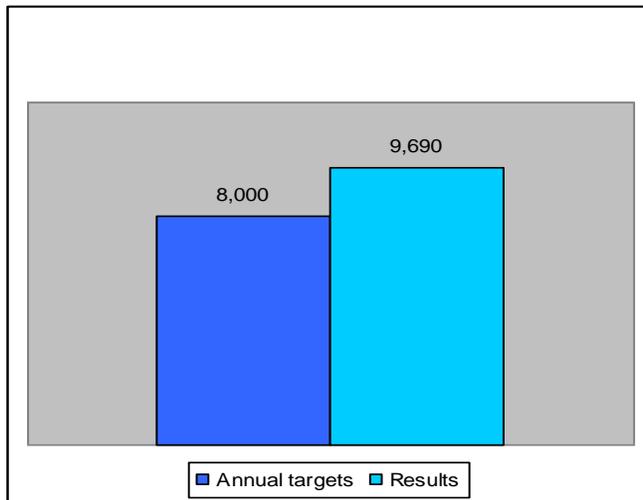
- There have been an insufficient number of training slots made available to SDSH through PEPFAR .
- ARV prophylaxis to HIV-positive pregnant women and HIV testing of TB patients need strengthening (in the latter case, results are considerably affected by the low concentration of population in areas where these services are available).



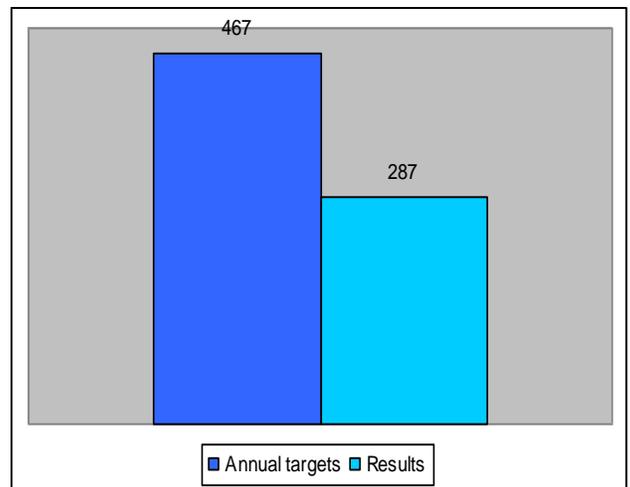
Number of people counseled and tested for HIV and who received their test results: October, 2008 through April, 2009**



Number of pregnant women counseled and tested for HIV and who received their test results: October, 2008 through April, 2009**



Number of individuals who are HIV positive and who are receiving palliative care: October, 2008 through April, 2009



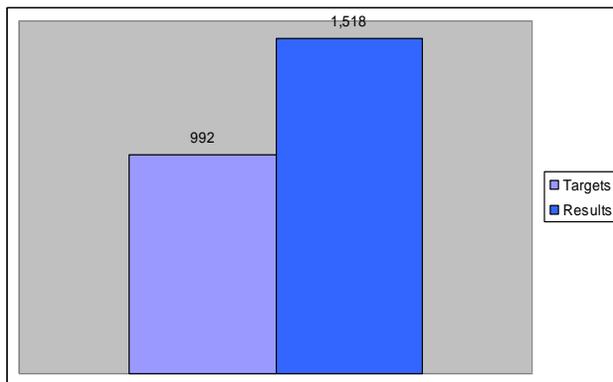
Pregnant women who are HIV positive and receiving ART prophylaxis: October, 2008 through April, 2009

**Target prorated for 7-month period.

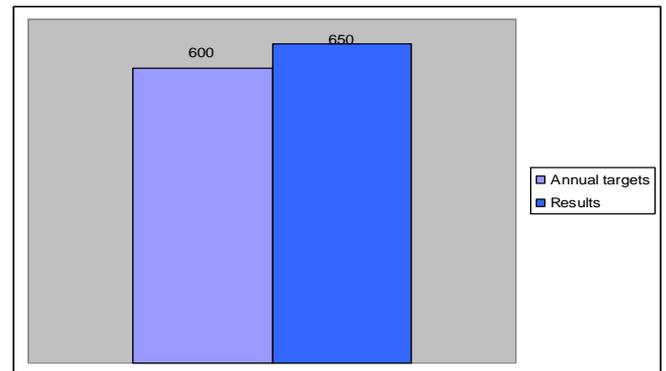
Tuberculosis

Although the annual goal of 600 individuals co-infected with HIV and TB has been surpassed, more work is needed to increase the number of TB patients referred to TB services, as well as to more completely integrate TB within the package of integrated services.

Key interventions will include (a) providing assistance to the TB Departmental Program Managers to improve program supervision, (b) introducing PIMUD strategy in TB sites (c) assisting service delivery sites to capitalize on the networks of Community Health Workers already functional and ensure cross-training for them to be engaged in HIV/TB integration, (d) collaborating with the National TB Program to review service delivery strategies with the aim of increasing cost effectiveness and impact, and (e) collaborating with the PNLT (the *Programme National de Lutte contre la Tuberculose* -the National Tuberculosis Control Program) to ensure continuous availability of lab reagents, materials and equipment and quality control at sites level.



Number of HIV-positive persons screened for TB: October, 2008 through April, 2009**



Number of patients treated for TB and AIDS: October 2008 through April 2009

** Targets prorated for 7-month period

Cross-cutting Interventions

Cross-cutting interventions in Service Delivery include (a) human capacity development, (b) behavior change communications and community mobilization, (c) monitoring and evaluation, and (d) nutrition and renovation linked to funds made available after the 2008 hurricanes.

a. *Human Capacity Development—Health Agents and Supervisors Training*

Health agents (*agents de santé*—ADS) are monitored, supervised, and supported in the planning and delivery of community health services to populations of their respective areas, for the transmission of viable data, and to elaborate quality reports.



The launch of Health Agents and Supervisors Training included the following achievements:

The *Sessions Training Guide* and *Contents Training Guide* for child health were finalized. Discussions continued with coordinators of the *zones ciblées* for the launch of department training activities for the first four modules, including three for child health, namely (a) census and organization of services (b) maternal and obstetric emergencies, (c) environmental health, and (d) family planning. Modules include the topics of diarrhea, nutrition, and acute respiratory infections (ARI).

Training activities included:

North-East Department zones ciblées

Ste Suzanne, Dupity, Vallières, Grosse Roche, Mombin Crochu, Bois de Laurence :
census and organization of services; community health services organization

North Department zones ciblées

Borgne and Petit Bourg du Borgne), Acul du Nord, and PPS :
maternal health and obstetrical emergencies, and census and community health services organization

Nippes Department zones ciblées

L'Asile, Petit Trou de Nippes, Grand Boucan, Anse à Veau, Arnaud, and PPS :
census and community health services organization and FP

L'Asile and Petit Trou:

census and community health services organization, FP, maternal health, interpersonal communication

Center Department

Belladère, Savanette, and Cerca la Source
family planning and maternal health, nutrition, ARI, and diarrhea

Artibonite Department zones ciblées

St Michel de l'Attalaye, Grande Saline Gonaives, and Ka Soleil
interpersonal communication

Private institutions Hospital Albert Schweitzer (HAS) and Marchand Dessalines

maternal health, FP, census, and community health organization

West Department zones ciblées

Belle Fontaine
family planning

North-West Department

training of trainers and organization of services, for health directorates' senior staff
maternal health

Corail Saint Pierre Hospital

health agents interpersonal communication

For a summary of all training efforts covered in this section from October 2009 through April 2009 see Annex 3.

b. Behavior Change Communications— Community Mobilization

The main achievements in the areas of behavior change communication (BCC) and community mobilization thus far in PY2 include the definition of the standard information, education, and communication (IEC) package for SDSH sites and the development of protocols for the establishment of local health task forces (LHTFs) at the community level.

- 88 health agents and supervisors were trained in behavioral change communication in the Corail, Abricots and Petit Trou de Nippes *zones ciblées*;
- A BCC and Community Mobilization strategy design workshop was held in January to plan for promotion of maternal health and PMTCT;
- The strategy was validated in all 10 departments and included in the departmental operational plans;
- IEC materials, including a booklet, 10 radio spots, and one radio drama (30 segments) were designed;
- Training modules on interpersonal communication and health education were developed and a training of trainers conducted. Participants of trainings included 10 health agents and three supervisors at the Corail Saint Pierre Hospital; 19 health agents assigned to the Abricots Health Center in the Abricots *zone ciblée*; and 50 health agents and nine supervisors of the Cerca la Source (Center Department) and Petit Trou de Nippes in the Nippes Department *zones ciblées*. These trainings enhanced the participants' ability to better disseminate health messages; and to use information, education, and communication techniques in education activities promoting healthy behavior change and community mobilization in connection with RH, child health, TB, and HIV & AIDS.

The goal of the local health task force within the project is to “revolutionize” community mobilization for health in its many aspects of promotion, health prevention, and creation of demand for services. With this initiative, the SDSH project seeks to transform community members into actors and effective partners of the health system.

c. Monitoring and Evaluation (M&E)

Five M&E tasks were accomplished during the first semester of PY2:

- Training sessions on SDSH health information systems (HIS) were organized in seven of 10 departments for 115 staff involved in data management (collection, reporting and information for decision-making). Senior staff of the MOH departmental level attended these sessions.
- The SDSH Project monitoring plan was reviewed and refined.
- The monthly report form of the SDSH Project was reviewed and a new format implemented as of October 2008 by all NGO partners and *zones ciblées*.
- Amendments were made to the SDSH variables guide to reflect changes made to the monitoring plan. An addendum to complement the variables guide was prepared and distributed to users of the health information system.

- Amendments were made to the dashboard (TDB) for PSPI results monitoring.

d. Nutrition and Renovation

The table below shows the precarious nutritional situation of many Haitian children.

Indicator	Target	Result
Percentage of weighings for children under five years of age that indicate a weight-to-age ratio equivalent to low weight for age, or very low weight for age	14%	13.5%
Percentage of weighings for children under five years of age that show evidence of severe malnutrition	4%	3.3%
Percentage of weighings for children under five years of age that show high risk of severe malnutrition	10%	10.2%

The SDSH Project has incorporated a limited range of nutrition interventions into its integrated package of services since the start of the project. These have included Vitamin A supplementation, growth monitoring and nutrition education.

During this first half of PY2 the program has reached 320,290 children, almost 98% of the annual target. 214,734 children received at least one dose of Vitamin A (out of an annual target of 314,734).

Post-cyclone emergency relief funding under the HIGHER Program has permitted SDSH to expand its existing nutrition activities to include care and rehabilitation of severely malnourished women and children. The goal of the expanded nutrition program (ENP) is to identify and treat acute malnutrition among pregnant and lactating women and children under five in communities that were hardest hit by the 2008 hurricanes and to reduce and prevent chronic malnutrition in these communities and sustain improvements over time.



The program includes three components: a) implementation of interventions to identify and treat cases of acute malnutrition in the departments most affected by the hurricanes, namely Southeast, South, Nippes, West, Northwest, Artibonite, Northeast, and Grande-Anse, (b) rehabilitation of sites affected by these hurricanes, and (c) purchase of materials and equipment to replace those damaged or lost. The ENP will build on the geographic presence of SDSH in primary health care facilities in cyclone-affected communes.

Key achievements two months into the program include:

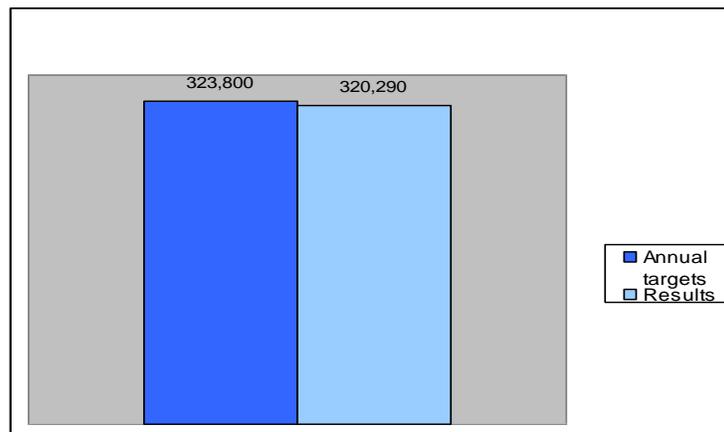
- acquiring commodities, materials and equipment necessary for a successful program startup;
- finalizing the recipient list of the Program (departments and partners);
- preparing forms to be jointly used by the Performance Management Unit of the SDSH project; and
- phasing in Plan C to support children with low weight-for-age (LWA) or very-low-weight-for-age (VLWA), and to cases of malnutrition with complications based on existing traditional protocols while awaiting new ones.

Details related to this activity are shown in Annex 4.

Additional steps taken for successful launch of the Program include:

- submitting Program plans to the Coordination Unit of the National Nutrition Program of MOH for approval;
- coordinating with other partners already operational in sites supported by SDSH;
- training institutional staff;
- planning for strengthening community interventions for the prevention of malnutrition;
- hiring an advisor, under SDSH, to manage Program monitoring, particularly activities of the Ambulatory Therapeutic Program (ATP) and Nutritional Support Program (NSP) centers and community activities;
- setting up of a monitoring and evaluation system for the therapeutic component; and
- meeting with Department Directorates and *zones ciblées* to introduce the project and foster their own ownership of it.

See Annex 8 for Weighings and Malnutrition Tables.



**Children under five years of age reached by nutrition programs:
October 2008 through April 2009**

GOVERNANCE, DECENTRALIZATION, AND EXECUTIVE FUNCTIONS

SDSH continues to support the MOH to develop more effective and efficient management systems.

This semester:

- The MOH's 10 Departmental Directorates (DD) have developed and implemented Integrated Departmental Plans with quarterly monitoring of implementation. In addition, 51 of the targeted 60 communes for PY2 have developed and implemented Integrated Communal Plans.
- 31 of 40 targeted communes, counting *zones ciblées*, have information systems set up and in use for provision of services.
- According to the priorities of the MOH Department Directorates' (DD), MSH has supported six targeted Directorates to establish donor coordination at the departmental level.
- SDSH has developed and implemented joint plans with key donors identified in six departments, against the goal of ten departments by end of PY2.
- One financial advisor assigned to each of the 10 Department Directorates provided technical assistance in the management of Program Income (Receipts) while solutions are sought in coordination with the MOH Cabinet Chief and the Minister of Economy for implementation of the Financial and Accounting Management System.
- The Performance-Based Financing (PBF) concept paper for the implementation of this approach to finance public sites was developed and shared with the MOH, (see ANNEX 5).
- SDSH supported post-hurricane surveillance (MOH/CDC) data collection and reporting by assisting in distribution and completion of surveillance forms.

Progress continues in:

- Participation in the National Committee to Support the Health Information System (*Comite National d'Appui au Système d'Information Sanitaire—CONASIS*) created by MOH to revise and implant the Health Information System,
- Technical supervision programs for service components will have been implemented and made functional in six departments.

A summary description of key details regarding results achieved during the period of October 2008 to April 2009 follows:

Strengthening of MOH Executives Functions

a) Strengthening the national distribution system for essential drugs

The SDSH project has provide technical assistance to the MOH to implement a unique and secure essentials drugs distribution system at the national level. One of the key benefits of this system is to better manage family planning commodities and to be able to produce accurate reports on utilization.

SDSH Project representatives participated in an October 15-16, 2008 MOH workshop where the key donors were also invited. The following topics were discussed:

- RNDI (*Réseau National de Distribution des Intrants-National Materials and Supplies Distribution Network*) pilot progress report in the South East;
- a model distribution system implemented in South Africa; and
- Partners' feedback about the RNDI network.

A new Committee was created. The members are: ACDI, UNFPA, USAID, MSH/Haiti, *Fondation Sogebank*, the French Cooperation and PAHO/WHO. Dr. Michaud represents the three national programs (HIV, TB and Malaria) within this Committee. There has as yet been no follow-up meeting.

At the request of the MOH General Director, technical assistance was provided to the DPM (*Direction de la Pharmacie et des Medicaments, Direction of Pharmacy and Medications*) for its accounting and financial system. In consultation with the DPM Chief Accountant and the DPM Executive Director, the system was designed and is expected to be functional on October 1st, 2009. Quick Books software will be used to manage the accounting system. With this system, the DPM will be able to prepare the financial report by general ledger codes, by technical components and by donors. Payroll will be managed on Excel and the DPM will have a great deal of flexibility in the preparation of various financial reports.

b) Strengthening MOH financial and accounting systems at the national level and departmental level, and through performance-based financing

National Level:

On December 17, 2008 and on January 20, 2009, meetings were organized with the MOH Chief of Cabinet to reactivate the SDSH project assistance in Accounting and Financial Management. SDSH provided a copy of the MOH Financial Guidelines and the Fleet Management, developed by MSH during the previous USAID-Financed health project in Haiti. As a next step, the Cabinet Chief is planning to organize a meeting with the Minister of Finance to formalize this assistance offered by USAID under SDSH. In anticipation of this future meeting with the Minister of Finance, SDSH project field-based financial advisors conducted an assessment of the current financial and accounting system in the following Departmental Directorates: North, North-East, West, Artibonite and South-East. The assessment reports will be shared and discussed with each department and steps will be taken by the project to solve/correct identified weaknesses.

Departmental Level:

Project financial advisors continue to provide technical assistance to the Zones Ciblées to improve the quality and the accuracy of the Fee for Services (program Income) financial reports to be submitted generally on a monthly basis to the MOH and to the SDSH project.

Additional assistance provided at the departmental level includes:

- *Technical Assistance to Nippes Department:* The SDSH departmental financial advisor, with MOH colleagues, completed a physical inventory of all equipment purchased by the project for the targeted areas in the Nippes Department.
- *Technical Assistance to Artibonite Department:* In December 2008, the project financial advisor for Artibonite Department helped the department to finalize its budget for the period 2008-2009.
- *Technical Assistance to the North-East Department:* The North East project financial advisor helped the department finalize its budget for the period 2008 to 2009.
- *Technical assistance provided to the South Department:* The South Department project financial advisor provided technical assistance to the nurse of Ile la Vache to enable her to review and ensure the adequacy of supporting documentation for expenses.

- Technical Assistance Provided to Belladère Hospital: Upon request of the Hospital Executive Director, assistance was provided to the Belladère Hospital by the project Center Department financial advisor on fee for services management.
- Assistance was also provided to the Zones Ciblées (Belladère, Savanette, Cerca-La-Source and Tilory) responsible staff in long term assets management. A template to manage equipment and supplies received from the project was provided.

Performance-Based Financing (PBF):

The concept paper on PBF applied to the public sites was developed and shared with MOH representatives. The project is planning to implement this strategy in four Departmental Directorates. Other PBF activities included:

- Technical Exchange between Haiti and Rwanda: From October 1-8, 2008, a three-person team from Rwanda visited the SDSH project. The main objective of this visit was to share respective experience in the implementation of the PBF Strategy. In Haiti this approach has been implementing since 1999 with NGOs especially through a series of USAID-financed projects. Rwanda worked with the public sector. During this visit, the Rwandan team visited partner institutions working with the SDSH project.
- Visit to Liberia: The Deputy Chief of Party for Finance and Administration visited Liberia to share the Haiti PBF experience. The PBF model implemented in Haiti will serve as a model for the Liberia program.

Donor Coordination

At the request of the MOH, the SDSH project participated in the Human Resources technical group. The main responsibility of this group is to collect data on Per Diem, salaries and the financial incentives and submit a report including recommendations to improve or to harmonize Per Diem policy and other types of incentives and compensation.

Contracting

At the request of the MOH, SDSH participated in an April 15-26, 2009 contracting workshop. MSH experience in contracting from a local and international level, including MSH experience in Rwanda, was presented and discussed.

Other Technical Assistance

Internet installation and electrical system repair for the MOH central level: This intervention was financed by the SDSH project and PADESS, a project financed by Canada. Under this partnership, the MOH now has a more autonomous electrical system protected against any electrical shock.

STRATEGIC PARTNERSHIPS

This important initiative was revised during the first part of PY2. Joint plans with common goals and shared funding are being put into action with partners to support implementation of the Integrated Departmental Plans.

Key results and interventions thus far in PY2 include:

- With the goal of matching 20 percent (\$8.5 Million) during the life span of the three-year project, by end of April 2009, \$6,888,323.83 Million, or 81 percent of the total amount specified in the contract has been matched by partner contributions of goods, services and/or funds.
- The PY 2 goal of 65 percent of matching leveraged contributions has been surpassed, with \$5,525,000.00 received in this reporting period.
- Surpassing the target of 20 private partnerships for this period, a total of 26 are providing in-kind or monetary support to implementation of SDSH activities.
- The main partnerships in the corporate sector were formed with PWW (Pure Water for the World); the Haitian Medical Association, Mercy Hospital of Miami, FL; the Consulate General of Haiti in Miami; Konbit Santé (Cap-Haïtien & Maine); Unibank Foundation, Sogebank Foundation, Digicel Foundation, Comcel Foundation, and the Caris Foundation.
- At the community level, secured joint planning, technical support, and funding through the Local Health Task Force in each geographic area; and secured joint planning, technical support, and funding through Canadian-CIDA Projects: PADESS, PARC, PALIH, Direct Relief International (DRI), and other funding sources to the private NGOs and the MOH “zones ciblées,”; including UNICEF for the nutrition program, FAES (*Fonds d’Assistance Economique et Sociale*) for health infrastructure renovations in the Nippes and North East Departments; Sogebank Foundation and UNICEF for incinerator installation in various MSH-supported institutions, and World Food Program (WFP) for the nutrition program.
- New partnerships will be formed with the Local Health Task Force in each geographic area; Feed the Children/Fondation Hands of Love; *Médecins du Monde*(Doctors of the World), France in the Grand-Anse, *Pharmaciens Sans Frontières* (Pharmacists Without Borders) in the Artibonte Valley with the objectives of rebuilding the supply chain system for pharmaceuticals destroyed by the four hurricanes of 2008, and PAHO/WHO for the Free Obstetrical Care (*SOG-Soins Obstétricaux Gratuits*) Program.
- The partnership with PWW continues to improve availability of safe water in 500 schools and 41 health centers in SDSH-supported areas.
- Revisions to the partnership with Unibank Foundation have been submitted.

Partner Contributions to the Leveraged Funding Component of the SDSH Project, April, 2009

Partner	Nature of the contribution	Expected results tied to SDSH Objectives	US \$ Amounts	Means of Verification & Supporting Documentation
Pure Water for the World (PWW)	Installation of biosand filters in Schools, Health Sites, and Homes	Reduction of child morbidity and mortality from water-borne diseases, and promotion of best	\$ 500,000.00	MOU, Quarterly reports with set deliverables, Financial records.

		hygiene practices		
Konbit Sante	Donations of medical and surgical materials, equipments and supplies, Training and technical assistance	Community-based and Institutional professional capacity strengthening for quality service delivery in Cap-Haitian and the North Department.	\$ 407,089.84	MOU, Equipment & materials valuation table, Valuation of time and services provided by US volunteer professionals, Trip reports.
Mercy Hospital & Haitian Medical Association (AMH)	Donations of 15 Anesthesia machines to public and private SDSH partner institutions	Capacity strengthening of health sites to better respond to obstetrical emergencies and contribute to maternal mortality reduction	\$ 280,000.00	MOU, Estimated cost of the machines offered by Mercy Hospital of Florida, Letter of donation of the 15 machines to MSH and AMH (HMA), Documentation of the public event of the transfer of these equipments to MOH.
CARIS Foundation	Technical Assistance for Pediatric Early Diagnosis of HIV in newborns from Seropositive Mothers	Meeting PEPFAR requirements of providing early treatment, care and support to HIV+ newborns in SDSH network.	\$ 46,000.00	MOU Tests costs for all selected sites, Periodic reports on number of tests done and received from CARIS, Valuation of US volunteer physicians and nurses hours providing services.
ACDI / PADESS/PALIH	2007-2008 Joint Integrated Operational Plan (POI) Development	Support to MOH (MOH) for the Integrated PDI & PCI (Departmental and Communal Plans' synthesis)	\$ 211,620.45	Health Sector Budget Document for 2007-2008 (MOH POI document).
ACDI / PADESS	Development of joint Integrated Departmental Plans (PDI) from April to October 2008 in the South East, the North-East and the Nippes	Support to MOH Executive functions of Governance & Leadership strengthening, and Decentralization	\$ 103,065.55	Letter of Agreement MOH Documents of PDI, PCI & POI, Valuation of services offered by the professionals Estimation of cash and in-kind contributions,

		in the targeted Departments		Periodic technical reports submitted.
ACDI / PADESS	Installation of the electrical system for the computer network at the MOH Central Office.	MOH capacity strengthening in health information & data management systems.	\$ 52,000.00	Joint Project document available at SDSH Finance Unit.
UNIBANK FOUNDATION	Support to December 1st, 2007 World AIDS Day Commemoration	Engagement of Haitian artists in the fight against HIV-AIDS along with SDSH and promotion of « Live positively » concept.	\$ 3,000.00	Production of a CD-Video of the spectacle « Ruban Rouge », Budget document of the spectacle.
Other funding to SDSH – ONG partners (Oct 08 to Apr 09)	Leveraged contributions from non-USG, non-MOH sources for delivery of health services and management package to the Haitian population	Increased access and enhanced quality in 80 private sites.	\$3,481,707.11	Contracts available, Amounts registered as of 31 March 2009
Other funding to SDSH Targeted Zones (Zones Ciblées) (Oct 08 to Apr 09)	Leveraged contributions from non-USG, non-MOH sources for delivery of health services and management package to the Haitian population	Increased access and enhanced quality in 72 public sites.	\$1,803,840.88	Agreement protocols available, Amounts registered as of 31 March 2009, (16/29 Targeted Zones reporting so far...)
Grand Total to April 30, 2009			\$6,888,323.83	

COMMUNICATIONS AND PUBLIC RELATIONS

Communications and Public Relations activities focused on public outreach, informing the public and key stakeholders about US assistance and contributions to Haiti's health sector and about GOH/MOH initiatives and successes. More specifically,

- Review of the branding and marketing requirement with stakeholders at the March 27, 2009 SDSH Partners Meeting, which brought together more than 40 NGO and public (*zones ciblées*) departmental directorates' representatives, see lists in Annex 6;
- One medium visibility event and two of at least three required high visibility events in PY2 were organized to highlight both work and strategies implemented by SDSH. The events garnered media coverage by multiple TV and print media outlets at all levels (See Annex 7 for a list of events and media outlets)
- A video documentary was produced following the U.S. Ambassador's visit to Varreaux and Cité Soleil as part of the Pure Water for Haiti project tour
- The logo sign proposed for service delivery sites branding is pending clearance from the USAID Communications Office;

Weekly updates of all SDSH key activities were prepared and disseminated to the CTO; the USAID Population, Health, and Nutrition Office; the 10 health directorates; and, the MOH departmental Directors.

SDSH SEMI-ANNUAL PERFORMANCE REVIEW

From 25 through 27 March, 2009 MSH organized a semi-annual performance review with 35 NGO and 12 MOH and zones ciblées representatives. MOH and USAID representatives, including the Minister of Health and MOH General Director and the USAID PHN Chief, were present at the start of the meeting. Participants analyzed October 2008 – February 2009 program performance results by geographic department, identified specific weaknesses and proposed measures for improvement. Additional recommendations were developed the following days on specific program elements: nutrition HIGHER program, HIV, Maternal Health, RH, FP, TB, community mobilization and management systems. The recommendations addressed to three groups: the service providers, MSH and the donor were later shared with USAID and the Ministry of Health.

REPORT ANNEXES

**Santé pour le Développement et la Stabilité d'Haïti (SDSH)
Semiannual Progress Report – English Version**

October 1, 2008–April 30, 2009

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Annex 1.

Evolution of the Results of the SDSH Project, October 1, 2008 through April 30, 2009

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
HIV & AIDS					
3.1.1.9 (F)	Number of sites offering the minimum package of PMTCT services according to national and international standards	#	15	28	Measures have been taken to make three sites capable of providing Prevention of Mother-to-Child Transmission (<i>Prévention Transmission Mère-Enfant</i> , or PTME) services.
3.1.1.10 (F)	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	#	25,000	26,053	The goal for PY2 has been surpassed
3.1.1.10.a	Number of HIV-positive pregnant women enrolled in PMTCT	#	1,000	572	With the implementation of a management strategy the network will meet its objectives
3.1.1.10.c	Number of newborns of HIV-positive mothers benefiting from pediatric care	#	400	204	With the implementation of a management strategy the network will meet its objectives.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
3.1.1.11	Number of diagnosed HIV-positive pregnant women having received ARV prophylaxis in a PMTCT setting	#	800	287	With the implementation of a management strategy, the network will meet its objectives The use of the local health task force will be of great value. The SDSH team will verify that the new operational definitions are followed. The definition went from "women who have completed the course of ARV prophylaxis" to now specify "women who have received the ARV prophylaxis."
3.1.1.12 (F)	Number of health workers trained in the provision of PMTCT services according to national and international standards	#	36	29	Men: 4 Women: 25
3.1.1.13 (F)	Number of sites providing counseling and testing according to national and international standards	#	35	28	Three new sites have been identified: Les Anglais and Ile-à-Vache in South Department and Abricots in Grande-Anse Department. The personnel are trained and ready.
3.1.1.13.a	Number of sites using the expanded VCT approach for HIV testing	#	20	10	
3.1.1.14 (F)	Number of people who received counseling and testing for HIV and received their test results	#	60,000	53,539	Of the 53,539 who tested positive, 18,947 (or 35%) were men, and 34,592 (or 65%) were women.
3.1.1.14.a	Number of HIV-positive individuals tested for TB	#	1,700	1,518	Of the 1, 518 HIV-positive patients tested for TB, 555 (or 37%) are men and 963 (or 63%) are women
3.1.1.16 (F)	Number of people trained in counseling and testing	#	80	23	Men: 18 Women: 5
3.1.1.17 (F)	Number of sites providing ART	#	7	5	Two additional sites were identified.
3.1.1.18 (F)	Number of people newly placed on ARV during the reporting year	#	700	571	Among the 571 new ARV patients, 198 (or 35%) are men and 373 (or 65%) are women; 32 of the 571 patients (or 7%) are under 15 years old.
3.1.1.18.a	Number of individuals who have received ART during the year	#	2,686	2,432	Of the 2,432 patients receiving ART, 984 (or 40%) were men and 1,448 (or 60%) were women; 130 (or 5%) are under 15 years of age

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
3.1.1.19 (F)	Number of people receiving ART at the end of the reporting period	#	2,283	1,734	Among the 1,734 active patients on ARVs by the end of the period, 663 (or 38%) are men and 1,071 (or 62%) are women; 115 (or about 7%) are under 15 years.
3.1.1.19.a	Percentage of individuals placed on ARV and found still in active treatment at the end of the reporting period	%	85%	74%	The percentage of active patients is approximately 90% for children. The problem resides with adults: 76% of adult women stay in treatment and less than 70% of adult men do so. The project proposes to undertake a study on the causes of neglect and possible solutions.
3.1.1.20	Number of health workers trained to deliver ART services	#	10	13	Men: 5 Women: 8
3.1.1.21 (F)	Number of sites providing treatments for TB to HIV-positive patients	#	20	12	As part of an extension on the programmatic aspects (TB and HIV), contacts were established with the national tuberculosis program and partners to enable sites to this type of care. Three sites that offer anti-TB are becoming VCT/PMTCT sites, ARV sites, or both; they are Abricots, Ile-à-Vache, and Les Anglais.
3.1.1.22 (F)	Number of people provided with HIV-related palliative care (including those co-infected with TB and HIV)	#	8,000	9,690	Among the 9,690 patients receiving palliative care, 3,404 (or 35%) are men and 6,286 (or 65%) are women; 566 (or about 6%) are under 15 years.
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	#	600	650	Among the 650 patients treated for both TB and AIDS, 297 (or 46%) are men and 353 (or 54%) are women; 27 (or approximately 4%) are under 15 years.
3.1.1.24 (F)	Number of people trained to provide HIV palliative care (including TB/HIV coinfection)	#	100	35	Men: 20 Women: 15
3.1.1.29 (F)	Number of laboratories with capacity to perform (a) HIV tests and (b) CD4 tests and lymphocyte	#	20	28	

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
	tests, or all three				
3.1.1.30	Number of people trained in the provision of laboratory-related services	#	10	18	Men: 2 Women: 16 The training took place on VCT, including the achievement of rapid tests.
3.1.1.31 (F)	Number of tests performed at supportive laboratories: (a) HIV testing (b) TB diagnostics (c) Syphilis testing (d) HIV disease monitoring	#	159,500	143,910	Among the 143,910 tests, there were 79,592 HIV tests, 1,581 TB tests, and 62,800 syphilis tests.
TUBERCULOSIS					
3.1.2.3 (F)	Number of people trained in DOTS	#	30	—	TB Training done by MPHP
3.1.2.4 (F)	Percentage of TB patients who were tested for HIV and received their results	%	85%	38%	
3.1.2.4.a	Number of TB patients who were tested for HIV and received their results	#	2,000	759	Men: 380 Women: 379
3.1.2.5 (F)	Percentage of laboratories performing TB microscopy with over 95% correct microscopy results (quality control testing to be performed by the national laboratory within its mandate)	%	>95%		Results to be provided biannually.
3.1.2.6 (F)	Percentage of expected new TB cases detected	%	75%	38%	Percentage calculated on the basis of the annual target.
3.1.2.6.a	Percentage of TB patients who completed treatment	%	80%		Results to be provided annually.
3.1.2.6.b	Number of sites offering integrated TB services	#	30	17	As part of an extension of the TB program, contacts were established with some partners for integration or an enhancement of their capacities, or for both.
3.1.2.6.c	Number of people trained in TB testing	#	30	—	TB Training done by the MPHP

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
3.1.2.6.d	Number of people trained in TB and HIV testing	#	30	—	TB training is done by the MPHP
MATERNAL HEALTH					
3.1.6.3 (F)	Number of postpartum newborn visits during the 3-day interval following child birth	#	30,000	24,245	
3.1.6.4 (F)	Number of prenatal care visits with skilled providers	#	240,000	132,181	
3.1.6.4.a	Percentage of pregnant women having the first prenatal visit during the first trimester of pregnancy	%	40%	26%	Percentage calculated on the basis of the annual target represented by the number of pregnant women expected at the first prenatal consultation.
3.1.6.4.b	Percentage of pregnant women who have had at least three prenatal visits	%	55%	27%	Percentage calculated on the basis of the annual target.
3.1.6.4.c	Percentage of pregnant women who have received a second dose or a recall dose of tetanus vaccine	%	68%	36%	Percentage calculated on the basis of the annual target.
3.1.6.4.d	Percentage of pregnant women making a birth plan	%	50%	41%	Percentage calculated on the basis of the annual target.
3.1.6.5 (F)	Number of people trained in maternal and newborn health (women and men)	#	300	328	Men: 123 Women: 205
3.1.6.6 (F)	Number of deliveries with a skilled birth attendant—TBAs not included	#	18,680	7,551	
3.1.6.6.a	Percentage of deliveries with a health facility based skilled birth attendant	%	19%	8%	Percentage calculated on the basis of the annual target.
3.1.6.6.b	Number of deliveries with assistance of a health facility based skilled birth attendant	#	44,250	31,538	
3.1.6.6.c	Percentage of new mothers who have had postnatal consultations	%	35%	19%	Percentage calculated on the basis of the annual target.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
3.1.6.6.d	Percentage of sites that have at least one maternal health committee in their service area	%	70%	6%	
3.1.6.18 (F)	Number of health facilities renovated to improve maternal health services offered	#	10	1	Renovation was done on the warehouse in the premises of the North Departmental Directorate Office and on the wing that houses the nursing department.
CHILD HEALTH					
3.1.6.7 (F)	Number of people trained in child health care and nutrition	#	500	57	Men: 37 Women: 20
3.1.6.11 (F)	Number of children reached by nutrition programs	#	323,800	320,290	
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.	%	14%	13.5%	With the implementation of the management of acute malnutrition and strengthening the preventive aspect, the project expects to improve the nutritional status of children.
3.1.6.11.b	Percentage of weighings for children under five years of age that show evidence of severe malnutrition	%	4%	3.3%	
3.1.6.11.c	Percentage of weighings for children under five years of age that show high risk of severe malnutrition	%	10%	10.2%	
3.1.6.12 (F)	Number of children under 12 months who received DPT3	#	90,000	68,371	
3.1.6.13 (F)	Number of children under five years of age who received vitamin A	#	314,100	214,734	
3.1.6.13. a	Percentage of children under five years of age who received vitamin A	%	70%	51%	Percentage calculated on the basis of the annual target.
3.1.6.13.b	Number of children under five	#	250,000	66,955	Strategies must be put in place for the children

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
	years of age who received two doses of vitamin A				supplied with one dose during first quarter to come forward to receive the second dose.
3.1.6.14 (F)	Number of cases of childhood diarrhea treated (institutional and community level)	#	57,000	25,187	
3.1.6.19 (F)	Number of cases of pneumonia in children under five years of age treated with antibiotics	#	5,000	9,650	Corrections of these data are under way; some PPSs reported cases of acute respiratory infection for pneumonia. The project is expected to improve following the feedback reported in guidelines and technical studies.
REPRODUCTIVE HEALTH AND FAMILY PLANNING					
3.1.7.2 (F)	Total number couple-years of protection (CYP)	#	232,000	147,511	NGO sector: 115,024 Public sector: 32,466
3.1.7.3 (F)	Number of people trained in FP/RH (women and men)	#	400	91	Men: 48 Women: 43
3.1.7.3.a	Number of people trained in offering longer term FP methods	#	50	53	Men: 16 Women: 37
3.1.7.5 (F)	Number of people who have seen or heard a specific FP/RH message	#	500,000	—	These results will be presented for the year.
3.1.7.6 (F)	Number of policies or guidelines developed or changed to improve access to and use of FP/RH services	#	0	0	
3.1.7.8 (F)	Number of supported PPSs providing FP counseling or services	#	20	17	
3.1.7.8.a	Percentage of PPSs offering at least five FP methods, of which two are longer term	%	25%	16%	
3.1.7.10 (F)	Number of PPSs reporting stock-outs of any contraceptive commodity during the reporting period	#	15	28	The number of sites visited is 134 out of 142 sites that offer FP services.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
3.1.7.12 (F)	Number of sites with improved management information systems	#	10	64	Following the problems identified in the process of collecting and reporting data, it was decided to organize training and retraining for staff members of partner institutions in the SDSH network.
3.1.7.13 (F)	Proportion of total modern contraception prevalence rate for long-term or permanent methods	%	15%	14%	These results can be explained by the voluntary surgical contraception mobile clinics and the insertion of implants.
3.1.7.13.a	Percentage of people of reproductive age using a modern contraceptive method (for FP)	%	27%	22%	Short-term method: 86% Long-term method: 14% with 6% of permanent and 8% of Norplant Users under 25 years: 20% Users who are men: 36%
3.1.7.13.b	Percentage of Depo-Provera users who respect the procurement delays	%	75%	75%	
3.1.7.13.c	Number of FP users	#	134,200	89,937	New users of short-term method: 86,366 New users of long-term method: 1,806 of permanent and 1,765 of Norplant New users under 25 years: 38,788 New users who are men: 38,830
3.1.7.14	Number of new sexually transmitted infection cases detected and treated	#	45,000	24,782	
3.1.7.15	Percentage of sites visited using the Tiaht Amendment checklist	%	100%	100%	The Tiaht Amendment checklist was used in all sites visited (i.e., 134).
3.1.7.15.a	Number of people oriented on Tiaht Amendment regulations	#	500	105	
3.1.7.15.b	Percentage of areas of program activity in which promotion of long-term FP contraceptive methods has been achieved	%	75%	63%	These campaigns were conducted in all departments except Centre.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
STRENGTHENING OF MPHP EXECUTIVE FUNCTIONS					
FE.1	Number of health departments with major donor coordination mechanism	#	6	6	The six departments are Artibonite, Centre, Grande-Anse, Nippes, Northeast, and Southeast.
FE.2	Percentage of departments implementing the approved strategic plan	%	100 %	100%	
FE.2.a	Number of <i>zones ciblées</i> providing the minimum package of services	#	30	29	
FE.3	Number of Integrated Communal Plans being implemented with the support of the project	#	60	31	The 31 communes are distributed in the departments as follows: <ul style="list-style-type: none"> • Artibonite: 4 • Centre: 4 • Grande-Anse: 2 • Nippes: 5 • North: 2 • Northeast: 3 • Northwest: 3 • South: 2 • Southeast: 1 • West: 5
FE.3.a	Number of departments implementing a supervision plan for the provision of services	#	6	9	The support plan in the Northwest Department is being finalized.
FE.4	Number of <i>zones ciblées</i> funded via performance-based funding	#	6	0	The strategy document <i>Performance-Based Funding</i> was elaborated and a draft version was sent to the MPHP. Four departments (Artibonite, Centre, Northeast, and Southeast) have been identified for a pilot project, but the process has not yet begun.
FE.5	Number of departments in which the new financial and accounting management system has been set up	#	6	0	Many planning meetings were held with the MPHP, but start-up awaits permission from the Ministry of Economy and Finance for the implementation of the system. Meanwhile, punctual support is provided upon request and depending on the identified weaknesses.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
					Assistance is then given to <i>zones ciblées</i> to help strengthen their internal management revenue. Contacts were established with the following departments to evaluate their financial, management and accounting system: Artibonite, Centre, North, Northeast, and West.
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	#	40	31	The 31 communes are distributed in the departments as follows: <ul style="list-style-type: none"> • Artibonite: 4 • Centre: 4 • Grande-Anse: 2 • Nippes: 5 • North: 2 • Northeast: 3 • Northwest: 3 • South: 2 • Southeast: 1 • West: 5
FE.7	Number of departments supported to operationalize the national HIS	#	10	0	The MPHP has created a committee to revise the national HIS: <i>Comité National d'Appui au Système d'Information Sanitaire</i> (CONASIS). Among other partners including JSI/MEASURE, MSH/SDSH is a member of this committee and actively participates in meeting and workshops organized by CONASIS. Meanwhile arrangements are made to improve the functioning of the current HIS. To this end, a collaborative framework for the strengthening of the HIS at the departmental level is drawn between JSI/MEASURE and MSH/SDSH to align interventions.
FE.8	Percentage implementation of the global training plan	%	100%		There is no comprehensive plan for training. The training is done on a case-by-case basis depending on the problems identified in the field.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
OTHER DOMAINS					
AD.1	Percentage of Haitian population served by project	%	50%	43%	
AD.2	Number of departments in which trained youth groups are integrated into and support the project activities	#	6	2	Youth were trained for the 10 departments. Along the lines of action and project management for the year 2009, however, the implementation of this strategy will be adapted for at least two departments.
AD.3	Number of private sector partners providing support (in-kind or monetary) to implementation of the project activities	#	20	26	List of partners who contributed to the matching fund: <ul style="list-style-type: none"> • Pure Water for the World (PWW) • Konbit Sante • Mercy Hospital, the Association of Haitian Physicians Abroad (Association des Médecins Haïtiens à l'Etranger), the Haitian Medical Association, and SOSHADEF • Caris Foundation • Canadian International Development Agency (CIDA)/Health System Development Support Project • CIDA/Support to Combat STI/HIV/AIDS Project—Phase II • CIDA/Health Management Capacity-Building Support Project • UNIBANK Foundation • Other NGO partners for the SDSH network in the <i>zone ciblées</i> which come to a total of 18
AD.4	Number of sites certified as “youth friendly” by youth surveyed using the Service Delivery and Management Assessment (SDMA)	#	35	10	The site evaluation was conducted and the report submitted to MSH. The site selection process is under way.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
AD.5	Percentage of matching funds received	%	65%	57%	List of partners who contributed to the matching fund: <ul style="list-style-type: none"> • PWW • Konbit Sante • Mercy Hospital, the Association of Haitian Physicians Abroad (Association des Médecins Haïtiens à l'Etranger), the Haitian Medical Association, and Soshadef • Caris Foundation • CIDA/ Health System Development Support Project • CIDA/ Support to Combat STI/HIV/AIDS Project—Phase II • CIDA/ Health Management Capacity-Building Support Project • UNIBANK Foundation • Other NGO partners for the SDSH network in the <i>zone ciblées</i> which come to a total of 18.
AD.6	Number of locations having clean water.	#	450 schools, 41 PPSs, 150 families	454 schools, 41 PPSs, 184 families	
AD.7	Number of high-visibility events organized	#	3	2	<ul style="list-style-type: none"> • U.S Ambassador Visit to the PWW/MSH project in Varreux and Cite Soleil. • Signing of the agreement by the Haitian Medical Association, MSH, and MPHP for the donation of 15 anesthesia components from Caris] and Mercy Hospital Miami • A medium-visibility event, an exchange and technical meeting between MSH/Haiti and MSH/Rwanda on the strategy applied in the performance-based funding projects supported by USAID in the two countries, Events involved stakeholders and garnered radio interviews and coverage on TV, in newspapers and one documentary.

Indicator Code	Indicator	Unit of Measure	Annual Objectives	Results Oct. 08 - April 09	Comments and Recommendations
AD.8	Number of "success stories" transmitted to USAID	#	12	6	Success stories were returned to MSH for further editing
AD.9	Number of supported sites displaying the sign or logo of the U.S. President's Emergency Plan for AIDS Relief	#	147	0	Logo submission to USAID for approval.
AD.9.a	Number of local health task force active	#	60	0	USAID approval of the document describing the strategy of grant under contract (GUC) obtained in February 2009.
AD.10	Number of sites dispensing behavior change communication (BCC) materials and Integrated Package of Priority Services	#	147	0	Existing materials provided to partners when needed and subject to availability.
AD.11	Number of departments that have implemented their communication plans	#	10	0	The BCC and community mobilization activities could not be implemented as planned because of financial constraints.
AD.11.a	Grant under contract ()strategy developed and approved by USAID	#	—	1	USAID approval of the document describing the GUC strategy obtained in February 2009.
AD.12	Number of GUCs awarded	#	70	0	Activities depending on the establishment of the local health task force

ANNEX 2

Population, Service Sites, Personnel for the Network of NGOs Supported by USAID through the SDSH Project 2009

Departement	NGO partners	Population	Services Delivery Sites					Personnel					
			Total	Hosp	Centres w. beds	Centers w.o. beds	Dispens.	Doctors	Nurses	Auxiliaries	Lab Techs	Health Agts. Rally Posts	Matrones (unsalaryed)
Artibonite	Claire Heureuse	142,778	9	1			8	3	6	72	3	64 - 260	240
	HAS	146,199	6			2	4	3	8	24	6	77- 176	
	Pierre Payen	33,785	1		1			6	8	16	2	36- 30	86
Centre	Save	45,245	4			1	3	2	2	10	1	11-44	134
Grand'Anse	AEADMA	28,795	1		1			5	6	9	2	23-40	60
	HHF	162,682	2			2		2	20	14	3	50-62	80
	Léon Coicou	12,000	1			1		1	1	3	1	12-45	40
	Ste Hélène	36,422	1			1			2	3	2	17-14	58
Nord	CBP	144,097	5	1	4			18	13	69	8	92-161	688
	CDS (Nord)	131,822	1			1		3	12	16	5	38-30	50
	CMC Dugué	60,562	1			1							
	Fds Michel (Kom,S)	40,000	1			1		1	3	3	1	11-1	27
Nord'Est	CDS (Nord'Est)	161,820	4	1	2		1	6	24	41	8	51-81	182
Nord'Ouest	Beraca	22,190	1	1				9	25	28	11	10-8	18
Ouest	CDS (Ouest)	26,951	1			1		2	2	6	2	8-24	20
	Fermathe	53,625	4	1		1	2	8	3	19	1	25-250	61
	Filles de la Charité	44,220	1			1		5	3	7	2	5-7	
	FOSREF	358,247	3			3		6	3	12	2	22-14	24
	ICC/Grace	63,124	1	1				14	23	16	13	22- -	70
	OBCG	57,964	1			1		2	2	5	2	25-56	24
	SADA	111,146	4		1	1	2	4	3	12	4	76-100	224
	St Paul	33,423	1		1			1	3	5	2	28-46	50
	FONDEFH	501,077	9		4	5		7	11	27	8	70-280	303
	FOCAS	118,599	2			2		2	4	5	3	33-5	86
L.Bontemps	38,775	1			1		3	2	3	2	7- -		
Sud	Clinique la Fanmy	32,823	1			1		2	4	3	1	11-1	
	MEBSH	69,966	6	1	1		4	6	9	30	8	35-108	242
Sud'est	SC. Thiotte	30,909	1			1			1				
Sub total		2,709,246	74	7	15	28	24	121	203	458	103	859 -1843	2,767

Population, Service Sites, Personnel for the MPHP "Targeted Zones" Supported by USAID through the SDSH Project 2009

Departement	Targeted Zones	Population	Service Delivery Sites					Personnel					
			Total	Hosp	Centers w. beds	Centers w.o. beds	Dispens.	Doctors	Nurses	Auxiliaries	Lab Techs	Health Agents Rally posts	Matrones (unsalaried)
Artibonite	PSCG	158,713	0					1	7	50		20-80	
	St Michel	106,598	9		1		8	2	2	28	2	71-284	144
	Marmelade	27,963	1			1		1	2	6	1	34-136	
	Grande Saline	16,726	1			1		1	1	4	1	19-76	20
Centre	Belladère	68,641	4	1			3	4	5	16	3	44-176	10
	Cerca la Source	45,887	2		1		1	7	3	5	3	32-128	75
	Savanette	33,862	2			1	1	1	2	8		22-88	34
Grand'Anse	Abricots	19,300	1			1		1	3	5	1	15 - 80	20
	Corail	23,376	1		1			2	3	4	1	19-80	20
Nippes	L'Azile	38,750	4		1	1	2	1	3	5		25-90	
	Anse à Veau	45,247	3		1		2	1	5	7	1	12-45	
	Petit Trou	29,279	2		1		1	2	4	5		17-85	60
Nord	Acul	47,426	6			1	5	2	5	9		22-22	125
	Borgne	56,769	2		1		1	2	5	3		33-31	200
Nord'Est	Mombin Crochu	31,473	2		1		1	2	4	8	2	30-120	60
	Ste Suzanne	25,492	2				2	2	2	7	2	20-80	80
	Vallières	21,342	2				2		1	5	1	18-72	80
Nord'Ouest	La Tortue	32,284	6		2		4	3	3	21	3	30-23	90
	Anse à Foleur	24,980	3			1	2		1	9	1	29-14	32
	Baie de Heine	22,639	5			1	4	1	1	11		12-96	60
Ouest	Belle Fontaine	40,656	0							3		24-3	46
	Cornillon	59,804	3		1	1	1	3	3	6	2	-9	
	Bel Air	66,330	1			1		5	1	6	2	18-15	
	St Martin	66,330	1			1		6	1	10	4	33-10	12
	Trou d'Eau Crochu	33,165	0						2	2		20-62	40
	Tayfer	33,165	1				1			3	1	2-10	
Sud	Les Anglais	27,393	1		1			1	4	7	1	27-66	87
	Ile à Vache	10,918	1			1		1	3	2	1	14-20	30
Sud'Est	Bainet	66,134	7		1		6	5	6	5	2	38-101	
Sub Total		1,280,642	73	1	13	12	47	57	82	260	35	700-2098	1,325
Total		3,989,888	147	8	28	40	71	178	285	718	138	1,559-3941	4,092

ANNEX 3

Health Personnel Trained with SDSH Support, October, 2008 through, April, 2009

Program Name	Start Date	End Date	Total Participants		Total Participants	Total by Theme
			Male	Female		
Census and community health services organization	11/03/08	11/07/08	24	11	35	194
	11/17/08	11/21/08	9	5	14	
	11/24/08	11/28/08	23	7	30	
	12/08/08	12/12/08	12	6	18	
	11/17/08	11/21/08	11	12	23	
	11/24/08	11/28/08	24	6	30	
	11/17/08	11/21/08	12	12	24	
	12/08/08	12/12/08	12	8	20	
Family planning	01/13/09	01/16/09	21	12	33	102
	01/20/09	01/23/09	12	23	35	
	02/23/09	02/25/09	15	8	23	
Norplant	03/31/09	04/03/09	3	8	11	
Health communication	11/24/08	11/28/08	18	3	21	21
HIV HIV stigmatization and discrimination	03/17/09	03/17/09	7	19	26	81
	03/18/09	03/18/09	14	18	32	
HIV and VCT for HIV; rapid tests	10/06/08	10/11/08	2	16	18	
HIV/PMTCT of HIV	10/13/08	10/24/08	1	4	5	
Hygiene and waste management	10/15/08	10/17/08	15	13	28	55
	11/03/08	11/05/08	14	13	27	
Maternal and neonatal health	03/09/09	03/13/09	2	11	13	328
	02/10/09	02/14/09	3	12	15	
Maternal health	10/03/08	10/05/08	2	11	13	328
	11/10/08	11/13/08	25	6	31	
	11/11/08	11/14/08	10	3	13	
	11/11/08	11/14/08	18	3	21	
	11/13/08	11/14/08	13	13	26	
	11/24/08	11/27/08	25	6	31	
	11/24/08	11/27/08	9	5	14	
	11/27/08	11/29/08	12	10	22	
	03/10/09	03/13/09	15	8	23	
	02/16/09	02/19/09	24	10	34	
	03/16/09	03/20/09	23	5	28	
	03/02/09	03/06/09	12	9	21	
	04/06/09	04/10/09	12	11	23	
Management information systems	03/17/09	03/19/09	2	7	9	34
	03/11/09	03/13/09	6	9	15	
	03/18/09	03/20/09	4	6	10	
Nutrition	01/20/09	01/21/09	5	13	18	57
	01/27/09	01/29/09	5	14	19	
	02/03/09	02/05/09	10	10	20	
Total			486	386	872	872

ANNEX 4

Repair and Re-equipping of Health Facilities Progress Report on Renovation of Sites with HIGHER Funding

Department	Sites	Status
West	SADA (Fonds Baptiste)	Ongoing
	SADA (Bellanger)	Ongoing
Grande-Anse	Abricots	Plan and budget revised and accepted by MSH and approved by the departmental director. Contract will be signed as soon as possible.
	Corail	After evaluation to be done on May 21, 2009, the plan will be submitted to the departmental director for approval.
Nippes	Azile	Evaluation visit will be done on May 7, 2009, and the plan will be submitted to the departmental director for approval.
	Petit Trou	Evaluation visit will be done on May 6, 2009. These renovations will be done in collaboration with FAES (<i>Fonds d' Assistance Economique et Sociale</i>).
North-West	Baie de Henne	Ongoing
South	Les Anglais	Renovation of the incinerator and painting has been completed.
North-West	Anse à Foleur	Evaluation visit will be done in July 2009, and the plan will be submitted to the Departmental Director for approval.
West	SADA (Fonds Baptiste)	Ongoing
	SADA (Bellanger)	Ongoing
	Cornillon	Evaluation visit will be done on May 27, 2009, and the plan will be submitted to the departmental director for approval.
Artibonite	St Michel	Evaluation visit will be done the first week of June 2009.
	Marmelade	Evaluation visit will be done the first week of June 2009.
Nippes	Anse à Veau	Evaluation visit will be done the second week of June 2009.
South-East	Bainet/Chomeille	Evaluation visit will be done the third week of June 2009, and the plan will be submitted to the departmental director for approval.
North-East	Vallières	Evaluation visit will be done in July 2009, and the plan will be submitted to the departmental director for approval.

ANNEX 5

PERFORMANCE-BASED FINANCING PROGRAM FOR THE PUBLIC SITES SUPPORTED BY SDSH PROJECT

Overview

Performance-Based Financing (PBF) is an approach to improve the efficiency of financing the health system in relation to the productivity of suppliers and service coverage and also in its impact on the health status of the population. It may be comprehensive (i.e. affecting the whole sector in its mission of improving the health of the population) or partial (i.e. concentrated on specific health programs), some regions of the country, or even some types of institutions.

The main objectives of the Performance-Based Financing Program are:

1. to extend coverage by improving the population's access to quality health care; and
2. to develop and implement management systems to work towards strengthening the entire Haitian health system.

The program is designed to strengthen the SDSH partnership with the MPHP and strengthen linkages and interdependence between the Departmental Directorates and service delivery sites in order to maximize the impact on the system and the results.

Specifically, the Departmental Directorates accept, in exchange for financial support and technical assistance provided by the SDSH Project, the following responsibilities: (1) to ensure that financial management systems, stock management inventory and monitoring are in place at the departmental level, and (2) to assume responsibility for the overall performance of the sites. Directors and staff of the Targeted Zones as well as of target sites accept responsibility for service delivery, service quality, data collection at site level, and achievement of results.

Performance of Departmental Directorates will be measured by management indicators emphasizing supervision, coordination and institutional strengthening. It is understood that, since all "targeted zones" (*Zones Ciblées*) and target sites do not have the capacity to immediately offer the complete package of integrated services, appropriate service delivery indicators and targets will be selected accordingly. The Departmental Directorates will have the responsibility to work with zone and site managers in the preparation of implementation plans including performance benchmarks to help achieve the overall objectives of the SDSH IPPS (Integrated Package of Priority Services) in whole or in part depending on the operational level of the service delivery institution (e.g. dispensary, health center).

The program will be initially introduced in four departments. All departments will have the same indicators with specific objectives. Indicators and objectives will be identified in consultation with the Departmental Directors and Sites Managers and according to the current status of funded sites in each targeted zone and the needs of the population.

This exercise prepares the way for the signing of a more comprehensive Memorandum of Understanding (MOU) with the Departmental Directorates and all operators in the sector in order to improve the health status of populations living in the departments. The SDSH Project will then work with MPHP for the development of a National PBF Strategic document.

Contract Mechanisms

Validation by the Ministry of Health

The SDSH Project will submit the draft MOU for analysis and approval by the Directorate General of MPHP to be signed by the Departmental Directorates for public sites supported by this project. This document will describe the PBF Program and will underscore that the support and involvement of both the SDSH project and the MPHP are fully implicated in the success of the program. SDSH believes it is essential that a central entity oversee the execution of these agreements signed with the Departmental Directorates and that the same entity also cosigns the agreements after signing by the Departmental Directors

Memorandum of Agreement between the Departmental Directorates and SDSH.

The SDSH Project will sign a MOU in support of the PBF Program with each of the Departmental Directorates. The MOU will include specific performance indicators as the basis of satisfactory performance: the targets to reach for the maintenance of technical assistance and financing and for the granting of additional performance bonuses; requirements for the submission of reports; a schedule for reimbursement of costs; and, a timetable for payment of premiums earned. The MOU between SDSH and Departmental Directorates will include provisions for the awarding of agreements based on performance with zones or sites of targeted service delivery.

The SDSH project will provide technical and financial support to Departmental Directorates. A quarterly schedule will be prepared by the Departmental Directorate in collaboration with program managers, SDSH Departmental Technical Advisors and SDSH Departmental Financial Managers. Interventions listed in this schedule should enable the Departmental Directorate to strengthen its leadership and to provide appropriate technical leadership to service delivery points. To this end, supervisory visits and meetings to follow up the action plan will be scheduled and implemented.

MOU between the Departmental Directorate and Service Delivery Sites

The Departmental Directorate will sign a MOU based on performance with the Site Managers or priority zones, with reference to the MOU signed between SDSH and the Departmental Directorate. The MOU between the Departments and sites, like the one signed between SDSH and the Departmental Directorates, will include performance indicators and specific targets that will be used to calculate the performance bonus.

Criteria for selecting a Targeted Zone (*Zone Ciblée*)

1. Ability to manage funds;
2. Ability to generate and track statistical data;
3. Ability to plan and organize the provision of care for the elements of the IPPS, according to the category of institution;
4. Commitment to provide care at both community and institutional level.

Type of Agreement

This type of agreement will focus on results but the SDSH project will provide close technical assistance to the targeted zones to both service delivery and the management of SDSH project funds, particularly in the documentation of expenditures and monitoring of budgets. Supervising the use of funds will be jointly conducted by the SDSH Project and the Departmental Directorate. Periodic reports on fund management and results achieved will also be shared with the entity at the central level which endorsed the subcontract signed between the SDSH project and Departmental Directorates.

Payment method

Payments will be made according to a payment schedule table that establishes the procedures for disbursement.

Amount not at risk: 95 percent of the total budget approved

Amount related to the performance premium: 10 percent of the approved total budget (which is the result of a combination of withholding 5 percent of the total approved budget and additional funds amounting to 5 percent of the approved budget). A bonus of 5 percent will also be given to the Departmental Directorate and the bonus amount will depend on the number of public sites participating in the PBF approach.

A bank account will be opened in the name of each targeted zone and will only receive the amounts deposited by the SDSH project. This bank account will be jointly managed by the SDSH Departmental Financial Manager and the Accountant of the Departmental Directorate.

The Departmental Directorate, with support from SDSH project, will establish a system of classification of evidence/proof of expenditure. The SDSH Central Financial Office reserves the right to make field visits to review the originals of supporting documents and simultaneously ensure that expenditures financed by the SDSH project are adequately supported.

The SDSH PBF Program for the Public Sector complies with USAID regulations with regard to the type of financial support that may be offered to the Government and the basis on which this support can be provided. It is important to note that this program does not pay compensation and salaries for public service personnel already covered in the national budget. However, it is allowed to recruit any additional needed staff for a site for the proper performance of IPPS, in reference to the staffing pattern set by the MPHP in its PMS (*Paquet Minimum de Services-Minimum Package of Services*) document.

Department

Targeted Areas

North:	Acul, Borgne, and the SDP satellites
NE:	Mombin Crochu, Sainte Suzanne, Vallières, and satellites
Artibonite:	Gonaïves, St-Michel, Marmelade, Grande Saline, and SDP satellites.
West:	Tayfer, Trou d'eau Crochu, Bel Air, Saint-Martin, Belle Fontaine, Cornillon, and Cite Soleil
Centre:	Belladère, Cerca la Source, Savanette, and SDP satellites
Grand Anse:	Abricots and Corail
Nippes:	L'Asile, Petit Trou de Nippes, Anse à Veau, and SDP Satellites
South East:	Bainet and SDP satellites

North West: Ile de la Tortue, Anse à Foleur, Baie de Henne, and SDP Satellites
South: Ile a Vaches and Les Anglais.

Indicators and Targets

After agreeing on indicators in each of the key technical areas, targets and deadlines will be established for each indicator. If targets are met performance bonuses will be awarded accordingly. All indicators of national MPHP HIS (Health Information System) are readily accepted, but the targets may be adjusted to reflect the reality of a site.

Ministry of Public Health and Population- Central Level

SDSH will continue to support the central level of the Ministry in its efforts to establish a framework of effective policies and provision of adequate technical assistance to the departments in implementing their work plans, maintaining the provision and improvement of services. The project will provide particular technical assistance in the following areas: development or revision of norms and protocols, strengthening of systems of national importance, especially financial management, HIS, commodity logistics, and supply chain systems.

Departmental Directorates

At the departmental level, the objectives will be linked to the development of management systems that support service delivery in the sites and ensure that results are monitored and reported in accordance with the terms of the agreement with SDSH. Specifically, the Departmental Directorate will be responsible for ensuring that:

1. plans based on performance are in place in the selected zones;
2. the system of distribution of drugs is strengthened and implemented to avoid stock-outs;
3. an information system is established to allow effective monitoring and accurate results;
4. targets are reached in the sites; and,
5. a timetable for the supervision of sites is established and honored.

Service Delivery Sites

In the provision of services, site managers will be responsible for ensuring that basic management systems are in place to manage medications and monitor the results achieved and related reports. The targets will vary according to specific needs and circumstances of the sites and come in response to the current state of service delivery and needs of the population in each zone.

Evaluation of the Performance and Performance Awards

It has been demonstrated and documented that a management system that provides incentives for performance can have a positive impact on performance of sites, health coverage and health status. Similarly, it is recognized that a development strategy incorporating performance bonuses for results that focuses on the goals can ultimately make organizations stronger and more effective.

The performance of the targeted zones that are funded through the PBF approach will be evaluated according to a formal review process established by the SDSH project and the

Departmental Directorate, of which the main steps are:

1. Mid-term evaluation;
2. Quarterly feedback to sites, to the Departmental Directorate and the Central level of MPHP;
3. Implementation of a technical assistance plan based on the findings; and
4. Validation of results and payment of premium: performance premiums established by mutual agreement will be determined after data validation by a team composed of two MPHP program manager, one representative of the Departmental Hospital, and one SDSH project representative.

Each department will have the opportunity to earn additional funds from the award of performance bonuses of up to an additional 5 percent of the zonal budget if all performance targets included in the negotiated performance plan are achieved. Similarly, each site will have the opportunity to earn additional funds also linked to the performance bonus of up to an additional 5 percent of its budget if all performance targets are achieved.

As is the case under all funding programs based on performance, this initiative has a risk factor in achieving targets set by mutual agreement. The risk is that if some or all of the (negotiated) performance targets are not reached, up to 5 percent of the approved budget may be lost.

Using the Performance Bonus:

The performance bonus can be used to motivate the targeted zone staff or may be invested in strengthening institutional capacity or expansion of programs. The ultimate use of the Performance Bonus is left to the discretion of the Committee composed of the Departmental Director, the Health Center Director or Coordinator, and MPHP program managers. The performance bonus will be paid in proportion to the objectives achieved. The award given to the Departmental Directorate must be used primarily in the context of institutional strengthening, including the purchase of equipment and materials.

ANNEX 6

List of Participants (institutions), March 27, 2009 Communications Presentation on Contractual Requirements: (a) Branding and Marking and (b) Success Stories

1. Association d'Entr'Aide des Dames-Mariens (AEADMA)
2. Caris Foundation,
3. Caritas Sacré-Cœur, Thiotte
4. Centre Bienfaisance Pignon
5. Centres de Développement et la Santé
6. CDS Pierre Payen, Ouest
7. Centre de Santé Sainte-Hélène
8. Centre Medical Beraca, Nord-Ouest
9. Hôpital Claire Heureuse
10. Clinique Saint Paul
11. Centre de Nutrition et de Santé Rosalie Rendu (CNSRR) Filles de la Charité
12. Centre de Santé Lucélia Bontemps (CSLB) Filles de la Charité
13. Centre de Santé Léon Coicou (CSLC) Jérémie
14. Fondation pour le Développement et l'Encadrement de la Famille Haïtienne (FONDEFH)
15. Food for the Hungry
16. Fondation pour la Santé Reproductrice et l'Education (FOSREF)
17. Hôpital Albert Schweitzer (HAS)
18. Haitian Health Foundation
19. Hôpital de Fermathe
20. Mission Evangélique Baptiste du Sud d'Haiti (MEBSH)
21. MSPP/Direction Sanitaire de l'Artibonite (DSA) ^a
22. MSPP/Direction Sanitaire du Centre (DSC) ^a
23. MSPP/Direction Sanitaire du Nord (DSN) ^a
24. MSPP/Direction Sanitaire du Nord-Est (DSNE) ^a
25. MSPP/Direction Sanitaire de l'Ouest (DSO) ^a
26. MSPP/Direction Sanitaire du Sud (DSS) ^a
27. MSPP/Direction Sanitaire du Nord (DSN) ^a
28. Œuvre de Bienfaisance de Carrefour et Gressier (OBCG)
30. Service and Development Agency (SADA)
31. Save the Children
32. Unité Communale de Santé / Cul-de-Sac Frontières (UCS/CSF) ^a

^a Departmental Directorate representatives

ANNEX 7

Visibility Events and Media Coverage

From October 2008 to March 2009, the communications component organized two high-level and one of medium-level public events to highlight both work and strategies implemented by SDSH.

Event	Visibility	Media Coverage & Stakeholders Present
<p>*As part of the Corporate Social Responsibility Component of SDSH, MSH signed an MOU March 2, 2009 with the Haitian Medical Association (HMA/AMH) and MPHP to receive a donation from a former AMH president supported by his U.S. partner hospital, Mercy Hospital of South Florida. The signing ceremony took place at the HUEH (Hôpital de l'Université d'Etat d'Haïti -Haiti State University Hospital). Fifteen anesthesia machines were presented to MPHP for distribution to the HUEH and several departmental hospitals throughout eight of the 10 departments</p>	<p>High</p>	<p>The signing was chaired by MPHP's General Director, and was attended by the project's CTO, the delegation from Mercy Hospital, MPHP, and HUEH senior staff.</p> <p>A large group of radio, newspaper, and television reporters covered the event; article published in major newspaper.</p> <p>The event was widely reported, mainly on prime-time news at mid-day and the evening of the same day.</p> <p><u>Media Hits:</u></p> <p>Radios Mélodie (103.3 FM), Solidarité (107.5 FM), Kiskeya (88.5 FM), Radio Ibo (98.5 FM), RFM (104.09 FM), Magik 9 (100.9 FM) Minustah FM (sur MBC), Galaxie (104.5 FM), Métropole (100.1 FM);</p> <p>Télévision Nationale d'Haïti (chaîne. 8), Télé Star (ch. 40) ; Canal 11 (chaîne 11), Télé Haïti (chaîne 2 câblée), Télémax (chaîne 5).</p> <p>Le Nouvelliste (print and online): http://www.lenouvelliste.com/article.php?PubID=&ArticleID=67922</p>
<p>A visit of U.S. Ambassador Janet R. Sanderson to the Pure Water for Haiti Campaign factory and training site in Varreux, followed by a main event in Soleil 4, in the commune of Cité Soleil December 11, 2008. This event highlighted work accomplished by the Corporate Social Responsibility Component of the SDS Project.</p>	<p>High</p>	<p>Attended by Ambassador Sanderson; USAID officials; foreign private donor representatives of Pure Water for the World, Rotary International, and the Safe Water Institute; numerous private sector partners of the including 100 primary school teachers and principals of the commune of Cité Soleil; and more than 300 school children.</p> <p>A video documentary was prepared by the embassy's services with SDSH support, and aired several times at later dates on the public TV station (channel 8).</p> <p>Media Hits: Stories printed in two main newspapers.</p> <p>Le Nouvelliste (print and online):</p>

		<p>http://www.lenouvelliste.com/article.php?PubID=1&ArticleID=65188</p> <p>Le Matin print and online: http://www.lematinhaiti.com/Article.asp?ID=16271</p>
<p>5-day technical exchange between MSH senior staff of Rwanda and Haiti regarding the PBF strategy applied through former USAID-funded projects and SDSH for service delivery in public health. During the exchange a conference was organized October 7, 2008 under MPHP's leadership represented by Acting General Director Dr. Marhône and attended by USAID senior staff and senior representatives of several donor offices, NGO representatives, and MOH officials.</p>	<p>Medium</p>	<p>Conference covered by prime time news on two major TV stations; article published by a major newspaper Special talk show aired on national TV (channel 8) about the technical exchange and the impact of the performance-based funding strategy on USAID-funded projects in Haiti (aired 3 times).</p> <p>Rwanda MOH senior staff featured in highly rated prime-time guest-of-the-day interview on a radio station with an extensive listenership.</p> <p><u>Media Hits:</u></p> <p>Le Nouvelliste (print and online): http://www.lenouvelliste.com/article.php?PubID=1&ArticleID=63021&PubDate=2008-10-09</p> <p>Haiti Press Network (online agency): http://www.haitipressnetwork.com/newsprint.cfm?articleID=10735</p> <p>Télévision Nationale d'Haiti (TNH) – National TV Channel 8 (an also on jumptv.com) Talk Show: Zafè Sante m se zafè la vi'm! aired 9 October 2008 at 9:00 PM</p> <p>Radio Métropole 100.1 FM: <i>Invité du jour</i> (Day's Guest of main anchor presentator) – 8 October 2009.</p>

ANNEX 8

Weighings and Malnutrition Tables 1 and 2

Table 1. SDSH: Total Weighings, Number, and Percentage of Low weight-for-age (LWA) and V (very)LWA, March 2009

Department	NGO	Sites	Total Weighings	LWA		VLWA		
				No.	%	No.	%	
Network			105,270	9,403	8.9%	3,110	3.0%	
Artibonite	Gonaives	Gonaives	3,215	311	9.7%	15	0.5%	
	Marmelade	Marmelade Pub	481	56	11.6%	28	5.8%	
	St Michel	CAL St Michel		252	5	2.0%	1	0.4%
		PS Lattalaye		298	42	14.1%	2	0.7%
		PS Platana		456	34	7.5%	10	2.2%
		Camathe		357	49	13.7%	10	2.8%
		Marmont		541	63	11.6%	11	2.0%
		Bas de Sault		566	18	3.2%	0	0.0%
		Lermite		364	11	3.0%	48	13.2%
		Lacidras		507	93	18.3%	15	3.0%
		Lalomas		354	45	12.7%	8	2.3%
Grande-Anse	Jérémie	Hop St Antoine Pub (UNICEF)						
		Klinik St Joseph Pr	1,303	290	22.3%	105	8.1%	
		Klinik Pep Bondye UNICEF/CRS	8,771	1,805	20.6%	1,030	11.7%	
	Abricots	CS Abrocots Pub	998	76	7.6%	10	1.0%	
	Corail	CAL Corail Pub	1,385	135	9.7%	44	3.2%	
Nippes	L'Azile	CS L'Azile	486	23	4.7%	3	0.6%	
		Morisseau Pub	288	51	17.7%	3	1.0%	
		Disp. Changieux Pr	693	58	8.4%	6	0.9%	
	Petit Trou	CSL Petit Trou Pub	1,280	73	5.7%	6	0.5%	

Department	NGO	Sites	Total Weighings	LWA		VLWA	
				No.	%	No.	%
	Anse A Veau	Disp. Grand Boucan Pub	219	8	3.7%	3	1.4%
		CS Jules Fleury	969	17	1.8%	2	0.2%
		Disp Arnaud	601	129	21.5%	2	0.3%
		Disp. St Yves	572	26	4.5%	0	0.0%
North	Pignon	Hop de Pignon Pr	1,988	613	30.8%	156	7.8%
	Dondon	CSL Dondon Pr	2,194	271	12.4%	90	4.1%
	St Raphaël	CSL St Raphaël Pr	2,230	240	10.8%	140	6.3%
	La Victoire	CSL La Victoire Pr	451	76	16.9%	8	1.8%
	Ranquitte	CSL Ranquitte Pr	1,076	129	12.0%	40	3.7%
North-East	Ouanaminthe	CAL Othe Mixte	4,077	293	7.2%	63	1.5%
	Mon Organisé	CAL Mont Organisé Mixte	1,017	225	22.1%	37	3.6%
	Vallières	CSL Vallières Pub	793	172	21.7%	60	7.6%
		Disp. Grosse Roche Pr	1,089	239	21.9%	49	4.5%
North-West	BERACA	CS BERACA	1,217	65	5.3%	25	2.1%
	Baie de Henne	CAL Baie de Henne Pub	226	76	33.6%	27	11.9%
		Disp.Citerne Remi	188	91	48.4%	37	19.7%
		Disp.Dupré	300	110	36.7%	100	33.3%
		Disp. La Source	324	62	19.1%	30	9.3%
		Disp.Petite Rivière	100	35	35.0%	15	15.0%
	Anse A Foleur	CAL Anse A Foleur Pub	482	34	7.1%	37	7.7%
		Disp.Côtes de Fer Pub	224	14	6.3%	3	1.3%
Disp. Dity Pub		869	68	7.8%	36	4.1%	

Department	NGO	Sites	Total Weighings	Low weight for age		Very low weight for age	
				No.	%	No.	%
West	SADA	SADA Pt Matheux Pr	2,874	379	13.2%	91	3.2%
		SADA Bellanger Pr	1,136	109	9.6%	10	0.9%
		SADA Sources Matelas Pr	934	95	10.2%	16	1.7%
		SADA Fonds Baptiste Pr	1,020	185	18.1%	51	5.0%
	FONDEFH	CS Cité Canada Pr	5,713	143	2.5%	9	0.2%
		CS Canapé Vert Pr	3,816	86	2.3%	35	0.9%
		CS Martissant Pr	10,151	340	3.3%	40	0.4%
		CS Bizoton Pr	2,935	89	3.0%	19	0.6%
		CS ADCEF Pr	4,469	136	3.0%	34	0.8%
		CS Main Tendu Pr	2,839	72	2.5%	32	1.1%
		CS Delmas 75 Pr	10,100	240	2.4%	21	0.2%
		CS Pétion Ville Pr	6,848	173	2.5%	4	0.1%
		CS Ste Elizabeth Pr	2,664	195	7.3%	26	1.0%
Cornillon	CS Cornillon Pub	2,008	366	18.2%	91	4.5%	
	CS St Vicent de Paul Pr						
	CS St Pierre Pub						
South	Les Anglais	CAL Les Anglais Pub (CRS)	1,661	247	14.9%	35	2.1%
South-East		CS Bainet Pub (SAVE/SDAH	402	42	10.4%	3	0.7%
		Disp. De Saurel Pub	297	4	1.3%	2	0.7%
		Disp. De Bahot Pub	661	145	21.9%	166	25.1%
		Disp. De Chaumeille Mixte	269	28	10.4%	71	26.4%
		Disp. Brézilienne Pub	80	7	8.8%	9	11.3%
		Disp. Bras de Gauche Pub	292	62	21.2%	20	6.8%
		Disp. Oranger Pub	300	29	9.7%	10	3.3%

Table 2. SDSH: Children Taken into Care for Acute Severe Malnutrition and Associated Pathologies

Department	NGO	Sites	IRA	Pneumonia	Diarrhea	Fever	Anemia	Parasites	Sarcoptose	Dehydration	Hypoglycemia	Septicemia	Hypothermia	
Network			615	30	212	195	415	51	19	398	1	2	22	
Artibonite	Gonaïves	Gonaïves												
	Marmelade	Marmelade Pub												
	St Michel	CAL St Michel												
		PS L'Attalaye												
		PS Platana												
		Camathe												
		Marmont												
		Bas de Sault												
		Lermite												
		Lacidras												
		Lalomas												
Grande-Anse	Jérémie	Hop St Antoine Pub (UNICEF)												
		Klinik St Joseph Pr												
		Klinik Pep Bondye UNICEF/CRS												
	Abricots	CS Abrocots Pub	24			11								
	Corail	CAL Corail Pub	91			1				6				
Nippes	L'Azile	CS L'Azile	4				8			1				
		Morisseau Pub												
		Disp. Changieux Pr	1			8	7							
	Petit Trou	CSL Petit Trou Pub				2	13			8				
		Disp. Grand Boucan Pub												
	Anse à Veau	CS Jules Fleury					6			3				
		Disp Arnaud				6	16			4				
Disp. St Yves														
North	Pignon	Hop de Pignon Pr												
	Dondon	CSL Dondon Pr												

Department	NGO	Sites	IRA	Pneumonia	Diarrhea	Fever	Anemia	Parasites	Sarcoptose	Dehydration	Hypoglycemia	Septicemia	Hypothermia	
	St Raphaël	CSL St Raphaël Pr												
	La Victoire	CSL La Victoire Pr												
	Ranquitte	CSL Ranquitte Pr												
North-East	Ouanaminthe	CAL Othe Mixte												
	Mon Organisé	CAL Mont Organisé Mixte												
	Vallières	CSL Vallières Pub												
Disp. Grosse Roche Pr														
North-West	BERACA	CS BERACA	24		5	1	11		3	4	1	2		
	Baie de Henne	CAL Baie de Henne Pub	12				7			6			2	
		Disp.Citerne Remi	14				6			12			4	
		Disp.Dupré	14				26			20			6	
		Disp. La Source	6				8	1		10			4	
		Disp.Petite Rivière	4				2			7			2	
	Anse à Foleur	CAL Anse A Foleur Pub	12				7			16			2	
		Disp.Côtes de Fer Pub	4				3			6			1	
Disp. Dity Pub		14				6			15			1		
West	SADA	SADA Pt Matheux Pr												
		SADA Bellanger Pr												
		SADA Sources Matelas Pr												
		SADA Fonds Baptiste Pr												
	FONDEFH	CS Cité Canada Pr	0	0	8	0	22	2	0	0				
		CS Canapé Vert Pr	0	0	21	34	0	0	10	0				
		CS Martissant Pr	125	2	31	12	83	15	0	84				
		CS Bizoton Pr	72	0	26	11	46	10	2	58				
CS ADCEF Pr	112	24	9	6	59	0	0	76						
CS Main Tendu Pr	82	4	16	5	48	1	1	62						
CS Delmas 75 Pr	0	0	0	12	18	5	0	0						

Department	NGO	Sites	IRA	Pneumonia	Diarrhea	Fever	Anemia	Parasites	Sarcoptose	Dehydration	Hypoglycemia	Septicemia	Hypothermia	
		CS Pétion Ville Pr	0	0	29	34	7	10	0	0				
		CS Ste Elizabeth Pr	0	0	67	52	6	7	3	0				
	Cornillon	CS Cornillon Pub												
		CS St Vicent de Paul Pr												
		CS St Pierre Pub												
South	Les Anglais	CAL Les Anglais Pub/CRS												
South-East		CS Bainet Pub SAVE/SDSH												
		Disp. De Saurel Pub												
		Disp. De Bahot Pub												
		Disp. De Chomeille Mixte												
		Disp. Brésilienne Pub												
		Disp. Bras de Gauche Pub												
		Disp. Oranger Pub												

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