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SDSH-Pwojè Djanm

Santé pour le Développement et la Stabilité d'Haïti—Pwojè Djanm

Semiannual Performance Report

August 3, 2007–January 31, 2008



Contract No: GHS-I-00-07-00006-00 Order No: GHS-I-01-07-00006-00

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About the Project

The United States Agency for International Development (USAID) country strategy (2006–09) for Haiti builds on more than 40 years of United States Government (USG) humanitarian relief, health, and development experience. It focuses development assistance through the analytic lens provided in the *New Strategic Framework for Foreign Assistance*.

In this strategy period, USAID will help Haiti reduce internal conflict and provide the basis to rebuild by addressing key sources of stress and conflict in economic, social, and political spheres, notably through creating employment and building assets for sustainable livelihoods (economic), increasing access to primary health services and basic education (social), and fostering improved rule of law and responsive governance (political).

USAID's vision of stability will be pursued through activities to achieve the following three strategic objectives (SOs) that are directly linked to reducing internal conflict, increasing the availability of essential services, and making initial progress to create policies and strengthen institutions upon which future progress will rest:

- More employment and sustainable livelihoods (Livelihoods SO)
- Increased access to quality basic social services (Services SO)
- Improved law and responsive governance (Governance SO)

In August 2007, USAID awarded Management Sciences for Health (MSH) a contract for the implementation of a new task order (TO), *Santé pour le Développement et la Stabilité d'Haiti—Pwojè Djanm (SDSH—Pwojè Djanm)*.

The purpose of this TO is to improve the health status of vulnerable populations so that they can become more productive members of society to promote stability within their communities and participate in the economic and social development of Haiti. Specifically, the technical assistance delivered under this TO targets approximately 50 percent of the Haitian population and aims to increase their use of an integrated package of basic health services that includes maternal and child health care, family planning (FP) services, and prevention and control of diseases of major importance, including HIV & AIDS. Both public (*zones ciblées*) and private (nonprofit) sector health care delivery will be strengthened as well as the Ministry of Health's (Ministère de la Santé Publique et de la Population, MSPP) ability to carry out their executive function role at the central and departmental levels. A special focus of technical assistance under this TO will be to support the improvement of stability in so-called hot spots as identified by USAID (Petit Goâve, Port-au-Prince, St. Marc, Gonaives, Cap Haïtien, and Les Cayes).

SDSH-Pwojè Djanm is an MSH-led collaboration of Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs, the AIDS Healthcare Foundation, JHPIEGO, and the *Fondation pour la Santé Reproductrice et l'Éducation Familiale* (FOSREF) with USAID, the Government of Haiti (GOH), local nongovernmental organizations (NGOs), community leaders, and the Haitian commercial private sector.

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Acronyms

AERDO	Association of Evangelical Relief and Development Organizations
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
BCC	behavior change communication
BID	Inter-American Development Bank
CDC	U.S. Centers for Disease Control and Prevention
CM	community mobilization
CRS	Catholic Relief Services
CTO	Cognizant Technical Officer
DAB	<i>Direction Administrative et du budget (MSPP)</i>
DPMMT	<i>Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle</i>
DSF	<i>Direction de Santé de la Famille (MSPP)</i>
FHI	Family Health International
FOSREF	<i>Fondation pour la Santé Reproductrice et l'Education Familiale</i>
FP	family planning
GDA	Global Development Alliance
GOH	Government of Haiti
HAART	highly active antiretroviral therapy
HCP	Health Communication Partnership
HIS	health information system
HIV	human immunodeficiency virus
HS-2007	Haiti-Santé 2007 Project
INSHAC	<i>Institute Haitien de Santé Communautaire</i>
JHPIEGO	a corporation name
JSI	John Snow, Inc.
LHTF	local health task force
LMS	Leadership and Management Project
M&E	monitoring and evaluation
MEASURE	Monitoring and Evaluation to Assess and Use Results [USAID]
MOU	memorandum of understanding
MSH	Management Sciences for Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i>
MYAP	Multi-Year Assistance Program
NGO	nongovernmental organization
PADESS	Health System Development Support Project (<i>Projet d'Appui au Développement du Système de Santé</i>)
PDI/PCI	<i>Plan Départementaux Intégrés/ Plan Communaux Intégrés</i>
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHN	Population, Health, and Nutrition Office [USAID]
PLWHA	people living with HIV & AIDS
PNLT	<i>Programme National Lutte contre la Tuberculose</i>
PMTCT	prevention of mother-to-child transmission

PSPI	<i>Paquet de Services Prioritaires Intégrés</i>
SCMS	supply chain management system
SDMA	Service Delivery and Management Assessment [protocol or tool]
SDSH	<i>Santé pour le Développement et la Stabilité d’Haiti</i>
SO	strategic objective
TO	task order
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
VCT	voluntary counseling and testing

Executive Summary

Smooth Transition and Start-up Delayed award eliminated the planned transition period between *SDSH-Pwojè Djanm* and its predecessor, the HS-2007 Project. HS-2007 had extended its agreements and contracts for service delivery with its partners to its closing date September 30, 2007. As of October 1, 2007, nevertheless, 152 service delivery sites were supported by *SDSH-Pwojè Djanm* for the delivery of an integrated package of services to a target population. The Package of Services (*Paquet de Services Prioritaires Intégrés*, PSPI) incorporates HIV & AIDS, tuberculosis, maternal health, child health, family planning, and reproductive health. It must be noted that although 21 NGO Partners' plans and contracts were set in time for the Contract Period 2007–08, a process delay regarding interpretation of regulations caused a months-long delay in signing. While service delivery continued, almost all institutions reported serious difficulties and constraints.

SDSH-Pwojè Djanm continued to manage the Family Planning Commodities Distribution System started under the HS-2007 during the times of peak insecurity in Haiti.

Project Monitoring and Evaluation System for Services in Place Once feedback was received from Project's Cognizant Technical Officer (CTO) on its draft plans, an internal Performance Management Plan and an Executive Information System were put in place at MSH for monitoring program implementation (milestones) and evaluating results (deliverables and achievement of targets).

New and Improved Service Delivery and Management Assessment Protocols were confirmed in collaboration with the MSPP, NGO partners, the Health System Development Support Project (Projet d'Appui au Développement du Système de Santé, PADESS), and JHPIEGO. The SDMA document used by the HS-2007 Project was thoroughly revised and adapted in line with the objectives of *SDSH-Pwojè Djanm*.

PMTCT of HIV Services Offered in 13 Sites and Technical Assistance Plan in Progress Draft guidelines for community-based PMTCT were developed.

Quality of ART Services Confirmed by International Experts

AIDS Healthcare Foundation conducted a thorough review and analysis of HIV service protocols over the past 3 years followed by the first of a series of *SDSH-Pwojè Djanm* ART quality assurance and quality improvement conferences for reviewing care provided to HAART patients.

MSPP Starts New Process for Donor Coordination at Central Level With *SDSH-Pwojè Djanm's* assistance, MSPP *Direction Générale* is organizing periodic donor coordination meetings at the central level. These meetings are a first step in a broader plan to increase MSPP leadership and improve donor coordination.

Launch of the Forum National pour le Réalignement de la Réforme du Secteur Santé *SDSH-Pwojè Djanm* participated as a member of the MSPP Task Force in the preparation and organization of the launch of the forum, which took place at Karibe Convention Center in December.

Coordination and Synergy and development of a working partnership with the commercial private sector is a priority for increasing the number of public-private alliances in support to the health sector, improving donor coordination, and initiating a gradual reduction of NGO dependence on USAID's technical and financial support for delivery of health services.

Strategic Partnership Launched with the UNIBANK Foundation MSH has formed a formal strategic partnership with UNIBANK's Foundation, the only Haitian foundation created with a significant endowment from the Haitian private sector. The first-year plan is ambitious and comes with a commitment of budgetary resources and executive expertise from the foundation. Goals include collaboration to mobilize at least 15 private sector institutions to be effectively engaged in support to specific activities of *Pwojè Djanm*.

Formal MOU Signed with Pure Water for the World In the context of the project's clean water component and given its GDA objectives, *SDSH-Pwojè Djanm* collaborated with Rotary International and the Rotary Club of Pétion Ville to organize the highly successful International Summit on Clean Water held in Port-au-Prince in December 2007.

SDSH-Pwojè Djanm Communications Plan Developed Early in project implementation, meetings were organized with the Population, Health, and Nutrition (PHN) Office and the Program Office at USAID to clarify expectations and discuss implementation mechanism for this component. Subsequently, a Communications and Branding Plan was developed by MSH and approved by USAID.

Behavior Change Communication and Community Mobilization Launched

SDSH-Pwojè Djanm provided targeted technical assistance to the project's NGO partners for the development of their local BCC plans and also provided technical support to the MSPP central level for the design, planning, and organization of workshops in the North, the Centre, and the Nippes.

Introduction

This semiannual performance report is submitted in compliance with Section F.2 of the *SDSH-Pwojè Djanm* TO. It includes the following:

- A summary of Year 1 key interventions and expected results (as per the approved Milestones Plan)
- Main implementation issues identified and resolution of those issues
- Highlights of progress to date in the execution of the Milestones Plan
- Progress to date toward meeting Year 1 deliverables and targets

Summary of Year 1 Key Interventions and Expected Results

The expected results and key interventions included in the Milestones Plan can be regrouped into the following four categories:

- *Services*—Ensuring a smooth transition from the previous USAID-funded health program (Haiti-Santé 2007, HS-2007), avoiding a gap in service delivery, and assisting service delivery partners for effective organization and delivery of the Integrated Package of Services according to MSPP norms and standards
- *Decentralization*—Assisting MSPP in its efforts to strengthen its executive functions and increased managerial capacity at departmental level and initiating a planned de-concentration process of MSH/Haiti operations
- *Launching the Global Development Alliance (GDA) Initiative*—Promoting corporate social responsibility, increasing the number of public-private alliances in support to the health sector, improving donor coordination, and initiating a gradual reduction of NGO dependence on USAID’s technical and financial support for delivery of health services
- *Communications and Public Relations*—Informing key stakeholders and the public of (a) USAID’s assistance and contribution to Haiti’s health sector and (b) MSPP’s initiatives, interventions, and successes

The following is a synopsis of main results anticipated and key interventions planned for the six SDSH program elements in each of the four categories.

Service Delivery

Definition of the Integrated Package of Services and Assistance to Local Levels

- MSPP norms and models for the organization and delivery of the Integrated Package of Services will be inventoried, updated, packaged (as needed), and disseminated to all service delivery points.
- MSPP program managers will be engaged and supported to provide technical assistance to departmental and commune levels.
- Behavior change communication (BCC) and community mobilization (CM) strategies in support to the components of the service package will be implemented at the local level. Related BCC and CM messages and tools will be updated and disseminated to service personnel and communities as appropriate.
- The Service Delivery and Management Assessment (SDMA) tool and the planning methodology for improving services organization will be upgraded and applied in all SDSH-supported sites.
- Youth groups will be formed and trained to participate in implementation of the service delivery component.
- Technical assistance and funding (using a performance-based financing strategy) will be provided to SDSH partners for the organization and delivery of quality services.

Child Health

- By the end of the first year, 83 percent of children under one year of age in *SDSH-Pwojè Djanm* target areas will be fully immunized.
- All primary schools in target areas will be inventoried and considered as *points fixes* for service delivery.
- A total of 315,850 children will be reached by nutrition programs implemented by *SDSH-Pwojè Djanm* partners. An important strategy will be the establishment of coordination mechanisms between *SDSH-Pwojè Djanm* and Title II partners for synergy in program implementation and reporting to USAID.
- Providers' and caregivers' knowledge about diarrhea prevention and treatment of dehydration will be significantly improved. Promotion and use of oral rehydration salts and techniques for water purification will be enhanced in target areas.

- A safe water component will be launched in collaboration with Pure Water for the World as part of the GDA Initiative. This effort will make safe water available in select schools and health sites in *SDSH-Pwojè Djanm* target areas.

Maternal Health

- At least 50 percent of pregnant women in target areas are expected to benefit from three prenatal visits according to MSPP norms; 31 percent of new mothers will benefit from a postnatal consultation; and community workers will execute 47,670 postnatal home visits.
- All service providers will be adequately trained to provide a full package of maternal and neonatal health, reproductive health, emergency obstetrical care, prevention of mother-to-child transmission (PMTCT), and FP services.
- All sites will have structured and supervised traditional birth attendant programs linked to institutional services.
- Local community groups (e.g., the local health task force, LHTF) will be trained to support birth-preparedness, facilitate transfers of pregnant women, and reduce delays.
- Partnerships and referral systems will be established in each target area to ensure a continuum of care from SDSH partners to organizations supported by other donors for maternal care services at higher levels of the health pyramid.
- Effective collaboration will be established with the USG team and U.S. President's Emergency Plan for AIDS Relief (PEPFAR) activities implementers to assist MSPP departmental directorate program managers in the development of innovative strategies to increase uptake of prenatal care—essential for the PMTCT program.
- Technical assistance will be provided to ensure application of PMTCT new norms at all prenatal care and maternity wards while building the capacity of service providers at targeted sites in the management of newborns and infants of HIV-positive mothers.

Family Planning

- By the end of Year 1, the contraceptive prevalence rate will have increased by one point in *SDSH-Pwojè Djanm* target areas. Access to and use of long-term and permanent methods will be increased.
- At service delivery level, FP will be integrated with mother and child health, HIV & AIDS treatment, postpartum care, and postnatal care.
- Youth-friendly and appropriate FP services will be provided in FOSREF youth centers, and youth groups will be engaged in peer education and assistance to other sites for implementation of youth-friendly services.

Sexually Transmitted Infections and HIV & AIDS

- *SDSH-Pwojè Djanm* will provide a package of services with HIV & AIDS effectively integrated with programming for sexually transmitted infections and TB, maternal and child health, and FP. This comprehensive approach will promote a continuum of services from prevention to care and treatment supported by strengthened laboratories. A special emphasis will be put on holistic care, human dignity, effective internal and external referral mechanisms, appropriate infrastructure, and availability of material and equipment required by the norms. Pediatric care will be introduced in select *SDSH-Pwojè Djanm* sites in collaboration with other PEPFAR partners.
- By the end of Year 1, 25,000 pregnant women and 50,000 others will have been tested for HIV using the opt-out strategy. Institutional services will be complemented by mobile clinics in select target areas.
- One thousand HIV-positive pregnant women will have been enrolled in PMTCT prophylaxis programs; 7,000 people living with HIV & AIDS (PLWHA) will have received palliative care; 400 people will have been trained to provide clinical and community palliative care; and 1,800 PLWHA will be receiving antiretroviral therapy (ART) services provided by six NGO sites.
- Effective linkages will be established with other PEPFAR program implementers and Title II partners to address the dietary and nutritional needs of PLWHA.
- Finally, *SDSH-Pwojè Djanm* will collaborate with the supply chain management system (SCMS) to ensure continuous availability of HIV commodities and medicines.

Tuberculosis

- By the end of the year, TB detection and treatment services will have been integrated into 20 *SDSH-Pwojè Djanm*–supported sites with a focus on effective TB and HIV integration. Key interventions will include providing assistance to the MSPP to finalize protocols and curricula for effective HIV and TB integration; assisting service delivery sites to capitalize on the networks of *accompagnateurs* already functional and ensuring cross-training for them to be engaged in HIV and TB integration; collaborating with the National TB Program to review service delivery strategies with the aim of increasing cost effectiveness and impact; and collaborating with the *Programme National Lutte contre la Tuberculose* (PNLT) to ensure continuous availability of laboratory reagents, materials, and equipment at sites level.

Youth Programs

- By the end of the year, youth groups formed at the departmental level will be fully engaged in project implementation (especially in quality assessments of services targeting youth and in providing assistance to SDSH partners for the implementation of youth-friendly services).

- Youth-friendly services will be available in select sites, and youth will be actively engaged in education activities and in the promotion and delivery of select services.
- New BCC approaches will be conceptualized and used with youth groups' full involvement.
- Partnerships with other organizations implementing youth programs (e.g., the *Ministère de l'Éducation Nationale*, COREJEB, and the Haitian Out-of-School Livelihood Initiative) will be established to share strategies and lessons learned, capitalize on previous investments with youth, and enhance continuum of interventions as well as synergy.
- Finally, youth will be not only beneficiaries but full participants in the development and implementation of key project components.

Governance, MSPP Executive Functions, and Decentralization

In this first year of project implementation:

- MSPP's 10 departmental directorates will have developed and implemented Integrated Departmental Plans with quarterly monitoring of plans implementation. In addition, 60 communes will have, for the first time, developed and implemented Integrated Communal Plans.
- At least five MSPP departmental directorates will have established their *Tables de Concertation* with the aim of mobilizing civil society and elected officials, monitoring Integrated Departmental Plans implementation, and promoting donor coordination at departmental level.
- Revised technical supervision programs for service components will have been implemented and functional in five departments.
- MSPP's Central Planning Unit will have revised and simplified the departmental planning methodology used in 2007 and completed, with donor community cooperation, the 2008–09 planning process in all communes.
- *SDSH-Pwojè Djanm* will have developed and implemented joint plans with key donors identified in each department.
- Five MSH/Haiti project management offices will have been implemented and become fully functional.
- The MSPP Financial Management System will have been adapted and fully implemented in two departments.

- The design of the revised National Commodities Management and Distribution System will have been completed and approved by the MSPP with an implementation plan to be launched in Year 2.
- All public sites supported by *SDSH-Pwojè Djanm* will have implemented the health information system (HIS) developed with USAID assistance, will be able to report service delivery data on a timely manner, and will use the information generated for local programming and decision making.
- A performance-based financing strategy for health service delivery will have been implemented in 10 public sector sites.

Global Development Alliance and Corporate Social Responsibility

This important initiative will be launched during the first year of project implementation. Key results and interventions will include the following:

- A formal partnership and joint plan with the UNIBANK Foundation will be launched to implement this component and mobilize private sector partners to support the Haitian health sector.
- Formal partnerships will be formed and joint plans implemented with the Rotary Club, the Haitian Medical Association, Pure Water for the World, COMCEL (the Haitian cellular telephone company), the Yélé Haiti Foundation, and at least one Haitian consulate on the U.S. east coast.
- Joint plans (with common goals and shared funding) will be implemented with other donors to support implementation of the Integrated Departmental Plans.

Communications and Public Relations

- Communications and public relations activities will focus on public outreach, informing the public and key stakeholders about U.S. assistance and contribution to Haiti's health sector and about GOH/MSPP initiatives and successes.
- A Communications and Public Relations Plan will be developed and implemented.
- The local media and targeted journalists will be engaged and supported to follow project implementation and report on key events and successes.
- A number of high-visibility events will be organized and monthly success stories will be produced and disseminated.
- A collaboration will be established with the UNIBANK marketing group to mobilize private sector expertise in support of this component and to multiply outlets for messages and communication.

- A health-oriented journalist network will be formed, educated, and supported to report on relevant health issues and information.

Implementation Issues Identified and Resolution of Those Issues

- Late signature of the *SDSH-Pwojè Djanm* contract necessitated a significant adaptation of the transition plan that had been developed and agreed upon for the end of HS-2007 and the overlapping start-up of the new project. Of primary concern were the service delivery contracts that under HS-2007 had been scheduled to end on June 30, 2007; *SDSH-Pwojè Djanm* had been designated to initiate new service agreements with the NGO networks and agreements for the *zones ciblées* plans on July 1. To maintain continuity of service support, HS-2007 extended all existing service contracts through September 30. These extensions succeeded in maintaining support, but also caused a delay in documentation of HS-2007 results and in implementation of the *Pwojè Djanm* management strategy. An additional impact of the delayed signing was the loss of some professional staff initially committed to join MSH's team, including the original candidate for the key position of Communications and Public Relations Specialist.
- Initial MSPP disagreement and concerns regarding project design, priorities, strategy, and structure necessitated a two-month discussion, which was completed January 15, 2008, and a related hold at the departmental level for activities and *zones ciblées*.
- The core strategy to focus project efforts in the public sector through the *zones ciblées* in the departments raised some concerns within the MSPP core staff which—coupled with some consternation at the top levels regarding the USAID decision to focus FP commodity support on the sites receiving technical assistance from USAID collaborating agencies—meant that the collaboration between MSPP and USAID required some reinforcement. As a result, the initially planned meetings with the departmental leadership on implementing *Pwojè Djanm* had to be postponed from the originally scheduled dates in November 2007 to mid-January 2008. Although disruptive to the implementation of the work plan, this interruption did afford the opportunity for frank discussion and reaffirmation of common goals.
- Initial determination by USAID/Haiti Contracts Office that program income could not be generated in service delivery sites funded partially or entirely by USAID led to a two-month delay in launching NGO services. The technical concern of the USAID Contracts Office (i.e., raising some concerns over the status of income generated by health services subcontractors) caused delay in the execution of the service delivery subcontracts that are critical to the maintenance of high-quality health services to the people of Haiti through the NGO partners. MSH was pleased to collaborate with USAID in clarifying the situation, and although it was resolved positively, the technical issue caused a delay of more than two months in confirming contracts that had been scheduled to begin on December 1. During the interval, NGO partners were kept informed by the *Pwojè Djanm* leadership, and with some significant distress, the NGOs were able to maintain core services.

- Constraints for technical assistance to MSPP for financial management. *Pwojè Djanm* support to the financial management function of the MSPP has been hampered by inertia of the Administrative and Budget Unit within the MSPP. Despite Minister's and the Director General's interest, this initiative has not moved forward. The project team had laid the groundwork for the next steps (i.e., generating drafts for the two missing sections of the *Finance and Administration Manual*) and will now seek direct support from the Minister of Health and Director General in plotting out the way forward.
- The initial design hypothesis for technical assistance to MSPP in HIS was not valid.
- MSH initiated *Pwojè Djanm* with the understanding that the HIS was already designed and being implemented with assistance from John Snow, Inc. (JSI). In making field visits to assess the current situation, MSH learned that this initial understanding was not valid. USAID subsequently has requested that JSI conduct a thorough evaluation on its work, but the results of that analysis have not yet been received.
- Employment of the Communications and Public Relations Specialist was terminated. The candidate identified to replace the originally proposed Communications and Public Relations Specialist was not able to meet performance requirements. Moving forward, the team has retailored the strategy for this position and has just hired a replacement (Anathalie Durand).

Highlights of Progress to Date in Execution of the Milestones Plan

Access to and Use of an integrated Package of Services

A Smooth and Seamless Transition from USAID Previous Health Project

As of October 1, 2007, 152 service delivery sites were supported by *SDSH-Pwojè Djanm* for the delivery of an integrated package of services to a target population.

Because of delays in awarding this TO, there was no transition period between *SDSH-Pwojè Djanm* and its predecessor, the HS-2007 Project. HS-2007 had extended its agreements and contracts for service delivery with its partners to its closing date September 30, 2007. Upon signature of the TO, MSH quickly mobilized and signed two-month (October and November) transition contracts with NGOs and memoranda of understanding (MOUs) with the MSPP to support service delivery in all target areas. At the time of signature of these contracts and MOUs, all necessary management and administrative systems needed to support these field operations were in place and fully functional.

The Package of Services (*Paquet de Services Prioritaires Intégrés*, PSPI) provided incorporates the five program elements of the TO: HIV & AIDS, tuberculosis, maternal health, child health, FP, and reproductive health.

Definition of the PSPI with MSPP Guidelines, Norms, and Standards Completed

Once a gap in services was avoided, MSH's first priority, in October 2007, was (a) to revise the definition of the PSPI in line with *SDSH-Pwojè Djanm*'s priorities and objectives and (b) to incorporate MSPP's guidelines, norms, and standards for organization and delivery of health services for the components included in the package. This revision is based on a holistic approach for delivery of services, which promotes the integration of all program elements at service delivery level.

Using a participatory process involving staff from *SDSH-Pwojè Djanm*, MSPP technical staff from both central and departmental levels, representatives of select cooperating agencies, NGOs and donors, a document defining the PSPI was developed. This document includes a comprehensive definition of each element of the PSPI; key MSPP norms, standards, and protocols for the organization of services and ensuring quality of care; and staffing patterns and standard materials and commodities needed for the delivery of the PSPI. This document served as key reference (a) to service delivery partners for the preparation of their service delivery plans for 2008–09 and (b) for the revision by MSH and its partners of the SDMA guidelines and protocols.

After completion of fieldwork to assess organization of services and quality of care in sites supported by the project, MSH will work with the MSPP to inventory norms, standards, and guidelines that need to be updated and to develop a plan for revisions, updates, production, and dissemination of updated norms. MSH will also work, in collaboration with the Haitian Medical Association and others, in the development of a simplified school health package that will complement the PSPI. The school health package will be provided to students in all primary level schools in SDSH target areas.

Twenty-One NGO Partners' Plans and Contracts Completed for the Contract Period 2007–08

To facilitate the development by its NGO partners of their technical plans and budgets for the contract period 2008–09, MSH prepared and made available to all its partners, in October 2007, a package with all the necessary documents for NGOs to prepare plans and budgets to be proposed to MSH. The package included the following:

- A summary of *SDSH-Pwojè Djanm* technical mandates and priorities
- A copy of the just-completed PSPI document and service package norms
- A scope of work with deliverables and objectives for service delivery and management interventions for a 10-month period from December 1, 2007, to September 30, 2008
- Guidelines for development of service delivery work plans and budgets
- Guidelines for developing strategies for cross-cutting domains such as BCC, CM, and training
- Briefing templates
- Standard formats and computerized tools to guide and facilitate the preparation of technical, administrative, and financial plans

The 10-month planning period was chosen to give the program ample time to realign its planning years with USAID and GOH planning cycles as of 2008. A deadline was then set for all partners to submit their proposed plans to MSH. Technical assistance was provided as needed for the completion of these plans.

In preparation for receiving and reviewing partners' plans for 2007–08, a technical analysis guideline document, a budget review guide, and standard templates for documenting review teams findings and conclusions were developed by MSH. Six multidisciplinary analysis teams, which included SDSH and USAID staff, were formed and an orientation session was organized for their members.

Most of the month of November 2007 was dedicated to the review of 21 proposals received from NGOs for management and delivery of the PSPI in 80 service delivery points and their related community programs.

Finally, the NGO subcontracts (with their negotiation memoranda) for service delivery to a target population of were submitted to USAID's Contracts Office along with MSH's request for its consent to subcontract. These subcontracts were to be effective on December 1, 2007.

By the end of this reporting period (January 31, 2008), consent to subcontract had not been received by MSH (please refer to "Implementation Issues Identified and Resolution of Those Issues"). This two-month delay has had serious implications for the effective launch of the project and for service delivery in the field.

Behavior Change Communication and Community Mobilization Launched

SDSH-Pwojè Djanm provided targeted technical assistance to the project's NGO partners for the development of their local BCC plans. Using the guidelines and templates provided by *SDSH-Pwojè Djanm*, all NGO partners have developed and budgeted their local BCC and CM plans. These proposed plans have been revised by *SDSH-Pwojè Djanm*, and feedback has been provided to partners. From the analysis of the proposals submitted by partners, technical assistance and training priorities have been identified. This assistance will begin after NGO contract signatures with MSH for service delivery and after the presentation and discussion of these plans with the BCC and CM coordinators in MSPP departmental directorates.

SDSH-Pwojè Djanm provided technical support to the MSPP central level for the design, planning, and organization of workshops in the North, the Centre, and the Nippes. These workshops will map BCC and CM interventions to improve coordination at the departmental level.

SDSH-Pwojè Djanm provided assistance to MSPP to update BCC and CM intervention strategies. Upon the completion of SDMA activities, *SDSH-Pwojè Djanm* and MSPP will develop an agreement with MSPP defining collaboration in these two critical cross-cutting areas and determine funding levels to be made available in the context of the decentralization component. *SDSH-Pwojè Djanm* also participated in meetings with Family Health International (FHI), the Association of Evangelical Relief and Development Organizations (AERDO),

Catholic Relief Services (CRS), and the Health Communication Partnership (HCP) to build consensus on the new model for the organization of palliative care for HIV-positive people in the PEPFAR program and in the PEPFAR Technical Working Group on palliative care to refine the model.

Technical assistance was provided to partner organizations in palliative care. The preparation and facilitation of the December 2007 workshop was organized at Kaliko for MSPP departments supported by PEPFAR through the COAG, NGOs, and ITR involved in palliative care.

Finally, a technical framework document was developed of the organization of the LHTF proposed by MSH. The draft document is currently being reviewed by MSPP and *SDSH-Pwojè Djanm* partners. SDSH is also in discussion with the MSPP/Inter-American Development Bank (IDB) project to ensure coordination with a similar strategy being implemented by that project in some common target areas. Upon completing discussion with MSPP/IDB and receiving partners' feedback, the LHTF document will be revised and finalized. The LHTF strategy should be launched by Quarter 4.

Note: The community mobilization program for HIV prevention developed with six departments (Artibonite, North East, North, South, Nippes, and the South East) had to be canceled due to *SDSH-Pwojè Djanm* budget constraints and modifications in MSH's mandate.

Reduced Service Delivery Capacity in December 2007 and January 2008

As of the end of this reporting period (January 31, 2008), the USAID/Haiti Contracts Office had not yet granted consent to subcontract. Consequently, MSH has not been able to sign service delivery contracts with its NGO partners. The transition contracts initially signed with NGOs to avoid a gap in services when SDSH began expired on November 30, 2007.

On January 10, 2008, MSH reached 82 percent of its NGO partners affected by this delay and conducted phone interviews to inquire about the situation in the field and the potential impact of this situation on services. The following list summarizes feedback received from the field during these interviews:

- Almost all institutions reported facing serious difficulties and constraints (e.g., inconsistent payment of salaries and wages; shortages of petrol, propane for cold chain, and other consumables; limited or no supervision and visits to the field; complaints from suppliers and credit freezes because of late or no payments; need to secure loans from bank or other projects; bank accounts in the red).
- As of January 10, service activities had stopped in one institution and were about to be stopped in four others.
- Twenty percent of institutions had already lost some of their personnel.
- Four institutions had begun layoffs of staff (four doctors, two nurses, 20 auxiliaries, and 80 health agents).

- Personnel management reported difficulties related to a drop in motivation, high absenteeism, and irregular work schedules.
- Seventy percent of institutions anticipated a complete stoppage of services if, by January 31, contracts for services had not been signed with MSH.

This situation has also had serious implications for the project staff and the implementation of the Year 1 Milestone Plan.

- After contract signatures, an initial technical assistance plan was supposed to be executed to help partners address key weaknesses identified during the analysis of their proposals. Because of the instability in the field and the unavailability of key staff, however, this assistance was not possible.
- NGOs have not been able to finalize the operational plans that were to be presented to and discussed with MSPP departmental directorates in January.
- The launch of the SDMA anticipated for January was postponed to February or March, depending on when the situation will be resolved.
- Delay in execution of the SDMA had a ripple effect in schedules of other key activities which are to follow the SDAM (e.g., the development and execution of technical assistance, training, procurement, and infrastructure renovation plans).
- PEPFAR 2007 activities were also affected because the HIV component is integrated into the service delivery subcontracts for which consent to subcontract has not been obtained.
- Although the inventory of program norms was completed, the revision process was postponed to March 2008.

After contract signatures, MSH will review statistics provided by the NGOs and revise its priorities, technical assistance, and Milestones Plan accordingly.

New and Improved Service Delivery and Management Assessment Protocols

In collaboration with the MSPP, NGO partners, the Health System Development Support Project (*Projet d'Appui au Développement du Système de Santé*, PADESS), and JHPIEGO, the SDMA document used by the HS-2007 Project was thoroughly revised and adapted in line with the objectives of *SDSH-Pwojè Djanm* and the revised document defining the PSPI.

The revised document is a practical tool designed to be used by a multidisciplinary team to assist management and service delivery staff in the assessment of (i.e., model of) organization of services and quality of care (using MSPP norms as a reference), including waste management and compliance with the Tiaht Amendment, and effectiveness of management support systems (i.e., financial management, commodities management, HIS, and human resources management and supervision).

The main output from the application of these protocols is an action plan jointly developed by the visiting team and the local staff to address weaknesses identified and to replicate or expand successes. The action plan resulting from this exercise includes the following key sections:

- Organization of services and quality of care (in maternal health; FP; child health and nutrition; sexually transmitted infections, HIV, and TB; and laboratories),
- Support systems (e.g., finance including planning for and use of program income, human resources, commodities management, and health information)
- Training and technical assistance
- Infrastructure renovations
- Materials and equipment

Because of delays in contract signatures with NGOs, the SDMA exercise initially planned in Quarter 2 for all NGO sites supported has been postponed to Quarters 3 and 4.

Not only will the findings and conclusions of this exercise provide the basis for MSH's development of its procurement, technical assistance, training, and infrastructure renovation plans, they will also be an important tool to be used in technical assistance to partners to improve coordination of and between cooperating agencies and donors at service delivery level.

An SDMA adapted for youth will be developed in Quarter 4.

Project Monitoring and Evaluation System for Services in Place

An initial workshop was conducted with USAID and other partners' staff to discuss the project's mandate and its deliverables. A USAID-MSH working group was formed around each program element. The working groups' mandate was to develop initial lists of indicators needed for project management and for reporting to USAID. These lists were developed using as reference the requirements, deliverables, and standards in MSH's contract; USAID's priorities; and the requirements of the F-process. The draft Monitoring and Evaluation (M&E) Plan was completed and submitted to USAID, and feedback was received from Project's Cognizant Technical Officer (CTO). An internal Performance Management Plan and an Executive Information System were put in place at MSH for monitoring program implementation (milestones) and evaluating results (deliverables and achievement of targets).

A project M&E system was developed based on the draft M&E Plan submitted to USAID. It includes data collection and reporting tools, a guide with definition of variables and processes to be used, training manuals, a *Tableau de Bord*, and computerized tools allowing (a) data entry and processing by service delivery point and (b) reporting and analysis by site, by NGO, by department, and nationally. This system will be revised and finalized upon submission and approval of final M&E Plan.

M&E collaboration with partners included the following:

- *SDSH-Pwojè Djanm*, in collaboration with JSI, developed a monitoring system for community-based palliative care. MSH will continue collaboration with JSI for the implementation of this system in sites supported by *SDSH-Pwojè Djanm*.
- *Institut Haitien de l'Enfance* has agreed to begin periodic meetings with MSH in February 2008.
- MSH, JSI, and PADESS have collaborated to assist the MSPP in the field operationalization of the revised HIS (see the “Change in MSPP Strategy for Operationalizing Its HIS” section).
- MSH met with Multi-Year Assistance Program (MYAP) partners to discuss harmonization of indicators and strategies to avoid duplication in reporting. These discussions will continue in Quarter 3 after the MYAP program is officially launched by all MYAP partners.

Project's M&E Baseline Data Validated by Independent Firm

Service delivery supported by the predecessor project HS-2007 continued to the end date of that project. Given the result focus of *SDSH-Pwojè Djanm*, ensuring the reliability and validity of baseline data used for planning and monitoring purposes was important.

To that end, *SDSH-Pwojè Djanm* issued a competitive bid and recruited an independent firm and consultants charged with validating service data from the last six months of HS-2007. A methodology was developed; data were collected from the field and analyzed by these consultants. The final report of this exercise served as a key reference in the development of the M&E Plan.

PSPI—Providers Initial Training Needs Assessed and Training Program Started

A training needs assessment template was completed by all NGO partners and submitted as part of their 2007–08 plan and proposal to MSH. This document includes specific training needs to be addressed locally by the NGO staff with limited assistance from MSH. These training needs, which are, for the most part, related to community programs and staff, have been reviewed and compiled by technical areas and by zone. They will be validated during the SDMA exercise, and subsequently, a financial and technical assistance plan will be developed for supporting NGO partners in the execution of these local (mostly community-level) training activities.

An *SDSH-Pwojè Djanm* Global Training Plan will also be developed upon completion of the SDMA. This training plan, which includes a comprehensive training needs assessment component, will catalogue training needs by partner, by zone, and by technical area and will present an approach and a schedule for addressing these needs. To the extent possible, training activities will be organized in the field as close as possible to trainees' work places. To allow ample time for planning when travel of local staff will be necessary, each NGO partner will be

informed early in the process of the dates when each training activity will take place and the number of slots allocated to each institution.

For PEPFAR, MSH met with *Institute Haitien de Santé Communautaire* (INSHAC), which has the mandate to provide training to all PEPFAR sites, to discuss HIV-related training needs. An initial plan was developed, and training activities have started in PMTCT, voluntary counseling and testing (VCT), and *prise en charge psychosociale*. For this period, 36 service providers were trained in *prise en charge psychosociale*, 23 in VCT, and 41 in PMTCT.

Note: After the discussion with INSHAC, it became evident that the program planned by INSHAC and the number of slots reserved for MSH partners will not be sufficient. MSH will discuss this issue with the USG team.

Finally, MSH staff met with the USAID focal point for TRAINET, USAID's Internet-based tool for gathering and reporting data on USAID exchanges. *SDSH-Pwojè Djanm* is now registered in TRAINET and ready to begin data entry, but MSH will maintain its internal database with detailed information on persons benefiting from *SDSH-Pwojè Djanm* training activities.

Development of Procurement Plans Postponed

The needs assessment necessary to inform this activity is included in the SDMA exercise which has been postponed. Procurement plans will be developed in Quarter 3.

Basic Equipment Available at Service Delivery Points

MSH has confirmed that, in most cases, basic equipment necessary for service delivery is available. In cases where services could be hampered in the short term by lack of or use of inadequate equipment, select minor procurements (under 500 US dollars) were made.

A more thorough equipment needs assessments for the medium term is included in the SDMA exercise, which has been postponed. Procurement plans will be developed in Quarter 3.

Family Planning Commodities Distribution System Fully Operational

During the first quarter of this reporting period, *SDSH-Pwojè Djanm* continued to manage the Family Planning Commodities Distribution System started under the HS-2007 as part of the contingency plan was negotiated between USAID and the MSPP during the times of peak insecurity in Haiti.

MSH worked with the MSPP (both central and departmental levels) and NGO partners for quantification of needs of MSPP *Directions Départementales*, all departmental hospitals and *SDSH-Pwojè Djanm*-supported NGOs, and the *zones ciblées*. Upon approval by MSPP's *Directions de la Santé de la Famille* (DSF) of distribution plans, MSH ensured timely distribution of USAID- and United Nations Population Fund-provided commodities via an established nationwide network.

Starting in October 2007, after USAID’s decision to provide FP commodities only to USG-supported sites, MSH revised the system to focus only on *SDSH-Pwojè Djanm*–supported sites. MSH is also no longer distributing United Nations Population Fund commodities.

In Quarter 2 of this reporting period, MSH collaborated with USAID for the development of a revised management and distribution plan for all USG-funded FP contraceptives. Because of its budget ceiling constraint, this plan could not be funded and executed under *SDSH-Pwojè Djanm*. The revised plan will be executed via a USAID/Haiti’s buy-in to the Leadership and Management (LMS) Project. This new activity will be jointly implemented by *SDSH-Pwojè Djanm* and LMS, which is also managed by MSH.

Discussions in Progress with MSPP to Update PSPI Norms and Standards

The PSPI document, which was revised for the first time by *SDSH-Pwojè Djanm* and its partners, regroups key norms and standards associated with the elements of the PSPI. This was a difficult achievement because many of these norms and standards are either not documented or the manuals are no longer available. To address this weakness, MSH has begun discussions with the MSPP (mainly DSF and the National Tuberculosis Program) to inventory norms and standards relevant to the PSPI and initiate a revision and simplification process based on technical evidence and local context.

- *Maternal health*—An agreement has been reached with the DSF regarding the need for revision and, in some cases, development of maternal health norms. A plan will be developed in Quarter 3. FP norms will be updated in the context of the activities of the reproductive health committee. *SDSH-Pwojè Djanm* will play the role of a catalyst and facilitator.
- *Child health*—According to the Director of DSF, most of this program’s norms need to be developed. The DSF welcomes *SDSH-Pwojè Djanm* support in this area. Given the scope of this task, the best strategy may be to recruit a short-term consultant to coordinate the process with MSPP, MSH, and a small group of partners including the United Nations Children’s Fund and the Catholic Medical Mission Board. An initial plan will be developed in Quarter 3. This local assistance will be complemented by high-level international expert assistance.
- *Tuberculosis*—Discussions with the program leadership have concluded that TB program norms and standards do not need to be updated at this time.

Voluntary Counseling and Testing for HIV—Effective in 30 NGO Sites

Due to budgetary constraints caused by the HIV-budget ceiling in MSH’s contract, the number of sites to be supported by the project to provide VCT services was revised downward in discussions with the USG team. The new target is 30. These sites have been identified, 23 health providers have already been trained, and services are operational. Special emphases will be given to holistic care, human dignity, stigma reduction, confidentiality, effective internal and external

referral mechanisms, appropriate infrastructure renovations, and availability of needed material and equipment.

By the end of January 2008, USAID's Contracts Office had not yet granted consent to subcontract. Because of the associated delays in the signature of service delivery contracts with the NGOs and the disruption caused in the field, technical assistance for improving weak aspects of organization of services and strengthening capacity for effective implementation of the *VCT éclaté* concept has not started. Technical assistance in services organization for all elements of the PSPI is expected to begin in earnest in mid-April.

To the extent possible, mobile clinics will be organized using an integrated approach in the *points fixes* strategy. HIV-positive patients will be referred to the appropriate site or level for care and follow-up.

Collaboration with SCMS is smooth and continuous. The list of sites supported has been shared with SCMS, and agreement has been reached on the mechanism to be used by SCMS to ensure no stock-outs in needed commodities.

Finally, discussions were held with the USG team to explore possibility of additional funding for possible extension of HIV services to other targeted hot spots and watersheds. Due to contract budget ceiling, these extensions will not be possible. Therefore, no geographical, mandate, or site expansion is anticipated.

PMTCT of HIV Services Offered in 13 Sites and Technical Assistance Plan in Progress

In December 2007, a list of 13 *SDSH-Pwojè Djanm*-supported sites proposed to provide PMTCT services was approved by the USG team. Based on an analysis of results as of December 2007, a technical assistance plan to strengthen PMTCT as an element of maternal health was developed and is now in implementation. In this context, 41 health professionals have already been trained.

Draft guidelines for community-based PMTCT were developed. These guidelines aim at improving the integration of community health workers into the provision of PMTCT services. These guidelines will be tested in a select number of *SDSH-Pwojè Djanm* pilot sites.

As of the end of January 2008, USAID's Contracts Office consent to subcontract had not been received by MSH. Because of resulting delays in the signature of service delivery contracts with the NGOs and the associated disruption in the field, technical assistance plans for strengthening PMTCT have been seriously affected. Consequently, several key activities planned for this period have been postponed.

An urgent issue to be addressed is the human resource shortage in some institutions. In several cases, many partners have lost staff members and they have not yet been replaced. The need for training and technical assistance is urgent in some cases. PMTCT is one of the key technical components included in the SDMA exercise, and *plan de renforcement* will be developed and executed as soon as SDMA results from PMTCT sites are received.

Finally, in the context of the GDA, MSH has started discussions with the Caris Foundation for the development of a technical partnership. This partnership goal is twofold: to introduce HIV DNA polymerase chain reaction testing and to strengthen pediatric AIDS services in select *SDSH-Pwojè Djanm*–supported sites. This MSH-Caris partnership is expected to be operational in Quarter 3.

Plans for Clinical Palliative Care Including HIV and TB Services on Track

Despite delays in contract signatures with NGOs, technical plan for clinical palliative care is on track.

Twenty *SDSH-Pwojè Djanm*–supported sites were selected to provide HIV palliative care including integration of TB detection and treatment. Training needs were identified and plans for training initiated.

SDSH-Pwojè Djanm participated in meetings with FHI, AERDO, CRS, and HCP to build consensus on the new model for the organization of palliative care for HIV-positive people in the PEPFAR program, and in the PEPFAR Technical Working Group on palliative care to refine the model. Meetings were held with CRS and FHI to discuss mechanism for continuum of care at community level.

While revising the SDMA protocols, operational strategies and guidelines for integrating HIV and TB into the PSPI were revisited, and the extent to which TB and HIV services are integrated is to be assessed as part of the SDMA exercise.

Because of delays in finalizing agreements and signing service delivery contracts with the NGOs, provision of technical assistance will be scaled up in Quarters 3 and 4 in all 20 sites and their related community programs.

Plan for Launch of New ART Services in Ouanaminthe Executed

With *SDSH-Pwojè Djanm* technical and financial support, five NGOs have been providing ART services in the North-West (Beraca Hospital), the Centre (March Hospital), the North (Pignon), the North-East (*Centre de Développement Sanitaire*, Fort-Liberté), and the metropolitan area of Port-au-Prince (International Child Care, Inc., Grace Children’s Hospital). These sites offer the complete package of VCT, palliative care, TB, HIV, and ART services with the holistic approach encouraging integration of services and de-stigmatization.

In April 2008, a sixth site, the *Centre de Santé de Ouanaminthe* in the North-East, near the Dominican Republic border, will begin providing ART services.

Activities leading to launching these services in the *Centre de Santé de Ouanaminthe* are proceeding as planned. Staffing plans have been completed and necessary personnel recruited. After some revisions due to financial constraints, the infrastructure renovation work has begun and is proceeding on schedule. A working group (MSPP, MSH, the U.S. Centers for Disease

Control and Prevention [CDC], SCMS, *Centre de Développement et Santé*, Plan Haiti, *Promoteurs Objectif Zero Sida*, and *Institut Haitien de l'Enfance*) was formed to encourage joint planning and to ensure coordination, synergy, and follow-up of site-based and community-based interventions to be executed by the many partners involved in this activity. Together, they have worked to accomplish the following:

- Devise a detailed plan for launching the ART services.
- Create public awareness through a local campaign and engage local officials and civil society.
- Engage local health committees.
- Integrate community and institutional palliative care.

Two important aspects of this plan were the buy-in of the MSPP and the involvement of its staff into the process.

Quality of ART Services Confirmed by International Experts

MSH received a letter from March Hospital summarizing concerns expressed by a Tulane University epidemiologist after reviewing highly active antiretroviral therapy (HAART) patients charts at March Hospital. Immediate action was taken and international staff from the AIDS Healthcare Foundation conducted a thorough review and analysis of these charts and service protocols. This analysis concluded that the concerns raised were not justified.

Nevertheless, a meeting was convened with all the other *SDSH-Pwojè Djanm* ART partners to reinforce the importance of quality assurance and quality improvement, share lessons learned, discuss processes in place for chart reviews, and develop criteria and guidelines for reviewing care provided to HAART patients over the last three years. This type of review will be conducted periodically.

Coordination and Synergy with Other Agencies and Donors—A Priority

Soon after *SDSH-Pwojè Djanm* launch, several meetings were organized between MSH and the USG team to discuss and clarify MSH's PEPFAR mandate and align contract's deliverables with the Chief of Party, budget ceiling, and funding realities. Discussions regarding HIV indicators and targets were finalized by the end of this reporting period.

SDSH-Pwojè Djanm participated in a quality assurance–quality improvement forum led by the CDC and Washington-based consultants. The purpose of the meeting was to discuss strategies in place and develop local strategies to standardize approaches. The Access Software Package® used to report quality assurance and quality improvement data was introduced. Benchmarks and criteria for reporting were also discussed.

SDSH-Pwojè Djanm participated in the meeting of the Pediatric Working Group for the development of norms for case management of children infected with HIV. This meeting was followed, in December 2007, by a pediatric forum held at INHSAC on updating pediatric norms for HIV & AIDS treatment as well as integrated palliative care.

SDSH-Pwojè Djanm participated in workshop on the updated norms for HIV disease management and treatment for adults and adolescents. A revised draft of the first two chapters was discussed. The five remaining chapters will be reviewed in subsequent meetings.

In October 2007, a meeting was organized under the leadership of the MSPP with the Epidemiology Working Group to discuss the different software from CDC and UNAIDS being used to analyze data collected from surveillance and census sampling throughout the country and the reliability issues to be addressed before world publication by UNAIDS.

Finally, MSH made a presentation to a PEPFAR evaluation team with a focus on MSH's holistic approach being implemented with *SDSH-Pwojè Djanm*-supported sites. The visiting team expressed its appreciation for the integration and the de-medicalization approaches promoted by MSH.

Tuberculosis—Goals Revised Downward and National Program Requests Technical Assistance

Because of funding constraints anticipated by USAID/Haiti for TB, *SDSH-Pwojè Djanm* TB targets and strategy were revised.

The project will focus on ensuring effective TB and HIV integration in all sites providing HIV palliative care and detecting TB, with referral mechanisms for treatment in a limited number of non-HIV palliative care sites.

Specifically, *SDSH-Pwojè-Djanm* will support TB and HIV integration in 20 service delivery HIV palliative care sites. In addition, the project will support 25 sites for TB detection with the organization of effective referral mechanism for TB treatment.

MSH met with the PNLT to discuss needs and identify gaps in technical assistance being received from other donors. The PNLT believes that the national TB norms do not need to be revised at this point, but that the program would benefit from MSH's support in management and supervision. A more comprehensive assessment of PNLT needs will be done in Quarter 3 to determine priorities and assess feasibility of *SDSH-Pwojè Djanm* support.

During this reporting period, priority was given to HIV-palliative care sites for integration of TB services. Assistance to non-HIV palliative care sites will begin in Quarter 3.

Service Delivery Disrupted in December and January

Because MSH has not yet received consent to subcontract from USAID/Haiti's Contracts Office, it has not been able to sign service delivery contracts with its NGO partners. The project financial support ended on November 30, 2007.

This two-month hiatus has disrupted delivery of most elements of the PSPI and delayed the implementation of most technical assistance activities initially included in the Year 1 Milestones Plan. After receiving the results of the SDMA exercise, which will be conducted immediately

after contract signatures and a thorough analysis of service statistics data, MSH will assess the situation and determine priorities for technical assistance and support to the field to address any consequences of this hiatus in project funding.

Field Assessment Being Conducted for Family Planning

One of *SDSH-Pwojè Djanm*'s objectives is to significantly increase access to and use of long-term FP methods. By the end of the project, all service delivery sites should be able offer at least five modern methods of FP including at least two long-term methods.

The Service Delivery Unit of *SDSH-Pwojè Djanm* developed a methodology to conduct an assessment and determine training and technical assistance priorities to increase access to and use of long-term FP in sites supported by the project. This assessment will be complemented, in Quarter 3, by international expert technical assistance. This international assistance will revisit the goals and plans of the Repositioning of Family Planning Initiative and make recommendations for adaptation, focus, and priorities in light of current realities and *SDSH-Pwojè Djanm* mandate and resources.

In partnership with USAID, a situation analysis and a needs assessment is being conducted to determine priorities and strategies for increasing availability and use of longer term FP methods. The strategy for increasing access to and use of longer term methods is expected to be launched in Quarter 3.

Youth Program

MSH's strategy for *SDSH-Pwojè Djanm* aims to ensure that programs and services supported are responsive to youth needs and are youth-friendly, but also to engage youth groups throughout the country as active participants and a source of energy in the implementation of project activities. In collaboration with FOSREF and others, MSH will develop a community-based social network to engage groups of adolescent and youth of both sexes, especially those who are at risk and out of school, in increased utilization of services. Although priority was given in this initial phase of project implementation to launching the PSPI, MSH and FOSREF have begun development of innovative approaches to promote education in FP and sexual and reproductive health and to integrate youth-friendly and age-appropriate services in selected FOSREF sites while engaging youth groups to assess other sites to expand and gradually implement similar programs in other SDSH-supported sites. The youth program is expected to be launched in Quarter 3 with the following objectives developed jointly by MSH and FOSREF:

- Identify at least one youth group in each department to help implement various components of the program.
- Train each group to perform site assessments by using a revised SDMA tool, adapted to the youth needs.
- Select and assess one site per department for a total of 10 at the end of the period.

Activities under each objective have been defined to be easily implemented with verifiable and measurable deliverables to facilitate accountability. Some of these activities include the

development of youth selection criteria, selection of local supervisors from the existing network of peer educators, motivation and involvement of local partners to help identify young people suitable for joining the groups, identification and recruitment of 20 to 25 youth per group per department, and initial training of these youth using the peer educators' curriculum.

The next step is to organize a workshop to revise and adapt the SDMA tool with the participation of youth already trained by FOSREF in FP, reproductive health, and sex education. MSH will participate and oversee the final SDMA adaptation. This new document will be validated by others, partners experienced in youth program implementation, and MSPP. This validation will open the way to initiate youth groups' orientation and training at departmental level in the 10 selected sites to empower them to act as peer educators and enable them to effectively use the SDMA tool, which would have been pre-tested in at least two sites and eventually modified and improved based upon accurate SDMA results. Site selection criteria will also be developed, and one key determinant will be the potential observed at any selected site to integrate youth-friendly and age-appropriate services.

In May and June 2008, the assessments will take place followed by the production of plans for services by organizations in all the 10 sites. These new plans will supersede previous ones already in implementation based on the SDMA results and modified or adapted as needed. They must be completed by July 2008.

Boat Delivered to Ile-à-Vache to Reduce Maternal Mortality

On January 28, 2007, in a ceremony attended by USAID's Mission Director, the MSPP departmental director, local dignitaries, and an important representation of civil society, *SDSH-Pwojè Djanm* delivered a boat to the Ile-à-Vache *zone ciblée*. This boat to be managed by a local committee under the supervision of the MSPP and MSH, will be used for service delivery to the other islands around Ile-à-Vache and for evacuations of obstetrical and other emergencies.



Transitional MOUs in Effect for Services in Zones Ciblées through March 2008

Discussions with MSPP to address departmental directors' concerns regarding the project's design, priorities, and structure were completed on January 15, 2008. Because MSH had not yet received consent to subcontract from the USAID Contracts Office, the new MOUs could not be developed to launch the *Zones Ciblées* Program (language in the MOU is to be adapted from the NGO subcontract language).

To avoid a gap in services in public sector sites supported by *SDSH-Pwojè Djanm*, MSH extended its temporary agreement with the MSPP to provide technical and financial support to the *zones ciblées* through March 2008. In preparation for this extension, mini-workshops for development of plans and budgets were organized to provide assistance to local staff in all the *zones ciblées* and to develop new contracts for all contracted staff.

Although these extensions allowed the *zones ciblées* to continue to function without a gap in services, field visits and initial analysis of service statistics have shown that the following have caused a decline in quality and momentum in most *zones ciblées*:

- The efforts in some cases to support the MSPP immunization campaign and the instability resulting from the transition in staff location and roles from one project to the other
- The uncertainty caused by the MSPP departmental directors
- The extended leaves of local sites staff during the holidays and carnival

SDSH-Pwojè Djanm technical assistance to the *zones ciblées* was also limited during this initial period. Activities focused on the following:

- Assistance to *zones ciblées* staff for technical and budget planning for the transition period
- Administrative arrangements for extension of local contracted staff through March 2008
- Data validation to establish a baseline for the new M&E Plan
- Logistical support for distribution of equipment and essential medicines and commodities
- Meetings to improve coordination and build synergies with other partners in or around the *zones ciblées*
- Support to the immunization campaign in November and December 2007 (measles and rubella)
- Support for activities linked to the December 1 World AIDS Day commemoration

The SDMA exercise planned for Quarter 3 will start with the *zones ciblées* and will be the basis for developing with the MSPP, local staff, and partners, the *plans de redressement* and technical assistance plans necessary to rebuild the *Zones Ciblées* Program. New technical action plans and budgets will be developed in line with the revised PSPI document, and new MOUs will be signed with all MSPP departmental directors to be effective April 1, 2008.

Governance, MSPP Executive Functions, and Decentralization

New Consensus with MSPP on Management Structure, Staffing Plan, and Procedures

MSH's strategy for *Pwojè-Djanm* included the creation of five department-level project offices, each coordinating project activities and support to two MSPP departments. Soon after project signature, MSH mobilized to quickly implement these offices. Significant levels of effort and resources were invested in the timely implementation of these offices (staff recruitment and reassignment, departmental level staff orientation, development of job descriptions and

decentralized administrative and financial standard operating procedures, office space search and negotiations with landlords, and initial meetings with all departmental directorates).

During this process and in meetings with department-level public sector counterparts, important concerns were expressed regarding *SDSH-Pwojè Djanm* design, structure, and priorities as well as MSH's strategy to further support decentralization to the communal level (which was, in some cases, perceived as abandoning the departmental level) and to support only service delivery sites of the *premier echelon*. These concerns were serious and consistent enough that they could seriously damage relationships and affect project implementation if ignored. A formal meeting was then planned with all MSPP departmental directors to discuss the issues and reach an agreement. The meeting, scheduled for December 6, 2007, had to be canceled at the last minute because of unavailability of MSPP staff.

The meeting finally took place on January 15, 2008, at the MSPP conference room at the central level. During this six-week delay, department-level activities with the MSPP directorates and the *zones ciblées* had to be put on hold, resulting in delays in project implementation.

The meeting was co-chaired by MSPP Director General and *SDSH-Pwojè Djanm* Chief of Party. It included representatives from USAID, staff from MSPP *Direction Générale* and administrative offices, MSPP central-level program directors, and all MSPP departmental directors. In this six-hour meeting, many points of concern or disagreements were discussed. Some compromises were accepted, and in most cases, consensus was reached without compromising the relationships among the project, MSPP, and *SDSH-Pwojè Djanm*'s goals, priorities, and overall strategy.

The conclusion with the most implications for the project's plans, staffing, management, and resources was the agreement to MSPP's request that the plan for the creation of the five departmental offices be canceled. Departmental directors strongly preferred that the technical and financial management staff be housed in the departmental directorates, and that project coordination, systems, and decentralization advisors be housed in MSH's central level offices (given the need for them to cover several departments).

Following this meeting, official minutes were submitted to the MSPP and USAID. As per the conclusions of the meeting, project's management structure, staff assignments and job descriptions, and standard operating procedures were revised accordingly. Finally, a written document presenting the *Plan Départementaux Intégrés/ Plan Communaux Intégrés* (PDI/PCI) elements eligible to receive technical and financial support from *SDSH-Pwojè Djanm* and mechanism for accessing this assistance was developed and shared with MSPP central and departmental levels.

Six Integrated PDIs Launched and Four Tables de Concertation Launched

During the close-out period of the *SDSH-Pwojè Djanm* predecessor project HS-2007, the Minister of Health had requested MSH's technical and financial assistance for the development of the 2008 health plans at national, departmental, and communal levels.

Building on the work done by HS-2007, MSH in collaboration with PADESS funded by the Canadian International Development Agency and the MSPP BID project, provided technical and financial support to the MSPP for the development of 135 PCIs, 10 PDIs, one summary PDI/PCI with a consolidated budget, 19 central-level technical support and executive functions plans, and one national (synthesis) budget with its consolidated national budget. For the first time, MSPP was able to develop its plans, using a standard methodology, starting from the communal level and with active involvement of local elected officials, NGOs, other sectors, and civil society. Plans are fully integrated and include all technical and management domains. Finally, both activity plans and budgets are integrated, reflecting not only public sector contribution but donors and local input into the health system.

SDSH-Pwojè Djanm first-year work plan included as a priority to support the MSPP (central and departmental) to launch and monitor the implementation of these plans. Because of internal MSPP agenda and schedule conflicts, plans were presented to the donor community by the Minister of Health in November and to the press in December. Subsequently several departments officially launched their PDI. To date, the PDIs have officially been launched in the South-East, Nippes, North-West, North, Grande-Anse, and Centre departments. In each department, a *comité de suivi* including public and private partners was created to monitor PDI implementation. The committees will meet quarterly (a monitoring tool to facilitate their work was developed).

SDSH-Pwojè Djanm also provided assistance to several departments to organize the *Tables de Concertation Départementales*. The goal of these groups is to improve coordination and synergy in the implementation of the PDI. They include primary donors and partners active at departmental level and those whose interventions are in relation to and in support of the PDI. At the end of the reporting period, the tables had been created in the South-East, the Nippes, the North, and the North-West departments. PDI implementation monitoring committees have been formed in each department where plans have been launched. The committees will be effective starting in March 2008. *SDSH-Pwojè Djanm* will provide assistance in the development and implementation of tools to facilitate the monitoring process.

Significantly, despite the difficulties that departments face for the implementation of their PDIs, this process has marked a significant departure from the past. Key achievements include a participatory planning process starting at the communal level; integrated technical and financial plans that take into account public sector, donors, and local civil society's interventions and resources; and creation of *comité de suivi* and *tables de concertation* to monitor plan implementation and to improve donor and agency coordination.

The challenge for the out years will include maintaining the momentum and simplifying both the planning and monitoring processes, clarifying differences between roles and composition of the *comités* and the *tables*, and linking this process to donor coordination and the national budget approval process at national level.

New Board of Directors at the State University Hospital

In the context of its strategy to improve governance and under the direct leadership of the Minister of Health, *SDSH-Pwojè Djanm* has provided assistance and support for the creation of a

Hôpital Universitaire de l'état d'Haïti Board of Directors. The project is represented on the board and has several times hosted and facilitated board meetings. *SDSH-Pwojè Djanm*'s main mandate is to provide leadership to the board's activities with the executive management of the hospital to strengthen the hospital financial management systems, including internal controls of the significant program income generated by the hospital.

Change in MSPP Strategy for Operationalizing Its HIS

Over the last few years, USAID has provided technical assistance to the MSPP for the revision and implementation of its national HIS. The *SDSH-Pwojè Djanm* mandate in this technical area is to collaborate with other partners to assist the MSPP to make the system operational and ensure its effectiveness and use for decision making at the departmental level with particular emphasis on target areas (public sector and NGO sites) supported by the project. Based on the assumption that the revised HIS was already introduced in all departments, the *SDSH-Pwojè Djanm* mandate does not include initial system implementation. For Year 1, *SDSH-Pwojè Djanm*'s assistance was expected to focus on service delivery sites supported by the project and on four MSPP departmental directorates.

During this period, *SDSH-Pwojè Djanm* has worked intensely with the Planning Unit and the Epidemiology Unit of the MSPP to understand the current status of implementation of the system, determine priorities for intervention and develop a detailed collaboration and action plan. A steering committee, composed of MSPP, MSH, JSI, and PADESS, was formed and agreement on division of roles and geographic focus among partners was reached. Based on these discussions, *SDSH-Pwojè Djanm* is responsible for assisting the Grande-Anse, South, North, and North-West departments.

From subsequent meetings with MSPP and visits to the departments, it was concluded that the initial assumption that the HIS was already implemented was not valid. Four important issues were identified:

- Limited or no availability of data collection instruments
- Limited assistance to the departments for effective implementation of data collection and reporting and no established systematic processes in place
- Limited capacity for use of strategic information
- Lack of training

To better understand the situation, USAID requested that JSI conduct an evaluation of progress made by MEASURE and issue recommendations to USAID on how best to proceed given the actors (JSI, MSH, PADESS, MSPP) currently in the field.

In the interim, the *Direction Générale* decided to revise one more time the HIS design and, to that effect, it created a new committee. MSH is concerned by this new development because this would be the fourth time that the national HIS is being revised without ever being fully implemented. MSH started discussions with the *Bureau du Ministre* and the *Direction Générale*.

In next quarter, the conclusions of MSH's discussions with the MSPP and the conclusions of the evaluation being conducted by JSI would provide the input necessary for discussions with

USAID and MSPP and for a revision of the strategy and clarification of roles of the multiple partners involved.

Ahead of Schedule—Design of New National Commodities Management and Distribution System Approved

An important priority for *SDSH-Pwojè Djanm* is to provide assistance to the MSPP for the development and implementation of a revised National Commodities Management and Distribution System.

SDSH-Pwojè Djanm provided assistance to the leadership of the *Direction de Pharmacie, du Médicament et de la Médecine Traditionnelle* (DPMMT) to develop a distribution model to be proposed to the *Direction Générale*. In this process, DPMMT was accompanied by a consultative committee composed of the United Nations Population Fund, SOGEBANK Foundation, SCMS, a representative of the private sector (Sophasa), the directors of the national immunization program (*Direction du Programme Elargi de Vaccination*), and the DSF.

DPMMT, with assistance from *SDSH-Pwojè Djanm*, developed an action plan around four strategic components:

- National commodities distribution system implementation
- Supervision system development
- Sustainability
- Agencies and partners coordination

Its primary objectives are to ensure continuous availability of key commodities in all 10 departments, to improve commodities management and storage conditions at all levels, and to reduce *déperdition* and pilferage. The plan was reviewed and validated by the consultative committee and then approved by the *Direction Générale*. The plan will be presented to MSPP central level, to departmental directorates, and to donors in Quarter 3 to secure their collaboration and support. Detailed action plans are expected to be developed and implementation activities started by the end of Quarter 3.

MSPP and DAB Leadership Needed for Assistance in Financial Management to Proceed

MSH discussed and planned with MSPP that, during this reporting period, *SDSH-Pwojè Djanm* would provide assistance to the *Direction Administrative et Financière* (DAB) to achieve the following:

- Update the MSPP *Financial Management Manual* and incorporate two additional chapters—management of program income and management of capital equipment (costing and amortization)
- Implement a standardized financial and accounting management system (to improve health resources utilization and expenditures tracking)
- Begin the implementation of an internal audit function

Meetings were also organized with PADESS to develop joint plans and ensure coordination and synergy of the two projects interventions and assistance. Draft documents for management of program income and capital equipment were submitted to MSPP for review and comments. No feedback was received.

A proposed work plan was submitted to DAB for input. Despite several reminders, no feedback has been received and this component is on hold. MSH will bring this issue to the Minister of Health's attention and will request USAID's assistance.

MSPP Starts New Process for Donor Coordination at Central Level

With *SDSH-Pwojè Djanm's* assistance, MSPP *Direction Générale* is again organizing periodic donor coordination meetings at the central level. These meetings are a first step in a broader plan to increase MSPP leadership and improve donor coordination. The terms of reference for the mechanism envisioned and the *cahier de charge* of the donor coordination group were drafted by the project and later validated by the *Direction Générale* of the Ministry of Planning and then by MSPP's Director General. Although these meeting represent a step in the right direction, they need to be further integrated into a more comprehensive strategy for improving governance and increase MSPP leadership. In the context of the implementation and monitoring of the Plan of Implementation, the PDIs, and the PCIs, linkages must be developed between the central level donor coordination discussions, the *tables de concertaion départementale*, and the *comites de suivi* of the PDIs. MSH has had technical discussions with MSPP to brainstorm possible strategies to further improve this process.

Launch of the Forum National pour le Réalignement de la Réforme du Secteur Santé

SDSH-Pwojè Djanm participated as a member of the MSPP Task Force in the preparation and organization of the launch of the forum, which took place at Karibe Convention Center in December. This meeting focused on discussions of several *bilans* that were prepared by the working groups assessing the degree of implementation to date of the health reform and the *Plan Stratégique National pour la Réforme du Secteur Santé*. Topics included vision and governance, decentralization, access to services, health financing, and human resources. Several *groupes thématiques* were created to provide further analysis of the initial data discussed in the meeting as well as recommendations to the MSPP for completion of a plan the *réalignement* of the reform. This process has been placed on hold by the MSPP.

Global Development Alliance—Corporate Social Responsibility

An innovative and new initiative in the Haitian health sector is *SDSH-Pwojè Djanm* strategy to systematically encourage public-private partnerships, promote corporate social responsibility, educate, and mobilize private for-profit organizations to become long-term partners and financial contributors to the health sector. This venture is a challenging one that will require significant education of partners and local groups more accustomed to receiving assistance from similar projects rather contributing to them. During this first reporting period, MSH has been active and

has undertaken many activities to begin implementation of this component. Important steps have been taken and initial results have been achieved.

Strategic Partnership Launched with the UNIBANK Foundation

MSH has formed a formal strategic partnership with UNIBANK's Foundation, the only Haitian foundation created with a significant endowment from the Haitian private sector. The foundation will bring to bear its contacts and reputation to complement MSH's. It will also bring financial contributions and will share expertise and skills of staff from select divisions of the bank.

Several meetings were organized with the foundation's leadership and with the board of directors of its parent organization, UNIBANK. MSH and the foundation jointly developed a first-year plan with five specific objectives (and a provisional budget) to achieve the following:

- Mobilize at least 15 private sector institutions to be effectively engaged in support to specific activities of *Pwojè Djanm*
- Develop an initial strategy for mobilization of targeted diaspora groups via UNIBANK financial transfer operations on the U.S. east coast
- Begin mobilizing targeted private sector individuals to support and extend *Pwojè Djanm* activities
- Create local awareness and inform the public at large of commitment and investments of the private sector in health
- Empower at least 20 structured community groups to obtain access to micro-credit and income-generating activities
- Collaborate with the MSPP in the celebration of World AIDS Day using more innovative approaches and increased involvement of PLWHAs.

Formal MOU Signed with Pure Water for the World

In the context of the project's clean water component and given its GDA objectives, *SDSH-Pwojè Djanm* collaborated with Rotary International and the Rotary Club of Pétion Ville to organize the highly successful International Summit on Clean Water held in Port-au-Prince in December 2007.

The purpose of the summit was to offer all institutions involved, local and international the opportunity to share lessons learned and discuss approaches that are available for durable and sustainable water projects in Haiti. The summit was attended



by more than 200 participants, speakers, and panelists covering most fields of expertise related to clean water. Participants were from several rotary clubs around the world, the GOH, water experts, and project implementers.

In a formal ceremony organized during the plenary closing session of the summit, the formal partnership document between MSH and Pure Water for the World was signed by MSH's representative in Haiti and Pure Water for the World's president. This partnership document was developed with assistance from the Rotary International Ambassador for Clean Water.



The next step for this partnership will be the joint development of a work plan for field activities to begin in Quarter 3. The work plan will aim to implement safe water programs to provide clean, safe drinking water for schools, health institutions, and select households and communities in *SDSH-Pwojè Djanm* target areas. This program is also expected to contribute to local job creation to manufacture, deliver, and install bio-sand filters in schools, health sites, and homes. The funding to be provided by *SDSH-Pwojè Djanm* for this program will be complemented by significant matching funds generated by Pure Water for the World and MSH from faith-based organizations and others with the goal of increasing access to clean water in schools and health sites in *SDSH-Pwojè Djanm* target sites.

Partnerships to Celebrate World AIDS Day

MSH partnered with UNIBANK Foundation, Air France, *Télévision Nationale d'Haiti*, the El Rancho Hotel, Rigolo Communications of Miami, Plan Haiti, Concern, the Rex Théâtre, *Volontariat pour le Développement d'Haiti*, and UNIBANK Foundation to celebrate World AIDS Day.

Under the auspices of the MSPP, *SDSH-Pwojè Djanm* and UNIBANK Foundation, in collaboration with a group of local institutions and projects, jointly supported MSPP's first national televised broadcast "Le Ruban Rouge."

The goals of this program, which is expected to become an annual event, are to assist the MSPP to capitalize on World AIDS Day celebration in more innovative ways in support of the



national AIDS program; to bring a message of hope; to promote scale-up of services via more involvement of PLWHA in decisions regarding the national HIV & AIDS program; and to adapt service delivery systems to promote a holistic approach in organization of services, gradual de-medicalization, and an adaptation of systems to local context and resources.

Important Shipment of Supplies from the Consulate General of Haiti in Miami

Negotiations were concluded between a Miami-based communications firm and the Consulate General of Haiti in Miami, who facilitated discussions with representatives of Miami Dade College for shipment of school supplies to be used by students in schools in *Pwojè Djanm* target areas. These supplies will be used for next school year in conjunction with the implementation of the project's clean water component.

Discussions Started with the Caris Foundation

MSH has initiated discussions with the Caris Foundation for development of a formal partnership in the area testing and case management of pediatric AIDS cases. Discussions are expected to be completed in Quarter 3.

Discussions Started with Kombit Santé

Discussions have been initiated with *Kombit Santé*, a Vermont-based private voluntary organization, for development of a partnership aiming to secure and ship equipment destined to the North Department. Discussions are expected to be completed in Quarter 3.

Strategic Partnership Being Developed with Canada/PADESS

MSH participates as a member of the PADESS technical committee and has worked with the PADESS project to identify areas of common interest to develop joint plans for collaboration and synergy. This partnership is expected to focus on decentralization, HIS, and support to MSPP in financial management. Formal MOUs will be developed in Quarter 3.

Discussions Started with the Yélé Haiti Foundation and COMCEL Telephone Company

Several meetings were organized with the Yélé Haiti Foundation, including with its founder Wyclef Jean and its President Maryse Kédar. Several options are being explored, especially with the youth program, Yélé Cinema, and Yélé Cuisine.

Discussions with COMCEL for the launch of a partnership in communications and income-generation projects with the local health committees have been delayed because of staff changes in the executive group. Discussions will be reprogrammed next quarter.

Communications and Public Relations

This project component, implemented in close collaboration with USAID, focuses on public outreach, informing the public and key stakeholders about U.S. assistance and contributions to the health sector and of GOH/MSPP initiatives and successes. It supports multiple facets of the project, from appropriate reporting to proper USAID branding materials, to production and dissemination of briefs and success stories, to organization of targeted and efficient high-visibility events and public relations activities.

SDSH-Pwojè Djanm *Communications Plan Developed*

Early in project implementation, meetings were organized with the Population, Health, and Nutrition (PHN) Office and the Program Office at USAID to clarify expectations and discuss implementation mechanism for this component. Subsequently, a Communications and Branding Plan was developed by MSH and approved by USAID.

High-Visibility Events Successfully Organized

The following events were successfully organized:

- Presentation of the new USAID bilateral health project to the donor community
- The official launch of the project in Jérémie by the U.S. Ambassador and the Minister of Health
- The delivery by the USAID Mission Director and local dignitaries of a *bateau ambulance* to the Ile-à-Vaches *zone ciblées* in the context of the maternal health
- The signature of the partnership agreement with Pure Water for the World during the official closing ceremony of the International Summit on Clean Water
- The nationally televised broadcast of “Le Ruban Rouge” variety show to commemorate World AIDS Day 2008.



Change in Leadership of the Communications and Public Relations Component

The departure from the Project of the Communications and Public Relations Specialist caused certain delays in the implementation of the Communications Plan. MSH has recently hired a well-qualified replacement: Ms. Anathalie Durand. International technical assistance will be provided from the MSH headquarters' Communication and Knowledge Exchange Office to fast track implementation and make up for delays.

Progress to Date toward Meeting Year 1 Deliverables and Targets

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
HIV/AIDS					
3.1.1.1 (F)	Number of sites furnishing the minimum packages of PMTCT services according to national and international standards	#	13	13	
3.1.1.2 (F)	Number of pregnant women counseled and tested for HIV and having received the result of their tests	#	25 000	8 353	
3.1.1.3	# of HIV+ pregnant women enrolled in PMTCT	#	1 000	162	
3.1.1.4	Number of Pregnant and/or seropositive women having received food or nutrition supplements	#	500		The data required to to measure this indicator are not available in the the information sytems urrenly in place. However, they will be collected in the revised system that will soon be implemented.
3.1.1.5	% of seropositive pregnant women who developed a birth plan with a counselor	%	70%		The data required to to measure this indicator are not available in the the information sytems urrenly in place. However they will be collected in the revised system that will soon be implemented
3.1.1.6	Number of children born to seropositive mothers benefiting from pediatric case management	#	400		The data required to to measure this indicator are not available in the the information sytems urrenly in place. However they will be collected in the revised system that will soon be implemented
(F)	# of HIV+ preganant women who received ARV prophylaxis for PMTCT in a PMTCT site	#	700	106	
3.1.1.8 (F)	Number of service providers trained to provide PMTCT services according to national and international norms and standards	#	100	Total 41 <ul style="list-style-type: none"> • 7 men • 34 women 	

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.1.9 (F)	Number of sites providing counseling and testing for HIV according to national and international standards	#	30	29	The site « Les Anglais » will become operational during the next quarter
3.1.1.10 (F)	Number of individuals counseled and tested for HIV and having received the results of their test	#	50 000	Total : 24 564, tested • 8 819 men • 14 745 women	
3.1.1.11 (F)	Number of individuals trained in counseling and testing (training to be carried out by other agencies- target to be determined but the executing agency funded directly by USAID)	#	-	Total 23, trained: • 2 men • 21 women	Training to be carried out by other agencies- target to be determined but the executing agency funded directly by USAID
3.1.7.12 (F)	Number of institutions renovated to improve the quality of maternal health services	#	4	-	The renovation plans have not yet been implemented
3.1.1.13 (F)	Number of sites providing antiretroviral therapy	#	6	5	
3.1.1.14 (F)	Number of individuals newly placed on ART	#	850	Total : 197: • 2 boys < 15 years • 71 men > 15 + • 3 girls < 15 years • 121 women > 15+	
3.1.1.15 (F)	Total Number of Individuals having received ART	#	2 239	Total : 1718: • 41 boys < 15 years • 669 men 15+ • 25 girls < 15 years • 983 women 15+	
3.1.1.16 (F)	Number of individuals receiving ART at the end of the period	#	1 800	Total : 1264: • 37 boys < 15 years • 454 men 15+ • 23 girls < 15 years • 750 women 15+	

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.1.17	% of individuals receiving ART still active at the end of the period	%	80%	74% overall <ul style="list-style-type: none"> • 90% boys < 15 years • 68% men 15+ • 92% girls < 15 years • 76% women 15+ 	
3.1.1.18	Number of individuals receiving ART with evidence of severe malnutrition who are receiving food and nutrition supplements during the report period	#	100		The data required to measure this indicator are not available in the information systems currently in place. However, they will be collected in the revised system that will soon be implemented.
3.1.1.19	Number of HIV+ individuals tested for TB	#	1 650	Total : 382: <ul style="list-style-type: none"> • 164 men • 218 women 	
3.1.1.20 (F)	Number of sites offering the complete clinical package of palliative care to HIV+ people	#	20	19	The site « Les Anglais » will become operational during the next quarter
3.1.1.21 (F)	Number of HIV+ individuals who received palliative care (including TB/HIV)	#	7 000	Total : 5727: <ul style="list-style-type: none"> • 208 boys <15 years • 1864 men 15+ • 209 girls < 15 years • 3446 women 15+ 	
3.1.1.22 (F)	Number of sites furnishing TB treatment to HIV+ patients	#	20	19	
3.1.1.23 (F)	Number of HIV+ individuals treated at the same time for TB and AIDS	#	500	Total : 202: <ul style="list-style-type: none"> • 2 boys < 15 years • 82 men 15+ • 4 girls < 15 years • 114 women 15+ 	
3.1.1.24 (F)	Number of service providers trained to provide palliative care including TB/HIV	#	400	Total 35: <ul style="list-style-type: none"> • 6 men • 29 women 	The training plan is being developed. Needs assessment is in process. 35 providers have been trained in psychosocial case management

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.1.25 (F)	Number of laboratories capable of carrying out HIV tests, CD4 % , and/or lymphocyte counts	#	20	20	The 20 sites can carry out HIV tests and lymphocyte counts, but only 11 of the 20 sites can carry out CD4 tests
3.1.1.26 (F)	Number of tests (HIV, TB, syphilis, HIV care) carried out by project-supported laboratories during the reporting period	#	157 500	Total : 54852: <ul style="list-style-type: none"> • 32323 HIV tests • 382 TB tests • 22147 RPR tests 	
3.1.1.27	Number of health workers trained to provide ART services (Training to be carried out by others agencies- target to be determined by the executing agency funded directly by USAID)	#	-	-	Training to be carried out by others agencies- target to be determined by the executing agency funded directly by USAID
3.1.1.28	Number of individuals trained to provide laboratory services (Training to be carried out by others agencies- target to be determined by the executing agency funded directly by USAID)	#	-	-	Training to be carried out by others agencies- target to be determined by the executing agency funded directly by USAID
3.1.1.29	Number of sites that use the 'VCT éclaté approach for HIV testing	#	10	5	
TUBERCULOSIS					
3.1.2.1 (F)	Percent of suspected new TB cases detected	%	70%		Data not yet available
3.1.2.2	Number of sites offering integrated TB services- testg only-referral for treatment)	#	25	24	
3.1.2.3	Number of personnel trained to test for TB	#	50	-	The training plan is being developed Needs assessment is in process.
3.1.2.4	Number of personnel trained to test for TB and HIV	#	50	-	The training plan is being developed Needs assessment is in process.
3.1.2.5 (F)	Number of people trained in TB case management (DOTS)	#	50	-	The training plan is being developed Needs assessment is in process.
3.1.2.6 (F)	Number of TB patients who were		4 000	Total 507:	

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
	tested for HIV and received the results of the test	#		<ul style="list-style-type: none"> • 253 men • 254 women 	
3.1.2.7 (F)	% laboratoires carrying out microscopy tests with more than 95% reliability *(the tests will be carried out by the National Laboratory in accordance with its mandate)	%	>95%		Data not available at this time.
MATERNAL HEALTH					
3.1.6.1	Number of 'fiches techniques' for maternal health (recording the MSPP norms) disseminated and used	#	6		
3.1.6.2	Percent of pregnant women seen for their first pre-natal visit during the first trimester of their pregnancy	%	65%		The data required to to measure this indicator are not available in the the information sytems currently in place. However, they will be collected in the revised system that will soon be implemented.
3.1.6.3	Percentage of pregnant women benefiting from at least 3 prenatal visits	%	50%	11%	These results (11%) are calculated based on the number of pregnant women expected during the year
3.1.6.4	% of pregnant women who received a 2 nd dose or booster of anti-tetanus vaccine	%	65%		The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.5	% of pregnant women recording a birthing plan	%	65%		The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.6 (F)	Number of postnatal support visits in the 3 days after delivery	#	47 670		The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.7 (F)	Number of people trained in maternal health and newborn health	#	1 000	-	The training plan is being developed Needs assessment is in process.
3.1.6.8 (F)	Number of deliveries assisted by trained health personnel (not including nurses)	#	14 430		The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.6.9	% of deliveries assisted by trained personnel	%	15%		The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.10	Nummber of deliveries assisted by trained nurses	#	41 370		The data required to to measure this indicator are not available in the the information sytem currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.11	Percent of new births having benefitted by postnatal consultation	%	31%	8%	These results (8%) have been calculated based on the number of new deliveries expected during the year
3.1.6.12	% of sites with at least 1 surveillance committee for maternal mortality in the area served	%	30%		
CHILD HEALTH					
3.1.6.13	% children <1 year completely vaccinated	%	83%	19%	Thes results (19%) were calculated on the basis of the number of children < 1 year expected in the year
3.1.6.14 (F)	Number of people trained in child health and nutrition	#	1 000	-	.The training plan is being developed Needs assessment is in process.
3.1.6.15 (F)	Number of children reached by nitrition programs	#	315 850		The data required to to measure this indicator are not available in the the informations systems urrenly in place. However they will be collected in the revised system that will soon be implemented.
3.1.6.16	% of child weighings of chuuldren <5 years resulting in a Weight/Age report equivalent to PFA/PTFA	%	13%	10%	
3.1.6.17 (F)	Number of children <5 years having received Vitamin A	#	300 131	78602	
3.1.6.18	Number of children < 5 years having received 2 doses of Vitamin A	#	200 000		
3.1.6.19	Number of doses of Vitamin A distributed to children from 6-59 months	#	600 262		The data required to to measure this indicator are not available in the the information sytem currently in place. However they will be collected in the revised system that will soon be implemented

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.6.20 (F)	Number of child diarrhea cases managed (institutional and community levels)	#	55 000	12280	The data required to to measure this indicator are not available in the the information sytems currently in place. However they will be collected in the revised system that will soon be implemented
3.1.6.21	Number of mothers or caretakes of children trained in the danger signs of diarrhea, ARI, and pnumonia	#	200 000		Data not yet available
3.1.6.22	Number of mothers trained in feeding newborns (including exclusive breast-feeding) and in complementary feeding practices for children > 6 months	#	200 000		Data not yet available
3.1.6.23	Number of people who have seen or a message on oral serum	#	200 000		Data not yet available
REPRODUCTIVE HEALTH / FAMILY PLANNING					
3.1.7.1.	Number of personnel trained in furnishing long-term family planning methods	#	50	-	The training plan is being developed Needs assessment is in process.
3.1.7.2	Percentage of people of age to purchase using a modern FP method (for planning)	%	26%	22%	The results of 22% refer to users in the month of November 2007. The information system currently in place does not permit disaggregation of data by sex or age. The disaggregated data will be collected in the context of the system adapteation that will soon be completed.
3.1.7.3.	% of modern FP methods using long term methods for family planning	%	14%	<ul style="list-style-type: none"> 7.1% CCV 7.5% (Implant and IUD) 	These percentages are calculatated on the basis of the toal number of users and represent the proportion of users of FP methods
3.1.7.4	Number of new FP users	#	131 943	Total 23617: <ul style="list-style-type: none"> 7748 <25 years 15869 25+ 	The information system currently in place does not permit disaggregation of data by sex. The disaggregated data will be collected in the context of the system adapteation that will soon be completed.
3.1.7.5 (F)	Total number of couple-years protection	#	220 000	Total 45300: <ul style="list-style-type: none"> 38787 Private Sector 6513 Public Sector 	

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
3.1.7.6(F)	Number of people trained in FP/RH	#	1 000	-	The training plan is being developed Needs assessment is in process.
3.1.7.7 (F)	Number of service delivery points offering counseling sessions or FP services	#	100	149	Three (3) PPS in the network (Filles de la Charité, Lucelia Bontemps, and SC de Thiotte) do not offer FP services
3.1.7.8	% of sites offering at least 5 FP methods (with 2 long term)	%	20%	16%	
3.1.7.9	Percentage of sites in which contraceptive products are stocked according to norms	%	60%		Data not yet available
3.1.7.10	Number of new STI cases detected and treated	#	40 000	9084	
3.1.7.11	% of sites visited using the TIAHRT check list	%	100%		Data not yet available.
3.1.7.12.	Number of people trained in the provisions of the TIAHRT Amendment	#	1 000	-	The training plan is being developed Needs assessment is in process
3.1.7.13 (F)	Number of people having seen or heard a FP message	#	200 000	-	Data not yet available
3.1.7.14	Percentage of intervention zones in which a campaign to promote the use of long term methods has been carried out	%	10%	-	Data not yet available
REINFORCEMENT OF THE EXECUTIVE FUNCTIONS OF THEMSP					
FE.1	Number of health departments having a mechanism for coordination of principal donors	#	5	3	Donor coordination forums have been organized in three (3) Departments: North, Nippes, and Center
FE.2	Number of IDP in execution receiving project reinforcement	#	5	5	
FE.3	Number of ICP in execution receiving project reinforcement	#	20	72	Support is provided in all communes of five (5) departments totaling 72 communes but a special reinforcement will be provided to the communes in which the 29 zones ciblées are situated
FE.3	Number of departments implementing a service delivery supervision plan	#	3	-	Supervision activities have not yet been rolled out
FE.4	Number of Zones ciblées financed by PBF	#	2	-	The mechanisms for the application of PBF in the Zones ciblées are being developed

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
FE.5	Number of departments in which the financial accounting system is in place	#	2	-	
FE.6	Number of communes in which the zones ciblées are situated and in which a service delivery information system is in place and used	#	10	-	Discussions with the MSPP and the other donors concerned with the preparation of an assistance plan in the area of HIS are in process
FE.7	Number of departments supported in the operationalization of the National Health Information System	#	4	-	The four (4) Departements have been identified with the UPE and an assistance plan is being developed
FE.8	% putting into action a global training plan	%	100%	-	The training plan is being developed Needs assessment is in process
OTHER AREAS					
AD.1	Percentage of the Haitian population served by the project	%	44%	44%	The percentage will be known following the compilation of the SDMA results
AD.2	Number of departments in which groups of trained youth are integrated in and supporting project interventions	#	4	-	An intervention plan has been developed in collaboration with FOSREF. The rollout of the activities of planned for the next quarter.
AD.3	Number of commercial private sector partners agreeing to support (financially or with in-kind support) project interventions	#	5	1	<ul style="list-style-type: none"> • Fondation UNIBANK
AD.4	Number of sites certified as 'youth friendly' by the youth through the Youth-version SDMA	#	5	-	
AD.5	Percent of Matching Fund realised	%	10%	2%	Contribution from: <ul style="list-style-type: none"> • AMH • Ruban Rouge • Konbit - Sante

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
					Promised contribution from Pure Water for the World”
AD.6	Percentage of intervention zones in which at least one site (school or SDP) has safe water (potable)	%	10%	-	The plans are developed but the roll out of activities will be in the next quarter
AD.7	Number of high visibility events organized	#	3	6	<ul style="list-style-type: none"> • Presentation of the new bilateral USAID health project to the donor community. • Official project launch at Jérémie by the US Ambassador and the Minister of Health of Haiti • Consecration by the USAID Mission Director in Haiti and local officials of a “bateau ambulance” to the zone ciblée « Ile-à-Vache ». • Signing of a partnering agreement with ‘Pure Water for the World ‘ during the closing ceremony of the international summit for « Clean Water » • Educational video Session and televised reporting on World AIDS Day (Cérémonie Ruban Rouge) • Inaugural ceremony for the new home of the Association Médicale Haïtienne (AMH)
AD.8	Number of "success stories" sent to USAID	#	12	-	
AD.9	Number of supported sites visibly displaying the logo « USG- Ed Pèp Meriken »	#	75	-	
AD.9	Number of active « Local Health Task Force »	#	20	-	Document has been developed but , « local task force » has not yet been included
AD.10	Number of sites making available the standard array of educational materials on (BCC) et PSPI	#	30		The standard array is not yet defined but the majority of sites make educational materials available

Indicator Code	Indicator	Unit of Measure	Annual Objective 2008	Results October-Décember 2007	Comments
AD.11	Number of departments having implemented their communication plan	#	5	-	The plans are developed but the roll out of activities will be in the next quarter
AD.11	Strategy of "Grants Under Contract (GUC)" developed and approved by USAID	#	1	-	
AD.12	Number of « Grants Under Contract » awarded	#	6	-	

Project Management

All administrative and management systems needed for project implementation are in place.

Information and Communications

- Project was officially launched in Jérémie by the U.S. Ambassador, the USAID Mission Director, the Minister of Health, and the *Direction Générale* on December 13, 2007.
- Internal MSH/Haiti Performance Monitoring System and Executive Information System has been developed and implemented.
- Information technology and communications systems are in place.
- With the recruitment of a new Communications and Public Relations Specialist, the strategic communications plan for the project is moving forward with full support from MSH Cambridge and in collaboration with USAID.

Consultation with Partners

- A two-day technical retreat took place on September 13 and 14, 2007. USAID, MSH, MYAP partners, and PADESS presented the new project in detail and began development of the M&E Plan. This meeting was followed by a series of working group sessions over the next three weeks to finalize initial drafts of M&E Plan for each program element.
- MSH presented the project to the Departmental Forum of MSPP departmental directors in November 2007. Initial concerns were raised by MSPP about the new project's goals, priorities and strategy. Several meetings followed to attempt to resolve differences and reach a consensus. In the meantime, field activities with the public sector were held in most departments. Final consensus was reached with the MSPP on January 15, 2008.
- A one-day mini-workshop was organized at MSH to present the project to the donor community. This meeting was also useful for initial identification of possible areas of collaboration.
- The initially planned meetings with the departmental leadership on implementing *Pwojè Djanm* had to be postponed from the originally scheduled dates in November to mid-January of 2008 due to unresolved concerns within the ministry. Although disruptive to the implementation of the work plan, this interruption afforded the opportunity for frank discussion and reaffirmation of common goals.

Financial Systems Adapted

- A competitive procurement process was organized in collaboration with USAID for selection of the local bank for project financial transactions. Forty-two bank accounts

were open and are active. Computerized financial management system is in place and fully operational.

- Administrative, contract, and financial management procedures are in place. Existing financial and management systems were adapted for project start-up and procedures manuals were updated.
- Computerized budget monitoring, expenditures coding, and allocation systems are in place.

Work Planning, Human Resource Management, and Performance Planning

- *SDSH-Pwojè Djanm* activities started with an MSH senior staff orientation at USAID in Port-au-Prince on August 23, 2007. In this meeting, USAID and MSH management teams were introduced to each other. Project goals and deliverables were outlined. Roles of the various USAID offices in support to the project were defined. A communication mechanism between USAID and MSH was established.
- On August 24, 2007, a mini-workshop took place at MSH to regroup MSH and USAID/PHN staff for more detailed and technical discussions regarding project implementation. It included discussion of initial project organigram, roles and responsibilities, designation of counterparts, communication mechanism, and priorities.
- The M&E Plan was submitted to USAID. After receiving feedback from the CTO, the plan is being revised.
- The Milestones Plan was developed, submitted, and approved.
- The initial project organigram, staff assignments, and roles were revised to take into account changes requested by the MSPP, the consensus reached, and the conclusions of the January 15 meeting.
- In December 2007, the project received the visit of the Tiahrt Amendment evaluation team. The team met with the technical team and MSH Contract Officer. They made site visits to assess systems and mechanism in place to monitor compliance. All MSH/Haiti senior staff were trained and certified as having completed the Internet-based training program.
- Close to 90 percent of recruitment has been completed. Job descriptions emphasizing end-to-end accountability have been developed and are now effective. Internal supervisory system in place.
- The individual identified to replace the originally proposed Communications and Public Relations Specialist was not able to meet performance requirements and was thus terminated. The team has retailored the strategy for this position and has recently hired a replacement (Anathalie Durand).

Contract Management

- Monthly, formal CTO meetings are organized with the entire leadership team of MSH and USAID/PHN staff. Weekly, CTO touch-base meetings also take place between the CTO, the Chief of Party, and the Deputy Chief of Party.
- Initial pre-award agreements were developed with MSH subcontractors (AIDS Healthcare Foundation, JHU, JHPIEGO, and FOSREF). These pre-awards are valid until March 31, 2008.
- The Environmental Mitigation Report and Waste Management Plan submitted by MSH for Year 1 was approved.
- Because the *SDSH-Pwojè Djanm* contract did not have the originally planned overlap with HS-2007, it was necessary to provide the NGO service partners with bridging contracts that were valid until November 30, 2007. The team generated an proposal process and service partners submitted work plan proposals that were evaluated by the Project and USAID teams for implementation by December 1, 2007. A significant gap was experienced because a serious contracting matter regarding the disposition of income to the service providers emerged, and final signatures on the service contractors was delayed by months. The project team was able to maintain credibility through regular and open communication with the partners as it supported USAID in resolving the questions that had been raised. The situation was resolved and service contracts were signed; there has been, however, some loss of confidence in the system.