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## *Santé pour le Développement et la Stabilité d’Haiti— Pwojè Djanm*

Annual Report August 1, 2007 – September 30, 2008

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

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**October 2008**

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## Annual Progress Report

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## About the Project

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In August 2007, the US Agency for International Development (USAID) awarded Management Sciences for Health (MSH) a contract for the implementation of a new task order, Santé pour le Développement et la Stabilité d’Haiti/SDSH—Pwojè Djanm (in Creole, “Robust Project”).

This task order, in line with the 2006–2009 USAID country program for Haiti, addresses the Health Program Area under the category “Investing in People” of the US *New Strategic Framework for Foreign Assistance*.

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

Both public (designated as *Zones Ciblées*) and private, nonprofit sector health care delivery will be strengthened as well as the Haitian health ministry’s (Ministère de la Santé Publique et de la Population—MSPP) ability to carry out its executive functions at the central and departmental levels. A special focus of technical assistance, under this task order, will be to support the improvement of stability in “hot spots”, as identified by USAID (Petit-Goâve, Port-au-Prince, St. Marc, Gonaives, Cap-Haïtien, and Les Cayes).

Under this task order, the SDSH–Pwojè Djanm’s team and partners focuses efforts in three areas:

- *Service Delivery*—to increase access to and use of the Government of Haiti’s basic health care package in 80 nongovernmental organization (NGO) and 72 Ministry of Health’s service delivery points in all 10 departments in Haiti by means of results-proven performance based contracts;
- *Support to the Government of Haiti*—by strengthening the leadership of the Ministry of Health for health care services delivery in Haiti and strategic management of resources for the health sector;
- *Commercial Sector Partnerships*—to mobilize and increase commercial sector businesses’ participation to become active partners with the Ministry of Health in the delivery of health care in Haiti.

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

## CONTENTS

CONTENTS .....	iv
Acronyms and Abbreviations .....	vi
Introduction.....	1
Executive Summary.....	2
<b>I. SERVICE DELIVERY.....</b>	<b>6</b>
<b>1. Integrated Package of Services and Project Assistance .....</b>	<b>6</b>
SDSH Package of Services Meeting MSPP Standards .....	6
SDSH Package of Services Assessment Conducted .....	6
SDMA Reviewed and Adapted .....	6
Inventory and Revision of National Standards.....	7
<b>2. HIV &amp; AIDS and Sexually Transmitted Infections (Program Element Result No. 1) .....</b>	<b>7</b>
Outstanding Results in VCT at 30 NGO Service Delivery Sites.....	7
Acceptable Results in PMTCT at SDSH-Supported Sites.....	8
New Concept of PMTCT in Progress at 13 Selected Sites.....	9
Introducing Early Infant Diagnosis and Pediatric HIV Services.....	10
Palliative Care .....	11
Antiretroviral Therapy .....	13
Keeping Coordination and Synergy among MSPP, Other Agencies, and Donors a Priority.....	15
<b>3. Tuberculosis (Program Element Result No. 2).....</b>	<b>16</b>
Aiming to Reinforce Interventions for SDSH and PLNT .....	16
<b>4. Maternal Health (Program Element Result No. 3) .....</b>	<b>17</b>
PY1 Results from around the Network and Zones Ciblées.....	17
<b>5. Child Health (Program Element Result No. 4) .....</b>	<b>17</b>
Challenges.....	17
<b>6. Family Planning, Reproductive Health, and Youth (Program Element Result No. 5) .....</b>	<b>18</b>
Ensuring Availability of Commodities at USG-Funded Sites under New Distribution Strategy.....	18
Ensuring Supply of FP Commodities at the Zones Ciblées .....	19
Full Attainment of Results in Introducing Longer-Term FP Methods .....	20
Helping Departmental Directorates Revise Strategy and Develop Plans.....	21
Application of FP Federal Regulations.....	21
SDSH-FOSREF Youth Programs .....	22
<b>7. Cross-Cutting Interventions:.....</b>	<b>23</b>
Behavior Change Communication/Community Mobilization .....	23
Monitoring and Evaluation .....	24
EMR – Waste Management .....	25
Human Resources Capacity Development .....	26
<b>II. GOVERNANCE, decentralization, and EXECUTIVE FUNCTIONS .....</b>	<b>30</b>
<b>Governance.....</b>	<b>30</b>
Unprecedented Government-Donor Coordination System.....	30
Health Program Management.....	30
Facilitating Decision-Making at All Levels.....	31
Technical Assistance to the State University Hospital (HUEH) .....	31
<b>Strengthening Strategic Planning for Decentralization .....</b>	<b>32</b>
Development and Implementation of the MSPP Integrated Operational Plan at All Levels.....	32

Monitoring of Communal and Departmental Plans.....	33
<b>Reinforcing the National HIS.....</b>	<b>35</b>
<b>Financial Management Technical Assistance to the MSPP.....</b>	<b>35</b>
Updating of Financial and Accounting Management Manual Stalled.....	35
<b>Support to the Public Sites (Zones Ciblées).....</b>	<b>36</b>
Budgets in Place and Aiming at Performance-Based Financing.....	36
De-concentration of Project Financial Management.....	36
<b>Commodities Distribution Network.....</b>	<b>37</b>
<b>III. CORPORATE SOCIAL RESPONSIBILITY.....</b>	<b>38</b>
<b>Partnerships and Agreements in Development.....</b>	<b>38</b>
Strategic Partnership Launched with the Unibank Foundation.....	38
Formal MOU Signed with the Caris Foundation.....	39
Formal MOU Signed with Konbit Santé.....	40
Formal MOU Signed with Pure Water for the World.....	41
<b>Maintaining Other Contacts Initiated in PY1.....</b>	<b>42</b>
Restarting Discussions with the Yéle Haiti Foundation.....	42
Aiming to Confirm Agreements with Comcel-Voilà.....	42
<b>IV. COMMUNICATIONS AND PUBLIC RELATIONS.....</b>	<b>43</b>
<b>Early Start-up in Project Implementation.....</b>	<b>43</b>
Staffing Change.....	43
Linkage with USAID.....	43
<b>PY1 Achievements in Communications and Public Relations.....</b>	<b>44</b>
High-Visibility Events.....	44
Success Stories.....	45
Starting on Other Areas of the Plan.....	45
Media Hits.....	45
<b>V. PROJECT MANAGEMENT.....</b>	<b>46</b>
<b>Monitoring and Evaluation.....</b>	<b>46</b>
Constant Monitoring to Support Technical Assistance, Decision-Making, and Results.....	46
Ensuring Data Gathering, Focusing on Quality Control.....	46
Performance-based Financing, Preparation of Disbursement Plan for NGO and Zones Ciblées.....	47
<b>Contracts Management.....</b>	<b>47</b>
Renewal of service contracts for SDSH PY1.....	47
Amendments to the Memoranda of Understanding for the Zones Ciblées.....	47
<b>Administrative and Financial Management Systems in Place and Effective.....</b>	<b>47</b>
Human Resources and Administration.....	47
Financial Management.....	48
<b>Emergency Response: Post disaster Situation.....</b>	<b>50</b>
Distributing USG Nonfood Items and Relief Items.....	50
Participating in Post disaster Surveillance (MSPP and CDC).....	52

## ACRONYMS AND ABBREVIATIONS

AEADMA	Association d'Entr'Aide des Dame-Mariens
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy / ARV antiretroviral medicine
BCC	behavior change communication
CBP	Comité de Bienfaisance de Pignon
CDC	U.S. Centers for Disease Control and Prevention
CDS	Centres pour le Développement et la Santé
CEGYPEF	Center for Gynecological Prevention and Family Education
CONASIS	Comité National d'Appui au Système d'Information Sanitaire National
CRS	Catholic Relief Services
CTD	Conseiller Technique Départemental (Field Technical Advisor – SDSH)
DPM/MT	Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle (Directorate for Pharmaceuticals – MSPP)
DSF	Direction de Santé de la Famille (Directorate of Family Health – MSPP)
FHI	Family Health International
FINCA	Foundation for International Community Assistance
FONDEFH	Fondation pour le Développement et l'Encadrement de la Famille Haïtienne
FOSREF	Fondation pour la Santé Reproductrice et l'Education Familiale
FP	family planning
FY	fiscal year
HAS	Hôpital Albert Schweitzer
HHF	Haitian Health Foundation
HIS	health information system
HIV	human immunodeficiency virus
HS 2007	Haiti Santé 2007 Project
HUEH	Hôpital de l'Université d'Etat d'Haiti (Haiti State University Hospital)
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics (now known as JHPIEGO Corporation)
JSI	John Snow, Inc.
LMS	Leadership, Management, and Sustainability Project (MSH)
M&E	monitoring and evaluation
MEASURE	Monitoring and Evaluation to Assess and Use Results (USAID)
MEBSH	Mission Evangélique Baptiste du Sud d'Haïti
MOU	memorandum of understanding
MSH	Management Sciences for Health
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population/ Haiti)
NGO	nongovernmental organization
PADESS	Projet d'Appui au Développement du Système de Santé
PCI	Plan Communal Intégré (Integrated Communal Plan)
PCR-DNA	polymerase chain reaction–deoxyribonucleic acid
PDI	Plan Départemental Intégré (Integrated Departmental Plan)
PEPFAR	President's Emergency Plan for AIDS Relief (USG)
PLWHA	people living with HIV & AIDS

PMTCT	prevention of mother-to-child transmission [of HIV]
PMS	Paquet Minimum de Services (Minimum Package of Services) [MSPP]
PNLT	Programme National de Lutte contre la Tuberculose (National Tuberculosis Program)
POI	Plan Opérationnel Intégré (Integrated Operational Plan) [MSPP]
PPS	point de prestation de services (service delivery point)
PROMESS	Programme de Médicaments Essentiels
PSPI	Paquet de Services Prioritaires Intégrés (Package of Integrated Priority Services)
PWW	Pure Water for the World
PY1	Project Year 1
RH	reproductive health
RNDI	Réseau National de la Distribution des Intrants (National Network for Commodities Distribution)
SADA	Service and Development Agency [African Methodist Episcopal Church]
SCMS	Supply Chain Management System Project
SDMA	Service Delivery and Management Assessment
SDSH	Santé pour le Développement et la Stabilité d’Haiti
SHINE	Stop HIV in the North-East [USAID-funded consortium]
TB	Tuberculosis
TBA	traditional birth attendant
TCD	Table de Concertation Départementale (MSPP)
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UPE	Unité de Planification et d'Evaluation (Planning and Evaluation Unit) [MSPP]
USAID	US Agency for International Development
USG	US Government
VCT	Voluntary Counseling and Testing

## INTRODUCTION

This annual performance report, covering the period from October 2007 to September 2008, is submitted in compliance with Section F.2 of the project task order. It includes the following:

- A summary of Project Year 1 (PY1) key interventions and expected results
- Highlights of progress to date in the execution of the Milestones Plan
- Progress to date toward meeting PY1 deliverables and targets
- A data table summarizing MSH annual performance

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

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 health program, Haiti Santé 2007 (HS-2007) funded by the US Agency for International Development (USAID), avoiding a gap in service delivery, and assisting service delivery partners for effective organization and delivery of the Package of Integrated Services according to the norms and standards of the Haiti health ministry (Ministère de la Santé Publique et de la Population, or Ministry of Public Health and Population — MSPP)
- *Decentralization:* Assisting the Ministry of Health (MSPP) in efforts to strengthen its executive functions, increasing managerial capacity at the departmental level, and initiating a planned process for de-concentrating MSH/Haiti operations
- *Private sector initiative:* Promoting corporate social responsibility, increasing the number of public-private alliances supporting the health sector, improving donor coordination, and initiating a gradual reduction of nongovernmental organization (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

This report describes progress toward expected results for PY1 in these four categories.

## EXECUTIVE SUMMARY

A delay in awarding the project eliminated the planned transition period between the new Santé pour le Développement et la Stabilité d’Haiti (SDSH) bilateral project and its predecessor, the Haiti Santé (HS) 2007 Project. Following the period bridged until September 30, 2007 on HS 2007 extension, SDSH started providing support to 152 service delivery sites for the delivery of Package of Integrated Priority Services (PSPI) to a targeted population.

Important events, developments, and achievements are highlighted below.

### ***Delayed Signing with Subcontractors and the Health Ministry***

Although 21 NGO partners’ subcontracts were finalized in time for the contract period 2007–2008, a prolonged period of discussions over interpretation of regulations caused a three-month delay in signing of these subcontracts and in launching services at the field level. USAID’s Contracts Office granted its approval to the subcontracts with the NGO partners in February 2008. On the public sector side, negotiations with the Ministry of Public Health and Population (MSPP) for the implementation of the PSPI in the public sector target areas, called *Zones Ciblées*, were finalized in January 2008. The actual implementation of strategies to provide services for the project began by the end of March 2008.

### ***Close Monitoring of the SDSH Package of Services***

The Package of Integrated Priority Services (PSPI) incorporates HIV & AIDS, TB, maternal health, child health, family planning (FP), and reproductive health (RH). SDSH first proceeded to update the PSPI, with the contribution of project staff joined by MSPP staff, to adapt it to the new minimum package of services (Paquet Minimum de Services – PMS) of the MSPP. During PY1, Management Sciences for Health (MSH) also sought the technical assistance of international experts to assess the implementation of some components of the PSPI. The findings led to recommendations designed to strengthen the quality of services to clients, supervision, and technical guidance for the delivery sites. Following up on the recommendations, the Performance Monitoring Plan was revised with a greater emphasis on quality indicators.

### ***Project M&E System for Services Implemented***

The M&E plan and the Executive Information System for monitoring program implementation (i.e., milestones) and evaluating results (deliverables and achievement of targets) put in place by MSH have been rolled out in the field and supported by new tools for data entry and analysis, which were distributed following orientation sessions for all service providers. Partners have been using the new tools since April and May 2008. Mentoring visits have been made to partners to improve data quality.

## ***Service Delivery and Management Assessment Protocols***

New protocols were developed 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 Service Delivery and Management Assessment (SDMA) protocols were applied at all public sector sites and completed in mid-April 08. Major activities were designed in light of the SDMA findings, including training for community staff to improve service delivery. More than 1,100 service providers have received Training of Trainers orientation and are now capable of replicating the teachings to other levels in the sector. The limitations experienced in the start-up of SDSH, as described above, have interfered with the application of the SDMA process at NGO sites.

## ***Appreciable Results in Service Delivery***

With 30 sites for voluntary counseling and testing (VCT) services, 13 sites for prevention of mother-to-child transmission (PMTCT), and the integration of services, the SDSH network achieved good results in VCT (173 percent of target) and HIV testing for pregnant women (161 percent of target). In the provision of palliative care, the year's target was surpassed by 20 percent, and in child vaccination 108 percent of the year's target was reached. The full target was also reached for the introduction of longer-term family planning (FP) methods. For some components, results varied significantly depending on the implementing partner (NGO or *Zone Ciblée*) and the geographic area. Please refer to the Report Summary Annex for a detailed discussion of results.

## ***Results in Governance and Decentralization Support to the MSPP***

SDSH reached the goals of (a) providing support to all 10 health directorates for the implementation of approved Plans Départementaux Intégrés (Integrated Departmental Plans) (PDI) and (b) delivering the PSPI (except family planning) in 29 *Zones Ciblées* (versus 20 planned for the year). Conversely, the performance-based financing (PBF) strategy to be tailored to and piloted in the public sector was postponed to PY2. Support to and collaboration with central services of the MSPP were sustained; technical assistance to the State University Hospital and to MSPP (the latter in financial management) stalled for several reasons, one being the long transitional period in the Government of Haiti from April to September.

## ***Water Project: Best Achievement in Corporate Social Responsibility***

MSH signed several agreements to implement the social responsibility component of the SDSH Project, such as the covenant reached with the Caris Foundation for the introduction at some sites of pediatric services in HIV, and with Konbit Santé for technical assistance to service providers. The memorandum of understanding (MOU) signed with Pure Water for the World (PWW) gave way to the Pure Water for Haiti campaign, with performance surpassing the agreed-upon deliverables. As of the end of PY1, the program has enrolled more than 50 schools in the Pure Water for Haiti campaign, with initial focus on the hot-spot target area of Cité Soleil. The official launch of the program, which provides bio-sand water filters for use in schools, is planned for December 2008.

## ***Communications and Public Relations***

SDSH successfully organized seven high-visibility events highlighting US assistance to Haiti. Through innovative strategy in the subcontracts, MSH has enhanced opportunities to capture human interest examples for the “Telling Our Story” requirement of the project contract. As required, an electronic library of communications-related materials has been created and maintained.

The results presented in this report, though compared against annual targets, cover an effective period of nine months. In addition to limitations project implementation, SDSH confronted a four-month period of governmental transition in country. Toward the end of PY1, SDSH and most of its public and private partners were severely affected by the four tropical storms that struck Haiti from mid-August to early September 2008.

## ***Selected Results Highlights***

Table 1 summarizes some project results for Year 1. (Please see Summary Report Annex for a full discussion of results.)

**Table 1 — SDSH Project Year 1 Results Highlights**

<b>Indicator Code</b>	<b>Indicator</b>	<b>Unit</b>	<b>Target</b>	<b>Result</b>
<b>HIV &amp; AIDS</b>				
3.1.1.1 (F)	Number of sites providing minimum national and international standards PMTCT package	#	13	13
3.1.1.10 (F)	Number of pregnant women counseled and tested for HIV and having received test results	#	25,000	40,341
3.1.1.14 (F)	Number of individuals counseled and tested for HIV and having received test results	#	50,000	91,494
3.1.1.22 (F)	Number of individuals HIV-positive having received palliative care (including TB/HIV)	#	7,000	8,398
3.1.1.22.a	Number of sites offering the complete clinical package of palliative care for HIV-positive persons	#	20	19
3.1.1.23 (F)	Number of individuals HIV-positive treated for both TB and AIDS	#	500	578
3.1.1.31 (F)	Number of tests (HIV, TB, HIV monitoring, syphilis,) realized by SDSH-supported laboratories	#	157,500	223,091
<b>Maternal Health</b>				
3.1.6.6.b	Number of deliveries with trained traditional birth attendant (TBA) assistance	#	41,370	49,332
<b>Child Health</b>				
3.1.6.12 (F)	Number of infants 0–11 months vaccinated for DTPER3	#	86,070	92,563
<b>Family Planning</b>				
3.1.7.5. (F)	Number of people who have seen or heard a specific FP/RH message	#	200,000	218,876

## I. SERVICE DELIVERY

### 1. Integrated Package of Services and Project Assistance

#### ***SDSH Package of Services Meeting MSPP Standards***

During the first quarter of the year, SDSH proceeded to update the PSPI in collaboration with MSPP staff. The decision to revise the package, which had been successfully used in previous projects executed by MSH, met several goals and was also motivated by the introduction of the new minimum package of services (PMS) of MSPP. MSH had the obligation to align the SDSH package with the new MSPP package, which automatically became the standard reference. With this revision, MSH standardized the structure of the PSPI in the areas of promotion, organization, supply, and delivery of services and at the same time streamlined services and care at all project sites.

#### ***SDSH Package of Services Assessment Conducted***

During PY1, MSH sought technical assistance from international experts, first for the TB component of the PSPI (Dr. Pedro Suarez, April 2008) and then for the maternal and child health component (Doctors Malcolm Bryant and Jon Rohde, July 2008). In both cases, the experts worked with MSPP national managers and the international organizations cooperating with the ministry to assess the conformity of MSH choices with national and international strategies. Although specific recommendations for improvement were made, these consultancies validated SDSH's strategy.

The mission of Doctors Malcolm Bryant and Jon Rohde identified some gaps and weaknesses that may affect the effective delivery of the PSPI. The mission formulated specific recommendations to address the weaknesses identified, and these recommendations are being implemented. This consultancy also recommended the revision of the Performance Monitoring Plan and a greater emphasis on quality indicators.

#### ***SDMA Reviewed and Adapted***

To support effective implementation of the revised PSPI, MSH analyzed service organization and quality at all public sector service delivery points in the SDSH network using the SDMA protocols, which had been successfully used with the HS 2004 and HS 2007 Projects. The new project direction and PSPI, however, created new requirements in the areas of efficiency and performance.

The execution of the SDMA therefore unfolded in several stages, from revision and adaptation of the tool, external validation of the protocol (through technical assistance from external entities, namely PADESS, MSPP, and the NGOs Centres pour le Développement et la Santé/CDS and Save the Children), validation of the protocol by the SDSH management team, and integration of the recommendations. The review of the SDMA was completed in December 2007. Next steps

included orientation of the departmental teams and the application of the SDMA at service delivery sites. In the 72 *Points de Prestation de Services/PPS* (service delivery points) throughout the 29 public *Zones Ciblées*, the process lasted from February 25 to March 15, 2008. By that date, each public site had a reorganization plan in place to enable the implementation of the revised PSPI.

Due to time constraints, the SDMA protocol was not conducted in NGO-managed sites during PY1; it will be carried out during the second year of the project.



### ***Inventory and Revision of National Standards***

MSH had scheduled in the project's milestones the inventory, revision, and dissemination to the entire SDSH network of all the norms guiding the implementation of all components of the PSPI. During PY1, the inventory was successfully completed. The review of reproductive health norms started in collaboration with the MSPP.

## **2. HIV & AIDS and Sexually Transmitted Infections (Program Element Result No. 1)**

### ***Outstanding Results in VCT at 30 NGO Service Delivery Sites***

Significant technical assistance was provided to VCT sites to strengthen capacity for effective implementation of the spread-out VCT concept (*CDV éclaté in French*). Due to the budgetary constraints of the HIV budget ceiling in the MSH contract, the number of sites to be supported to provide VCT services was revised downward in discussions with the USG team. Special emphasis was placed on holistic care, human dignity, stigma reduction, confidentiality, effective internal and external referral mechanisms, appropriate infrastructure renovations, and the availability of needed materials and equipment. To the extent possible, mobile clinics were organized by some of the public service sites (*Zones Ciblées*). From these mobile clinics, HIV-positive patients are referred to the appropriate care and support sites. Fifty-nine health providers were trained and services are operational.

MSH organized a three-day workshop at our central office to address weaknesses observed in the implementation of activities by the NGO partner institutions and to revise priorities, direction and strategies in response to problems identified, with the goal of enabling each partner to reach its goals and objectives for the fiscal year (FY) 2007–2008.

The semiannual meeting of the MSH technical team for review of HIV service delivery data collected within the network was held in June. An evaluation was carried out to determine strengths and weaknesses and subsequently implement strategies to address shortcomings identified, thus supporting attainment of targeted objectives for the year.

Finally, discussions were held with the USG team to explore the possibility of additional funding for the proposed expansion of HIV services to other targeted sites. We expect that the contract budget ceiling issue will be resolved and the expansion possible in FY08. Plans have already been made with some sites, such as Île-à-Vaches, Les Anglais, and Abricots, for rapid implementation. SDSH exceeded its objective to test 50,000 people this year; from October 2007 to September 2008, 173 percent of the annual target was attained.

This result is not consistent throughout the network, with variations from 85 percent to more than 100 percent. Over the entire network, only five sites (Beraca Hospital and Comité de Bienfaisance de Pignon/CBP, with 88 percent; Mission Évangélique Baptiste du Sud d'Haïti [MEBSH], with 90 percent; Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF), with 91 percent; and Save the Children, with 99 percent) did not achieve their VCT target.

<b>During this period, statistical data shows that</b>	
<b>91,494</b>	People have benefited of counseling and testing (not including pregnant women)
<b>40,341</b>	Pregnant women have been counseled and tested for HIV
<b>86,300</b>	People have been tested for syphilis.

One site (Hôpital Albert Schweitzer, HAS) had a low performance, with a result of 17 percent for the period, due to a management crisis at its headquarters.

### ***Acceptable Results in PMTCT at SDSH-Supported Sites***

In December 2007, the USG team approved a list of 13 SDSH/Pwojè Djanm-supported sites proposed to provide PMTCT services.

Because of delays in signing service delivery contracts with the NGOs, technical assistance plans for strengthening PMTCT were seriously affected at the beginning of the year. Consequently, several key activities planned for this period had to be postponed. An urgent issue addressed after contract signature was the human resources shortage at some institutions. In several cases, many partners had lost staff during the project transition period.

The results for pregnant women tested exceeded the year's target, with a performance of 158 percent. More detailed analysis of results per partner, however, reveals that some sites need to improve performance in enrollment of HIV-positive women in prophylactic treatment and completion of prophylaxis.

<b>During the year, statistical data show that</b>	
<b>40,341</b>	Pregnant women were counseled; HIV tested, and have received their test results.
<b>1,238</b>	Pregnant women were positive for HIV: <b>895</b> accepted enrollment in PMTCT; <b>434</b> have received antiretroviral (ARV) prophylaxis to date.

The project undertook an evaluation of the sites to assess the constraints and take appropriate measures. Field visits were conducted to evaluate service organization, and needs were inventoried. One of the measures was the introduction of community-based PMTCT. Consequently, results for HIV-positive pregnant women enrolled in PMTCT increased from 34 to 72 percent after three months. Additional efforts are still needed to increase the number of HIV-positive pregnant women receiving antiretroviral therapy (ART).

**The sites providing PMTCT through SDSH-Pwojè Djanm support are the following:**

- Hôpital Communautaire de Dame-Marie/AEADMA (Association d'Entraide de Dame-Mariens)
- Centre de Bienfaisance de Pignon
- Centre de Santé Fort-Liberté/CDS (Centres pour le Développement et la Santé)
- Centre de Santé La Fossette/CDS (Centre pour le Développement et la Santé)
- Hôpital Claire-Heureuse
- Clinique La Fanny
- Clinique Médico-Chirurgicale Dugué
- Hôpital de Fermathe
- FOSREF/CEGYPEF
- FOSREF/Christ-Roi
- FOSREF/Solino
- Hôpital Albert Schweitzer/HAS Deschapelles
- Hôpital Albert Schweitzer/HAS Liancourt
- Klinik Pèp Bondye-a/Haitian Health Foundation (HHF)
- Grace Children's Hospital/International Child Care
- Hôpital Communautaire de Mirebalais / Management Resources for Child Health (MARCH)
- Hôpital Lumière/MEBSH Bonne Fin
- Centre de Santé Lumière MEBSH/FINCA (Foundation for International Community Assistance)
- Centre de Santé de Gressier /Œuvre de Bienfaisance de Carrefour et de Gressier (OBCG)
- Centre de Santé de Pierre Payen
- Clinique SADA/Matheux
- Clinique Saint-Paul de Montrouis
- Save the Children/Maïssade
- Fondation pour le Développement et l'Encadrement de la Famille Haïtienne (FONDEFH)/Martissant
- Fondation pour le Développement et l'Encadrement de la Famille Haïtienne FONDEFH/Delmas 75
- Hôpital Beraca

***New Concept of PMTCT in Progress at 13 Selected Sites***

Starting March 2008, MSH visited the 13 SDSH-supported sites to provide technical assistance for organization of services to strengthen PMTCT as an element of maternal health and introduce the concept of community-based PMTCT. In the context of strengthening PMTCT and maternal health services, 41 health professionals were trained, in collaboration with JHPIEGO. Additional training will continue, based on weaknesses identified during field visits.

During the Project Year, field visits were conducted at all PMTCT sites with JHPIEGO, with the goal of reinforcing the PMTCT program at the institutional and community levels. New strategies were recommended for reaching the maximum number of pregnant women, to determine their HIV status and take appropriate steps to provide them with appropriate services and also protect their babies against HIV infection during pregnancy and delivery. Community outreach strategies were created to reach the affected persons in the women's families and their significant others.

Three *Zones Ciblées*—Ile-à-Vaches, Les Anglais, and Abricots—were also visited to explore the possibility of introducing VCT and PMTCT with FY08 funds. A plan has been created with other partners, including Plan National and Catholic Relief Services (CRS) in the South Department, to offer complementary and synergistic interventions.

The community-based PMTCT concept has been well received at all visited sites. New procedures for subsidizing services for HIV-positive pregnant women have been developed and shared with sites. In the spirit of harmonization, SDSH has used the same subsidy amounts allowed by the Free Obstetric Care Program MSPP/WHO/SOG (Soins Obstétricaux Gratuits in French). As a first step, SDSH used FINCA and Bonne Fin as pilot sites to finalize documentation and tools. Community health workers have been trained in the provision of PMTCT services. Community-based PMTCT and the maternal health subsidy are now operational at all 13 supported sites. Sites' personnel have been trained to elaborate a birth plan with each pregnant woman whether or not she is HIV-positive. An indicator to track implementation has been added to the project's M&E plan.

Some shortages in human resources have been identified in several institutions, and the gaps have been filled. Such needs will continue to be addressed as long as they are identified during field visits. It is anticipated that in FY09, educational and communication materials will be developed to reflect new the PMTCT strategies.

### ***Perspective***

SDSH will ensure that a community-based PMTCT strategy is implemented, while strengthening PMTCT at the institutional level, to reach the majority of pregnant women. The ultimate goal is to have 80 percent of HIV-positive pregnant women enrolled in PMTCT and receiving prophylaxis. To ensure the continuum of care, all PMTCT sites must provide the complete package of palliative care in addition to the revised strategy of subsidized maternal health services, including community approaches.

Additional financial and human resources committed solely to the follow-up of pregnant women are still needed at some sites to strengthen maternal care as well as minimize the loss of some pregnant women enrolled in PMTCT.

### ***Introducing Early Infant Diagnosis and Pediatric HIV Services***

In the context of corporate social responsibility, an MOU was signed with the Caris Foundation and JHPIEGO to introduce HIV PCR-DNA (polymerase chain reaction–DNA) testing and strengthen pediatric AIDS services in selected SDSH-supported sites. All of the ART sites are benefiting from this MOU. A PCR-DNA meeting was held at the USAID office with GHESKIO (Groupe Haïtien d'Etude du Sarcome de Kaposi et des Infections Opportunistes) to review the educational material developed by the JHPIEGO/Caris Foundation team for training. HIV PCR-DNA testing and training started in May 2008.

Because of the volume of testing at Hôpital de Marchand-Dessalines, HIV PCR-DNA testing has also been introduced at this site. The ultimate goal is for all PMTCT sites to benefit from this agreement.

Several meetings took place with the National Laboratory on the logistics problems it faces in properly managing the PCR-DNA tests being done in nine sites throughout the country and to assist the laboratory in the eventual extension of the program to improve access and build sustainability.

### ***Palliative Care***

After contract signatures with sites in February 2008, an intensive focus was placed on support to 20 sites to provide adequate and appropriate clinical palliative care.

Following analysis of the organization and the provision of community-based palliative care services at the sites, SDSH organized meetings with partners' teams to provide assistance and coaching for strengthening interventions and the key elements of the palliative care package, particularly at the community level. SDSH participated in meetings with Family Health International (FHI), the Association of Evangelical Relief and Development Organizations (AERDO), Catholic Relief Services, and the Health Communication Partnership to build consensus on a new model for the organization of palliative care for HIV-positive people in the PEPFAR program. SDSH also participated in the PEPFAR technical working group on palliative care to refine the model. In addition, SDSH met with CRS and FHI to discuss the delivery mechanism for community-level care.

During revision of the SDMA protocols, operational strategies and guidelines for integrating HIV and TB into the PSPI were revisited. A guide was elaborated to assess palliative care at sites, and a structure was developed for site visits. To better tailor technical assistance to the sites' needs, SDSH reviewed the organization and provision of palliative care services in the project network. A site assessment guide was developed, and visits to the 20 institutions providing palliative care were scheduled.

### ***Assessing the Quality of New Palliative Care Services in the Network***

A pre-test conducted at five sites in the Port-au-Prince metropolitan area (International Child Care/Grace Children's Hospital, FONDEFH/Clinique Delmas 75, FONDEFH/Clinique Martissant, Centre de Santé et Nutrition Rosalie Rendu, and CEGYPEF) led to a revision of the form used for assessing the quality of care at the sites. Visits then continued in other departments to evaluate the organization and provision of services and to identify needs in technical support.

Eighteen sites (including the five used for the pre-test) were visited in seven of the 10 departments:

- Grace Children’s Hospital/International Child Care
- FONDEFH/Clinique Delmas 75
- FONDEFH/Clinique de Martissant
- Centre de Santé et Nutrition Rosalie Rendu
- FOSREF/CEGYPEF (Center for Gynecological Prevention and Family Education)
- Clinique SADA /Matheux
- Clinique Saint-Paul de Montrouis
- Centre de Santé Lumière MEBSH/FINCA
- Hôpital Lumière/MEBSH Bonne Fin
- CDS Pierre Payen
- Hôpital Claire-Heureuse
- Centre Médico-Social de Ouanaminthe
- Hôpital Fort-Liberté
- Hôpital Bienfaisance de Pignon
- Clinique Médico-Chirurgicale Dugué
- Centre de Santé La Fossette
- Klinik Pèp Bondye-a/HHF
- Hôpital Communautaire de Dame-Marie

<i>Palliative Care</i>	
<b>118%</b>	of the annual objective for enrolled patients in care and support has been achieved during this year.
<b>8,323</b>	Patients are receiving care and support.
<b>214,623</b>	tests have been performed, which include <ul style="list-style-type: none"> <li>– <b>126,402</b> in HIV;</li> <li>– <b>1,921</b> TB diagnostics, and</li> <li>– <b>86,300</b> in syphilis.</li> </ul>

These key cross-cutting findings were drawn from the assessments:

- Clinical palliative care is delivered at the institutional level, but provision of support at the community level must be better structured.
- Most sites do not have social workers on staff, and where they do, the social workers function mainly as counselors; they are not fully involved in the organization and coordination of community palliative care.
- Most existing staff have not been trained to provide support at the community level to people living with HIV & AIDS (PLWHA) and their families.
- The provision of support to PLWHA and their families at the community level is not fully integrated into the organization of community health services in partner institutions; community health workers are not fully involved.
- Coordination of interventions with the technical reference institution named in French *institution technique de référence*/ITR is practically nonexistent; most partner institutions do not know which *institution technique de référence* is designated to provide support for community palliative care in their department.

The overall assessment report was discussed at an SDSH team meeting. Findings were then used to develop a technical assistance plan aimed at strengthening care and support service organization at the sites. With additional funding expected to become available, three main interventions have been identified in the area of palliative care services:

- Amendment of current contracts of six organizations to ensure the recruitment of a social worker at the following sites: SADA, Centre de Santé Pierre Payen, AEADMA, Clinique

Médico-Chirurgicale Dugué, FONDEFH/Clinique Delmas 75, FONDEFH/Clinique de Martissant, and Comité Bienfaisance de Pignon (CBP).

- Provision of financial resources, through a purchase order, to 11 partner organizations to facilitate the revitalization of support groups in 15 selected sites: SADA, Clinique Médico-Chirurgicale Dugué, CBP, CDS (3), AEADMA, Hôpital Beraca, FONDEFH (2), MEBSH (2), Hôpital Claire-Heureuse, Grace Children’s Hospital/International Child Care, and Centre de Santé Pierre Payen. The last organization decided after the site visit that it was preferable to wait for the next fiscal year to organize its support groups.
- Provision of close technical support and monitoring to sites according to their specific needs. After the assessment, a specific technical assistance plan was prepared for each site.

### *Strengthening Community-Based Palliative Care and Support*

The last quarter of the year was dedicated to the provision of close technical assistance to partner organizations and sites to address their particular needs and weaknesses.

Sites were provided with social workers where this category was missing. Clinical palliative care is delivered at the institutional level, but a complete support package at community level is lacking structure due to the non-availability of funding in the MSH mandate.

To minimize discrimination and stigmatization, MSH strongly believes that community care and support to PLWHA and their families must be coordinated with community-based service organizations in project areas where well-structured community services exist. Additional community health agents are essential to avoid an overload of work.

Despite holding workshops and training sessions with partners, the project has had difficulty addressing taboos and misunderstandings about palliative care. One significant challenge has been educating service providers about the importance of considering an HIV-positive patient as a whole being and making sure to provide each element of care, support, or treatment as part of a unified, holistic approach.

### **Antiretroviral Therapy**

#### *Serving Five Departments through Six Active ART Sites*

With SDSH technical and financial support, five NGOs have been providing ART services, in the North-West (Beraca Hospital), in the Centre (MARCH), in the North (CBP), in the North-East (Centre de Santé Fort-Liberté), and in the metropolitan area of Port-au-Prince (International Child Care/Grace Children’s Hospital). These sites offer the complete package of VCT, palliative care,

<b>Data for Project Year 1 show that</b>	
693	patients were newly initiated in ART
2,020	patients who ever received ART
1,585	patients received ART.

TB/HIV, and ART services with a holistic approach that encourages integration of services and destigmatization of the client.

All ART sites have also been oriented to the new approach of PMTCT with the involvement of community health agents, TBAs, and *accompagneurs* (accompanying person). Continuous field visits have been made at all sites to provide technical assistance in support of strengthening the quality of care. Regular field visits in collaboration with other partners have been conducted to evaluate performance, address constraints and issues, and take appropriate measures.

### *Launching the Sixth ART Site in Ouanaminthe in the North-East*

From February to April, significant efforts were devoted to launching the Ouanaminthe ART site. The staffing plan was completed and staffs were trained; renovation was completed; materials and equipment were provided; and community mobilization was carried out in partnership with Stop HIV in the North-East (SHINE).

On May 2, 2008, the Centre Medico-Social de Ouanaminthe was inaugurated as a reference center for full HIV & AIDS services. Services started on the day of inauguration, immediately after the ceremony.



Meetings were held with USAID, the SHINE consortium, CDS, and SDSH to define best approaches for community-based palliative care around the new ART services. It was agreed that, in the context of integration of services, a different approach will be used to provide the services since SDSH already supports a well-structured community-based health program. This experience will be documented at each step to serve as a model for institutions already having community-based programs.

### *Closing situation of MARCH activities in Mirebalais*

During the April – June quarter, in response to the unexpected closing of MARCH operations in Mirebalais, MSH initiated a meeting with the MSPP/Centre Departmental Director, emphasizing the MOU signed between the Departmental Directorate and MARCH for the management of the Community Hospital of Mirebalais. Soon after, the center was re-opened for service. The final decision was that MARCH would continue to manage the Community Hospital of Mirebalais until September 30, 2008, with the financial and technical support of SDSH. The MSPP made

the decision to appoint a core management team to manage the hospital under the leadership of the MSPP after September.

MSH considered the six-month notice as a transition to explore the possibility of extending ART services to another site. A meeting was conducted with the Grande-Anse Departmental Director and Program Manager at AEADMA. In FY08, a plan will be elaborated with MSPP and AEADMA to organize ART service implementation. As of September 30, the MARCH contract with MSH for services was terminated.

### ***Keeping Coordination and Synergy among MSPP, Other Agencies, and Donors a Priority***

Regular monthly meetings of the USG team, MSH, NGOs, and private sector partners have been continuous. Technical working groups in specific areas, such as PMTCT and palliative care, have been formed, with USAID leadership. Their objectives are to better understand specific roles and mandates while applying a synergistic approach in planning and execution of program interventions with partner institutions.

Departmental HIV thematic groups have also been constituted, under MSPP leadership, assisted by the US Centers for Disease Control and Prevention (CDC). These very useful meetings serve as forum for debating cross-cutting issues, assessing departmental progress, and deciding course of actions.

Specific coordination meetings (MSPP–Plan National, FHI, JHPIEGO, MSH, and CRS) around Les Anglais in the South and Le Borgne in the North were conducted. The meetings served to elaborate joint plans to organize VCT and PMTCT services at both sites. Follow-up meetings will be organized to evaluate progress in implementation and make appropriate decisions to address any challenges identified.

MSH participated in a USG team forum in July 2008. The goal was to review progress, share lessons learned, and update all partners on new approaches in preparation for the Country Operational Plan for FY09. MSH made two presentations: “The Holistic and Integrated Approach of PLWHA Care and Treatment” and “Integrated Community-Based PMTCT Strategy.”

Monthly meetings were held internally at MSH with all technical staff to analyze data from the PEPFAR semiannual reports submitted to the USG team, to discuss field-visit findings, and to take correctional programmatic measures to improve organization and quality of care for each site supported by SDSH.

The project also held meetings with FHI, Plan Haiti, and the SHINE consortium to share information on the groups’ proposed models for community palliative care and the status of its implementation in their respective departments (North and South-East Departments, FHI; North-East, Plan Haiti/SHINE).

Linkages are being planned with other PEPFAR-implementing partners as well as Title II partners to address the dietary and nutritional needs of PLWHA.

Collaboration with the MSH-led Supply Chain Management System (SCMS) Project to support and ensure continuous availability of HIV medicines and other commodities has been well established and is running smoothly.

### **3. Tuberculosis (Program Element Result No. 2)**

#### ***Aiming to Reinforce Interventions for SDSH and PLNT***

A census was conducted to determine the number of TB sites within the SDSH network, and in April 2008, the project received technical assistance from Dr. Pedro Suarez, who performed a technical review of SDSH TB interventions.

The expert's visit was also in response to the National Tuberculosis Program (Programme National de Lutte contre la Tuberculose/PNLT) request for SDSH support. After participating in a MSPP-led workshop, Dr. Suarez went on to develop a technical assistance and support plan for reinforcement of PNLT for effective management the program.

Dr. Suarez developed a set of recommendations and a related proposal, which were submitted to SDSH for resource mobilization. A plan for operationalizing the proposal will be developed with the PNLT, with the objective of sustained SDSH support for the next two years. To date, the director of the PNLT has accepted the proposal and asked SDSH to draft an action plan for PLNT review.

#### ***PY1 Results from 24 TB Service Delivery Points***

The project had planned to implement services at 25 PPS. At the end of September 2008, 24 PPS had benefited SDSH support to work as DOTS sites. These sites reached a 58 percent detection rate.

The low testing level is related to the characteristics of the sites: the majority of them are dispensaries located in rural zones with low population density, which do not generally carry the higher rates of TB that are more common in the marginal urban zones. A strategy focusing on urban, high-population-density areas will be introduced in Year 2.

The project also focused on the integration of TB and HIV services, and most TB sites received technical assistance from the project for reorganization of these services. Although these sites have the personnel, the equipment, and materials adapted to the requirements of integration of these two services, significant technical support is still required for the services to be fully operational.

#### 4. Maternal Health (Program Element Result No. 3)

The overall coverage of the target group remains low for maternal health indicators. As noted earlier, this component was severely affected by the delays in launching service delivery. Also, the difference in funding mechanisms for the NGOs and the *Zones Ciblées* (a more demanding performance-based funding mechanism for the NGOs and a more flexible MOU with the MSPP departmental directorates for the *Zones Ciblées*) has an impact on performance. MSH plans to introduce the performance-based funding mechanism to the public sector in Year 2.

##### ***PY1 Results from around the Network and Zones Ciblées***

- A total of 82,218 pregnant women had one prenatal visit, representing a 122 percent performance across the network.
- A total of 46,666 pregnant women had three prenatal visits—an 86 percent performance.
- A total of 27,942 new birth mothers received a postpartum visit by a community health worker within 72 hours after childbirth—a 59 percent performance.

#### 5. Child Health (Program Element Result No. 4)

##### ***Challenges***

SDSH network partners experienced several difficulties, including prolonged stock-outs of commodities provided by the MSPP (e.g., immunization supplies, vitamin A, oral rehydration salts), particularly in the *Zones Ciblées*. Several vaccine stock-outs occurred during the year preceding or following the immunization campaigns in Haiti. Even though several partners have reported performances over 95 percent, in immunization for example, the overall result around the project has been diluted in the under achieving of sites affected by the stock-outs situation.



Therefore, children in the SDSH network population remain highly vulnerable to risk. SDSH partners must increase efforts and vigilance, and the project must partner with other groups, such as UNICEF and PAHO, to address these systemic failures and shortfalls.

##### ***PY1 Immunization Results***

- 92 percent of children under one year received the DTP3 vaccine (a network performance of 106 percent compared to the target for the year).
- 65 percent of children under one year were fully immunized, an 82 percent performance for the network.

Two major developments are responsible for this discrepancy in results between the two indicators chosen for vaccination:

- MSPP’s decision to revise national guidelines for immunization, which resulted in the national stock-out of simple anti-measles vaccine; this vaccine is now combined in Haiti with vaccine against rubella.
- The adoption of the “over 12 months of age” guideline for administering this combined vaccine.



MSH partnered with UNICEF and PAHO in an attempt to work with the MSPP to reach final decisions regarding the immunization guidelines, redefine the “fully immunized” indicator, and reduce confusion in the field.

MSPP has not yet communicated its official decisions on these points.

### *Growth Monitoring*

The total number of children enrolled in the growth monitoring and nutritional surveillance program reached 301,122—a 96 percent performance.

## **6. Family Planning, Reproductive Health, and Youth (Program Element Result No. 5)**

### ***Ensuring Availability of Commodities at USG-Funded Sites under New Distribution Strategy***

With the goal of improving the health status of the Haitian population, SDSH developed a strategy to increase access to and use of quality FP services at all 152 PPS of USAID’s geographical target areas by making the complete method-mix continuously available and by reintroducing longer-term and permanent methods. This effort required the implementation of a logistics system to ensure the availability of commodities at all project-supported sites.

After USAID’s decision to channel all USG-funded contraceptive commodities via MSH, a new distribution strategy was developed enabling linkages among the FP component, PSPI, and the PEPFAR-supported HIV prevention efforts. Physical inventories were performed at all SDSH sites, and projections of needs were developed for a 3–6-month period. A national quantification exercise was completed with technical support from MSH’s Center for Pharmaceutical Management. This exercise also highlighted the need for additional training of site staff in FP commodities stock management, and technical assistance to improve data reporting throughout the system, particularly at the PEPFAR-supported public sites.

To facilitate the transition process between SDSH and LMS/MSH, an orientation period was extended to July 2008. During this period, many steps were taken to strengthen the existing

operational structure by hiring additional staff and defining main functions, roles and responsibilities, and levels of supervision within the new structure. A distribution circuit has been designed, and appropriate introduction of the senior staff of LMS/MSH to the MSPP, DSF, Unité de Coordination des Programmes, PROMESS, UNFPA, the SOGEBANK Foundation, Population Service International (PSI), and most relevant stakeholders has been realized. A rapid assessment of all the departmental warehouses and communal bureaus has been jointly conducted, with SDSH and LMS/MSH staff to share a transparent, hands-on experience at the field level and complete the transition.

As of the end of July 2008, all operations involving FP commodities and PEPFAR condom distribution were formally transferred to LMS/MSH, while a logistics cluster composed of senior staff of SDSH and LMS/MSH, under the leadership of the MSH Representative in Haiti, has been put in place to oversee the countrywide operations of this component.

The LMS Project, now fully operational, is working in close and seamless collaboration with SDSH. This new program is supplying all 152 SDSH-supported sites with at least five FP modern methods, with at least two of these being longer term. Distribution plans have been designed according to SDSH zoning, taking into account the need for security stocks. Pipeline reviews were made in January and at the beginning of March 2008.

### ***Ensuring Supply of FP Commodities at the Zones Ciblées***

Following the new USAID mandate to MSH/Haiti to assure that all public hospitals (in priority) and a number of NGOs supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria are fully supplied with condoms (procured by the United Nations Population Fund/UNFPA and stored at PROMESS), in line with the national HIV & AIDS program to benefit all PLWHA, many meetings have taken place, involving the following groups:

- MSPP
- UNFPA
- Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle (DPM/MT)
- USAID
- Directorate of Family Health (DSF)
- Unité de Coordination et de Contrôle
- PROMESS
- SDSH
- LMS (MSH)

The meetings focused on getting a sense of this new directive, defining roles and responsibilities, and evaluating the scope of the mandate, which will require a new distribution strategy to reach institutions distinct from the 271 USG-supported sites. This effort was launched to mitigate the interruption of contraceptives usually supplied to the *dépôts périphériques* (peripheral warehouses) since October 2007.

This new mandate also created a need for an MOU between MSPP, UNFPA, and USAID to regulate commodities transport to these sites. It also highlighted the necessity to finalize the framework for the design and implementation of the National Network for Commodities Distribution (Réseau National de Distribution des Intrants, RNDI), which should become the unique distribution system for pharmaceuticals and biomedical commodities throughout the country, and the need for all partners to help reinforce MSPP for effective technical management of this countrywide system.

To this end, the MSPP has proposed many resolutions, the most relevant of which include the following:

- The development of a consolidated MSPP-USAID condom distribution plan while RNDI is being finalized and effectively launched
- The establishment of an MOU between MSPP and USAID to authorize SDSH to supply the 17 peripheral warehouses and commodities banks
- The dissemination to the departmental health directorates the list of the 271 USG-supported sites to prevent duplication and “double dipping” in the distribution process
- The commitment by UNFPA to supply the full contraceptive method-mix at all non-USG-supported public sites that are actually in a stock-out situation since they are no longer supplied with USAID commodities
- The revision of condoms dispensation protocols to meet the needs of all categories of PLWHA and an update of the Family Planning National Norms

### ***Full Attainment of Results in Introducing Longer-Term FP Methods***

The strategy of locally promoting longer-term FP methods and offering services for such methods has already yielded results; the annual target has been attained making this the only FP target fully achieved.

Given the poor results (1–9 percent) obtained for FP in the *Zones Ciblées* for hormonal methods, these sites call for an emphasis on promoting and offering longer-term methods. Paradoxically, the *Zones Ciblées* of the Direction Sanitaire du Département de l’Ouest reported results that are both the lowest (1 percent in Belle Fontaine) and the highest (35 percent in Trou d’Eau/Crochu, 36 percent in Cornillon, and 42 percent in Tayfer). The results of the North-West Department are equally surprising (20 percent in Anse à Foleur, 38 percent in Baie de Henne, and 39 percent on the Île de la Tortue). The highest result for NGO sites, 27 percent, was reached by Beraca, in the North-West.

To lift these results, SDSH is actively working on a series of new initiatives, including:

- Training at FP sites in longer-term and permanent methods, including modules on hospital infection, management and disposal of waste, and the Tiaht Amendment
- The implementation of the departmental mobile teams strategy as part of the repositioning of the PF framework, to encourage a regular, more consistent offering of services in permanent FP methods
- The organization of mobile clinics for voluntary surgical contraception (*contraception chirurgicale volontaire* [CCV]) (i.e., mini-laparotomy, vasectomy, tubal ligation, and insertion and removal of implants)

SDSH is thus actively involved in providing services for longer-term methods and also offering PPS staff knowledge training to build up departmental mobile units' teams. The latter being designated to work under the leadership of the departmental directorates.

The success of this strategy will depend also on the departmental doctors' cooperation; so far some reluctance has been noted from obstetricians and gynecologists in departmental hospitals to move to the periphery, since they prefer that patients choosing longer-term methods be referred to them.

For FP prevalence, project results in certain indicators are greatly affected by the difference in treatment provided at the sites of the different partner groups (NGOs, with performance-based contracts, versus public sites, with MOUs). For instance, the couple-years of protection (CYP) indicator has exceeded 150,000 for the NGO sector, but it did not exceed 35,000 in the *Zones Ciblées*.

### ***Helping Departmental Directorates Revise Strategy and Develop Plans***

With JHPIEGO collaboration on all questions relating to RH, the first activity conducted in this program area was the development of an action plan for implementation of the planned activities in the joint scope of work. The urgent work to perform was an inventory of RH standards and collaboration in their revision if necessary. JHPIEGO joined the ongoing discussions on the subject with the MSPP and took the lead. Once the revision of RH standards by the SDSH/JHPIEGO team was completed (during the first week in July), the team forwarded the draft of revised FP standards to the DSF and to members of the review committee appointed by the MOH. Neither DSF/MSPP nor the members of the review panel offered comments to advance the process for weeks; finally this review got underway in September.

SDSH should work to obtain a firm commitment at the highest level of the MSPP to achieve a specific, joint timetable for the availability of the needed materials for "strengthening of the executive function," including revision of the norms.

### ***Application of FP Federal Regulations***

During the year, the project distributed the new version of the FP Methods Chart throughout the SDSH network. This activity falls within the framework of strengthening the quality of informed FP choice and also of building the provider and client knowledge in the served areas. Currently, all new employees at service delivery sites are trained online on FP federal regulations.

In the last quarter of PY1, however, SDSH developed a framework for the application of family planning regulations at the sites. This document serves as a guide for monitoring the FP component against the goals set out in the project's action plan. It will also enable staff responsible for FP services to better understand the regulations and to better assess the quality of FP services available at their respective facilities.

In the first quarter of Project Year 2, the FP work plan for Year 2 will be shared with USAID's Health Office and its implementation scheduled.

## ***SDSH-FOSREF Youth Programs***

MSH aims to ensure that that SDSH-supported programs and services are responsive to youth needs and are youth-friendly. Youth will be engaged not only as beneficiaries but as full participants in the development and implementation of key project components.

During the first quarter of 2008, FOSREF submitted to SDSH a proposal with the objectives of increasing accessibility to FP and RH services in youth-friendly health institutions, strengthening community mobilization to promote the development of local networks of peer educators in FP and RH, and introducing income-generating activities for youth along the way.

After review and corrections, budget negotiations, and rescheduling, activities in this area effectively began in May 2008. By September 30, 2008—beyond the expected deliverables—one group of 20 to 25 young people has been identified in each department for orientation on an adapted tool to assess youth-friendly services, and 10 health institutions have been selected for this evaluation.

The new tool has been adapted from MSH-SDMA and the FHI-YouthNet modules. Orientation sessions will enable the peer educators to assess the selected institutions and facilitate their joint certification by FOSREF and SDSH as youth-friendly health institutions.

The following is the list of institutions participating in assessment and certification activities:

- West: FONDEFH Sainte Elizabeth, Carrefour Feuilles; Port-au-Prince
- West : FONDEFH Martissant, Port-au-Prince
- South: Centre de Santé, Les Anglais
- Grande-Anse: AEADMA in Dame-Marie
- Artibonite: Hôpital Claire-Heureuse, Marchand-Dessalines
- Central: Centre de Santé de Belladère
- North: Centre Médico-social La Fossette (CDS), Cap-Haïtien
- North-East: Centre Médico-social Ouanaminthe (CDS)
- North-West: Hôpital Beraca, Port de Paix
- Nippes: Centre de Santé, Anse-à-Veau

We expect that, by the end of PY2:

- Youth groups formed at the departmental level will be fully engaged in project implementation (i.e., quality assessments will be made of services targeting youth and assistance will be provided 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 behavior change communication (BCC) approaches will be conceptualized and used with youth groups' full involvement.
- Partnerships with other organizations implementing youth programs will be established to share strategies and lessons learned and to enhance the continuum and synergy of interventions.

## 7. Cross-Cutting Interventions:

### ***Behavior Change Communication/Community Mobilization***

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

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

By the end of the Project Year, 47 support groups were established and functioning in 14 sites throughout seven departments, as shown in Table 2.

**Table 2 — Number of Support Groups Functioning at Supported-Sites at the End of PY1**

Department	Institution	# of Groups	Total
West	FONDEFH/Clinique de Martissant	2	14
	FONDEFH/Clinique Delmas 75	2	
	SADA	2	
	Grace Children's Hospital/ART site	8	
South	MEBSH/FINCA	2	4
	Bonne Fin	2	
Grande-Anse	AEADMA	2	2
Artibonite	Hôpital Claire-Heureuse	3	3
North	Centre de Bienfaisance Pignon/ART site	5	9
	Clinique Médico-Chirurgicale Dugué	2	
	Centre de Santé La Fossette	2	
North-East	Centre de Santé Fort-Liberté/ART site	5	10
	Centre de Santé Ouanaminthe/ART site	5	
North-West	Hôpital Beraca/ART site	5	5
<b>Total number of groups existing or functioning by end of SDSH/PY1</b>			<b>47</b>

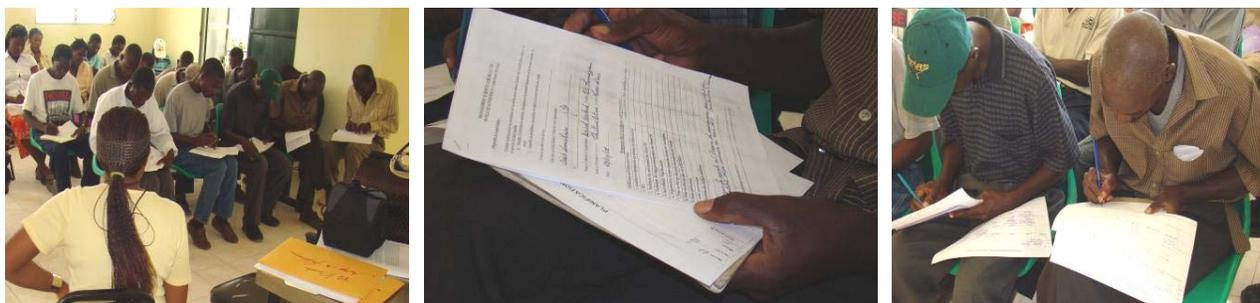
## **Monitoring and Evaluation**

### ***Setting and rolling out the system***

Early in the project year, a Performance Monitoring Plan was developed to guide project performance and M&E interventions. A system for data collection and analysis was developed and introduced at all sites in four stages: (a) staff orientation, (b) supply of data collection tools, (c) distribution of the new monthly report format, and (d) transmission or installation of the computer application for data processing.

A training plan was executed, including (a) definition of indicators, (b) data collection and monthly data reporting, (c) coordination with MSPP for monthly reporting, (c) software application to process service data and calculate monitoring indicators, (d) database of data collection registers, and (e) special methodology for collecting data on new indicators, starting with the month of October 2007. Reference manuals and guides for variables were distributed.

Existing data collection tools were revised and introduced to meet the requirements of the SDSH monitoring plan. These tools are now available and used at all SDSH-supported sites.



*Monthly meeting with health agents, Thomazeau Zone Ciblée West Department: collecting monthly data with the new tools for validation and planning the next monthly activities*

### ***Installation of the Data Processing Application: Results Dashboard***

A data processing application was developed for entry, treatment, and analysis of data and production of management information at the local level and was installed in the health departments and transmitted to the technical advisers.

Partners have been using the new monthly reporting system since April 2008. The results scoreboard has been in use by public sector partners since April 2008 and by partners in the NGO sector since May 2008. Coaching visits were made to NGO sites and *Zones Ciblées* to improve data quality and use of information. All *Zone Ciblées* and NGO partners received at least one M&E visit during the year.

## ***EMR – Waste Management***

The Environmental Mitigation Report (EMR) monitoring system is operational at both private and public sector sites

### *Development of Educational Material and Evaluation Guide for the network sites*

In reference to point 7 of the SDSH Environmental Mitigation Report (EMR) plan approved by USAID, MSH produced and disseminated two educational posters for the prevention of infections: “Steps for Equipment Decontamination” and “When and How to Wash Hands.”

To better appreciate the evolution of waste management among institutions participating in the network, a guide for assessing the local environment, waste management, and prevention of infections was developed. This document is for now available in draft form. The tool was used to assess the level of training of providers at the following institutions: FONDEFH Canapé-Vert, Grace Children Hospital, Lucelia Bontemps Health Center, OBCG, FOSREF Christ-Roi, and the North-East *Zones Ciblées*. The results of the assessments were communicated to the managers of these institutions, who responded positively to these visits and recommendations.



### *Appointment of PPS Responsible Staff*

As required, each private sector institution designated a “focal person” for all EMR related matters. She or he ensures that waste management standards are adhered to, that the medical and support staff have been trained, and that the institution’s programmed activities have been implemented.

The list of EMR-appointed staff was submitted to the USAID Environment Office.

### *Technical Assistance Plan for the Public Sector*

For the *Zones Ciblées*, the needs in waste management have been identified during the SDMA process. A technical assistance plan is scheduled to begin implementation early in Year 2.

Field visits to ensure compliance with the norms related to environmental and waste management are in progress. Educational and awareness materials for infection prevention, hand washing, and equipment decontamination were composed and distributed (as mentioned above).

### *Training Planned and Evaluation Postponed until PY2*

Per the request of USAID's Environment Office, SDSH held a meeting with the persons in charge of Sun Mountain International to plan training to be held during the last calendar quarter of 2008. MSH will participate as a member of the team of trainers and will be responsible for developing training materials.

A meeting with USAID's Mission Environment Officer to review the EMR and assessment progress and results toward the end of the Project Year was canceled by the Officer.

### ***Human Resources Capacity Development***

From May to September 2008, 70 trainers and 1,046 health providers and program managers have benefited from training programs offered by SDSH.

From July 2008 to April 2009, the 70 trainers will train 803 community health agents in the 30 *Zones Ciblées* supported by the project. Training will cover the topics of child health, maternal and reproductive health, infectious diseases, waste management, and interpersonal communication skills. In addition and on specific demand, fourteen midwives/TBAs trained by SDSH will also be able to ensure training for TBAs in the South-East department.

### ***Building Countrywide Capacity***

Following the completion of the SDMA early 2008, the decision was made to put particular emphasis on strengthening the *Zones Ciblées* by prioritizing community health programs and strengthening the skills of providers at this level. To support these goals, a training needs analysis was conducted in each *Zone Ciblée* and a modular training plan developed, for execution between July 2008 and April 2009.

This plan provides for a training session of three to four days per month, to enable community health agents to continue with their regular activities while benefiting from the training program. The cascade training strategy was chosen in order to move forward simultaneously in the project's 30 *zones Ciblées*. A core group of trainers was trained in each *Zone Ciblée*. This group is capable of conducting training for health workers from a standard curriculum provided by the project.

### ***Training of Trainers for Community Health Agents***

The Training of Trainers course was held during the week of July 9–13, 2008. Fifty-two trainers were trained throughout the health directorates of the 10 departments.

**Table 3 —Trainers trained by Departmental Directorate**

#	Health Department	Number of trainers trained
1	DSA Artibonite Department	10
2	DSC Centre Department	5
3	DSGA Grande-Anse Department	6
4	DSN North Department	3
5	DSNE North-East Department	4
6	DSNi Nippes Department	5
7	DSNO North-West Department	3
8	DSO West Department	9
9	DSS South Department	4
10	DSSE South-East Department	3
<b>Total 10 Departments</b>		<b>52</b>



*SDSH: Training of Fifty-Two Health Agents Trainers from all 10 Health Departments from 9 to 13 July*

### Training Network Service Providers

The first on-site training module for network service providers, on community census and organization of community services, was completed in six departments. Fifteen training sessions were held, and 319 health workers were trained to identify their target groups and organize community activities (e.g., rally posts, home visits) for service delivery.

The second module, on family planning, has started in the *Zones Ciblées* and some NGO sites. Through 13 sessions held, 229 providers have received this training, including 6 who were trained on insertion and removal of Norplant.

In total, 86 community health agents in the *Zones Ciblées* and NGO sites have benefited from training on diarrhea management and preparation of oral rehydration serum, 44 on child nutritional surveillance, 67 on environmental health, 67 on waste management and infection prevention, 48 on interpersonal communication, 90 on maternal

Domain	Total	Male	Female
PMTCT	41	5	36
VCT	77	6	71
Laboratory	1	---	1
Maternal health	325	165	160
Child health	351	176	175
Family planning	271	127	144
Norplant	6	1	5
<b>Total</b>	<b>1,072</b>	<b>480</b>	<b>592</b>

and neonatal health, 77 on VCT and rapid diagnostic tests, 1 on laboratory techniques, and 41 on PMTCT. Training activities in the areas of institutional strengthening such as financial management were held, benefiting a total of 44 managers (see table below).

**Table 5 — Health Providers Trained between October 2007— September 2008**

**By date, program element and staff category**

Training (Trainer)	Start 2008	End 2008	Duration (Weeks)	Total by date	Doctors	Nurses	Auxiliaries	Other	Total Staff Trained	Project Element	Gender Distribution
Interpersonal Communication (SDSH)	4-Sep	6-Sep	0.00	48	0	0	0	48	48	FP	29 M, 19 F
TOT ADS (SDSH)*	9-Jun	13-Jun	1.00	54	6	0	3	45	54	27 MH 27 CH	MH: 23 M, 4 F CH: 24 M, 3 F
TOT Matrons	22-Sep	26-Sep	1.00	16	0	0	16	16	16	MH	2 M, 14 F
Program Income Management /SDSH	5-Aug	5-Aug	0.00	28	1	0	3	24	28	----	13 M, 15 F
Financial Accounting Management SDSH	26-May	27-May	0.00	16	0	0	0	16	16	----	10 M, 6 F
Environmental Hygiene (SDSH)	4-Aug	6-Aug	0.00	15	0	0	0	15	67	33 MH 34 CH	MH: 16 M, 17F CH: 17 M, 17F
	5-Aug	7-Aug	0.00	31	0	0	0	31			
	7-Aug	9-Aug	0.00	21	0	0	0	21			
FP Norplant/SDSH	22-Jul	25-Jul	1.00	6	0	1	0	5	6	FP / LT	1 M, 5 F
Family Planning (SDSH)	16-Jul	19-Jul	1.00	31	0	0	0	31	223	FP	98 M, 125 F
	21-Jul	23-Jul	0.00	18	0	0	0	18			
	21-Jul	23-Jul	0.00	30	0	0	0	30			
	22-Jul	25-Jul	1.00	20	0	0	0	20			
	22-Jul	25-Jul	1.00	15	0	0	0	15			
	29-Jul	31-Jul	0.00	48	0	0	0	48			
	6-Aug	8-Aug	0.00	21	0	0	0	21			
	6-Aug	8-Aug	0.00	27	0	0	0	27			
12-Aug	14-Aug	0.00	13	0	0	0	13				
Diarrhea Management (SDSH)	27-Jun	27-Jun	0.00	20	0	0	0	20	86	CH	28 M, 58 F
	21-Aug	23-Aug	0.00	20	0	0	0	20			
	21-Aug	23-Aug	0.00	31	0	0	0	31			
	21-Aug	23-Aug	0.00	15	0	0	0	15			

\* TOT - Training of Trainers      ADS - Agents de Santé (health agents)

*(Table continues on next page)*

**Table 5 (follow-up)**

Training (Trainer)	Start 2008	End 2008	Duration (Weeks)	Total by date	Doctors	Nurses	Auxiliaries	Other	Total Staff Trained	Project Element	Gender Distribution
Census and Organization of Community Services) SDSH	23-Jun	27-Jun	1.00	24	0	0	0	24	319	MH: 59 CH: 160	MH: 79 M CH: 80 F MH: 78 M, 81 F
	24-Jun	28-Jun	1.00	15	0	0	0	15			
	24-Jun	28-Jun	1.00	31	0	0	0	31			
	24-Jun	28-Jun	1.00	20	0	0	0	20			
	30-Jun	4-Jul	1.00	48	0	0	0	48			
	7-Jul	11-Jul	1.00	30	0	0	0	30			
	7-Jul	11-Jul	1.00	18	0	0	0	18			
	14-Jul	18-Jul	1.00	21	0	0	0	21			
	14-Jul	18-Jul	1.00	36	0	0	0	36			
	21-Jul	25-Jul	1.00	13	0	0	0	13			
	21-Jul	25-Jul	1.00	22	0	0	0	22			
	21-Jul	25-Jul	1.00	27	0	0	0	27			
29-Jul	2-Aug	1.00	14	0	0	0	14				
Maternal Health (SDSH)	18-Aug	20-Aug	0.00	48	0	0	0	48	90	MH	45 M, 59 F
	9-Sep	12-Sep	1.00	31	0	0	0	31			
Maternal & Neo-natal Health SDSH	4-Aug	8-Aug	1.00	11	0	0	1	10			
Nutritional Surveillance	4-Aug	8-Aug	1.00	44	0	0	0	44	44	CH	29 M, 15 F
PMTCT	Oct 07	Feb 08	2.00	41				41	41	PMTCT	5 M, 36 F
Laboratory				1					1	Lab	1 F
VCT/Rapid Tests (INHSAC; SDSH)	Oct 07	Feb 08	3.00	58				58	77	VCT	6 M, 71F
	1-Sep	6-Sep	1.00	6	0	0	2	4			
	9-Jun	14-Jun	1.00	4	0	0	3	1			
	18-Aug	23-Aug	1.00	4	0	0	2	2			
	25-Aug	30-Aug	1.00	5	0	1	0	4			
<b>Totals</b>				<b>1,116</b>	<b>7</b>	<b>2</b>	<b>30</b>	<b>1,092</b>	<b>1,116</b>		

MH = Maternal Health;

CH = Child Health;

M = Male Provider;

F = Female Provider;

INHSAC = Institut Haïtien de Santé Communautaire (trainer)



*Health Agents Training. Zone Ciblée Corail.*

## II. GOVERNANCE, DECENTRALIZATION, AND EXECUTIVE FUNCTIONS

### Governance

#### ***Unprecedented Government-Donor Coordination System***

For the first time, the 10 health departments each have a functional mechanism for coordinating partners' and donors' interventions at every level of the health care system. SDSH initiated technical assistance to the departmental directorates for organizing these mechanisms, the Departmental Consultation Tables (Tables de Concertation Départementales/TCD in French), early in project implementation. Assistance was progressively extended to all 10 health departments.

SDSH held meetings on the TCD mechanism within each of the 10 health departments. Through these early meetings, each department made an inventory of their partners, delineating exactly what areas and interventions of the PDI are supported by each partner. The analysis involved in creating the TCDs also enabled the departments to 1) identify the communes and domains not receiving support as well as 2) identify duplications in service.

While functional in all 10 health departments, these new coordination mechanisms are not perfect. They are enabling the departments to improve overall use of resources and the impact of interventions.

Gathering key partners and MOH departmental staff, meetings centered on key project components (i.e. maternal and child health, HIV & AIDS, TB, strengthening the institutions, and governance) have also been held to promote cross-fertilization and coherent, coordinated strategies across the departments.

Finally, toward the end of the Project Year, SDSH started to reflect on a possible support mechanism for the central MSPP to reinforce coordination among key donors and coordination on strategies, in order to bind the activities of the TCD at the department level with that of the donors at the central level.

#### ***Health Program Management***

To facilitate further discussions around the project components prioritized by each departmental directorate, the specific component-centered groups, in most cases, held two or three working meetings. In the North-West, the HIV & AIDS group meetings have led to the review of the program's functioning and to decisions aimed at improving the directorate's performance.

In the Artibonite Department, the work of the HIV thematic group helped to identify problems faced by some VCT centers and to set up a committee with a mandate to develop and implement a reorganization plan for these sites as well. In the Grande-Anse Department, the TB cluster meeting took stock of program activities for the previous quarter and helped set priorities for the next.



*HIV and AIDS Thematic Group meeting in DSA Artibonite Department*



*TB Thematic Group meeting in DSGA Grande-Anse Department*

### ***Facilitating Decision-Making at All Levels***

To strengthen its capacity for governance and to improve the impact of health interventions in general, by December 2008, the MSPP will have gathered recommendations from several small working groups for its agenda of reform. The work of the pilot committee for the reform process, which had been temporarily suspended, has resumed, with the specific objectives of establishing thematic groups and organizing a workshop on each of the five themes selected (vision and governance, decentralization, human resources, provision of services, and financing) by December 2008.

The SDSH Project participated actively in the work of the pilot committee and three thematic groups: human resources, decentralization, and health care financing. The recommendations of the first two groups are ready and will be discussed and validated during the workshops to be held from December 2008 through March 2009.

As for the cluster meetings on health care financing, the ongoing discussions revolved around a funding model to establish for the PMS available for the following target groups: children under five, pregnant women, the elderly over 65, and the disabled. The MSPP plans to hold a workshop for these working groups in December 2008.

### ***Technical Assistance to the State University Hospital (HUEH)***

The MSPP nominated a member of the SDSH management team to the Hôpital de l'Université d'Etat d'Haïti (HUEH) board of directors. The goal of the board was to assist the hospital director in development and implementation of plans for improving governance as well as quality of services. MSH hosted several board meetings before renovation of the HUEH board conference room was completed.

On April 1, 2008, the board members held a meeting with the Minister of Health to express their concerns and discuss constraints to realizing the autonomy status granted to the hospital in 1975. The MOH Minister expressed his commitment to follow up with the Prime Minister. These discussions came to a stop after the change in government occurred in the same month.

MSH had conducted an assessment of the financial and administrative management of the State Hospital between July and September 2007, toward the end of HS-2007 project extension. The

assessment report produced several recommendations and laid out an action plan on various points (such as procedures for the accounting manual, internal audit unit implementation, an accounting system, program income management, and reinforcing the information processing system). The report's recommendations, submitted for follow-up, to the other board members and the MOH General Directorate, have yet to be executed for lack of funding.

SDSH also provided technical assistance to HUEH in elaborating its budget, to be submitted to Parliament through the legislative corrective budget (*budget rectificatif*) ratification process.

On September 12, 2008, the HUEH board of directors had its first meeting with the new Minister of Health, Dr. Alex Larsen, appointed the same month. The Minister pledged to follow up on plans aiming to operationalize the financial administrative autonomy of the hospital.

## Strengthening Strategic Planning for Decentralization

### ***Development and Implementation of the MSPP Integrated Operational Plan at All Levels***

The process to develop the MSPP Integrated Operational Plan (POI) was launched across the country's 10 departmental health directorates. It will allow the MSPP to have a tool for coordination of health programs and interventions at all levels, central, communal and departmental.

SDSH provided technical and financial assistance to the MOH Planning and Evaluation Unit (Unité de Planification et d'Evaluation/UPE) to develop the 2008–2009 POI, from the communal level to the central level, going through the Commune Health Unit (UCS) and the departmental levels.

With lessons learned from the reform process pilot committee of the preceding year, MSH together with other partners (PADESS, MSPP/IDB project and WHO), assisted the UPE in achieving the following:

- *Establishing a technical committee* with a mandate (a) to develop the methodology to be followed and the tools to be used; and (b) to put in place a plan for technical assistance to the central, departmental, and communal offices in the development of their respective integrated operational plans. Throughout the MSPP planning process, SDSH, as a member of the technical committee, participated in numerous meetings to develop tools, track the progress of the process, identify constraints, and propose solutions to overcome them. MSH visited directorates supported by other partners to advance the process, including those in Artibonite, South-East, Nippes, and the South.
- *Organizing meetings* with MSPP central and departmental directors to gather their feedback on the last year's process (during HS-2007 project) and their recommendations for improvement. The meeting, held at the center for information and training in health management (Centre d'Information et de Formation en Administration de la Santé

CIFAS in French), was followed by another meeting in Côtes-de-Fer to present the drafts of the tools revised according to the feedback received.

- *Finalizing the technical and financial planning tools.* These tools are much improved from the previous year in substance, in form, and in ease of use.
- *Developing methodology and tools* enabling the UPE to collect information from donors about the level of funding they plan to grant to their public and private partners for the 2008–2009 year. Unfortunately, few donors have responded to this UPE approach.
- *Enhancing the skills* of the central, departmental, and communal teams to lead the process in their respective areas. The SDSH team provided technical assistance to the UPE for the organization of an orientation workshop aimed at central facilitators appointed to provide supervisory visits to the health directorates.

SDSH supported health directorates in five health departments (North, North-West, Central, South, and Grande-Anse) in providing the teams' orientation and in conducting communal and departmental workshops.

Planning meetings were held, with the technical and financial support of the project, at the communes of these departments—except for the West, which opted to consolidate all communes into one workshop, and the Central, which organized a workshop for the Lower Central Plateau and then a separate one including all the communes of Upper Plateau Central.

To date, each of these departments has a draft plan and has finalized its budget.

### ***Monitoring of Communal and Departmental Plans***

SDSH played a leading role providing assistance to the UPE in the definition of a monitoring plan for the POIs and PDIs, and for the progress of Integrated Community Plans (PCIs). After UPE's first attempt, which had proved too complicated, a simplified tool with key indicators was developed and tested during the Project Year. The choice of monitoring indicators took into account the commitments of MSPP (e.g., those under the Millennium Development Goals and the Initiative for Heavily Indebted Poor Countries).

In the 10 departments, 40 monitoring meetings for the PDIs and PCIs were held, allowing health officials to learn how to use these plans for better decision-making and a more effective impact for health interventions. After this monitoring activity, the MSPP leadership at all levels has been strengthened. That strengthening has enabled leadership teams to assert themselves and make their communal and departmental teams accountable in pursuit of each department's objectives.

First, 36 monitoring meetings for the PCIs were conducted in the 10 departments, as follows:

- West: 4 meetings
- North-East: 3 meetings
- North and Artibonite: 1 meeting  
bringing together all the communes
- South: 3 meetings
- Grande-Anse: 6 meetings
- Centre: 14 meetings
- Nippes: 3 meetings
- South-East: 1 meeting
- North-West: 1 meeting

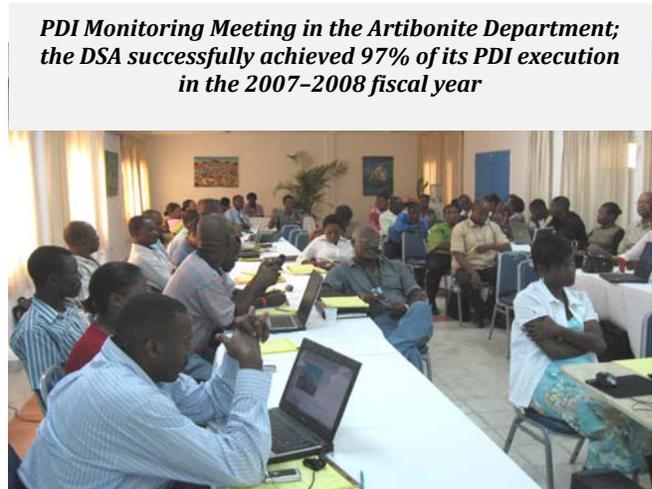


These meetings brought together the heads of municipalities, representatives of partner institutions, and in some cases, donor partners. Ninety-six communes have benefited from these meetings, which have enabled the assessment of PCI implementation.

They also enabled municipal parties to assert themselves, take their responsibilities, and become aware of the importance of having reliable statistical data.

Decisions were made during these meetings aimed at improving the performance of certain weak communes during the second semester. Some communes, notably those of DSA, showed a remarkable performance for certain indicators.

In continuation, a follow-up meeting on PDIs was organized in each of the 10 departments. This meeting following the commune-level meetings helped reviewing the PDI implementation progress. Despite many constraints mainly related to financial limitations and the noncompliance by some partners and donors to prior commitments, the PDI have been executed in 30 to 50 percent of what was planned for the first six months of the year and between 40 and 97 percent of what was planned for the full year.



Once again, the DSA proved the most successful, with 97 percent implementation of its PDI interventions during the fiscal year.

SDSH has provided technical and financial assistance to the departmental health directorates to organize these meetings. In terms of impact, we can say that in 10 departments, supervision has been reintroduced to the satisfaction of the beneficiary institutions.

## Reinforcing the National HIS

For its PY1, the project has provided support to operationalize the MSPP health information system (HIS) in the health departments. Meetings were held with the UPE and the Direction d'Epidémiologie, de Laboratoire et de Recherche /DELR (Epidemiology, Laboratory, and Research Directorate), PADESS, and JSI/MEASURE to define priorities and terms of cooperation to strengthen the national HIS. Meanwhile, the MSPP General Directorate has proceeded with the creation and launch of the National Health Information System Support Committee (Comité National d'Appui au Système d'Information Sanitaire/CONASIS).

SDSH participated in most of the weekly meetings and activities held under the CONASIS scope of work, whose main achievements can be summarized as follows:

- Development of the mandate and statutes of CONASIS
- Preparation of a draft mandate and statutes of subcommittees
- Organization of one workshop on the HIS definition and on the roles and responsibilities of the MSPP Central Directorate in structuring the HIS
- Preparation of a preliminary work plan and budget for CONASIS

The plan to strengthen the HIS will be prepared by the committee (CONASIS) and the proposal for its structuring will be presented to MSPP senior management for necessary action. The USG team will organize meeting between MSH, JSI, USAID, and CDC to discuss USG's support to the implementation of the national HIS: its priorities and assignment of roles and responsibilities among MSH, JSI, USAID, and CDC.

## Financial Management Technical Assistance to the MSPP

### ***Updating of Financial and Accounting Management Manual Stalled***

SDSH submitted a draft of procedures for the management of fixed assets and of program income to the MSPP. These components will complete the manual launched in January 2006 by SDSH's predecessor project, HS 2007. Despite several reminders and meetings, the MSPP has yet to provide its feedback and approval to proceed.

The general strategy proposed in the draft procedures focuses on two main points:

- To work closely with the counterpart designated by MSPP and to obtain the participation of the Ministry of Finance at the different phases of development and implementation of the financial and accounting system

- To position a cluster composed of PADESS, MSPP/IDB, SOGEBANK Foundation, Unité d'Appui à la Décentralisation Sanitaire (UADS), Direction Administrative et du Budget/DAB (MSPP), CDC, and USAID to monitor the process

In the meantime, SDSH provided technical assistance to the departmental directorates in financial management, particularly to the *Zones Ciblées*, upon request.

## Support to the Public Sites (Zones Ciblées)

### ***Budgets in Place and Aiming at Performance-Based Financing***

The SDSH Finance Unit worked in collaboration with field staff to rationalize the *Zone Ciblée* budgets presented for the 2008–2009 Project Year in accordance with the staffing plan and technical strategy recommendations that came out of the SDMA process.

To innovate and sustain the motivation level created by the performance-based financing (PBF) strategy in place in the NGO sector, SDSH proceeded to review the strategy and consequently revised the payment schedules. Technical discussions have also been initiated to adapt this strategy and develop a simplified PBF model to be piloted in the public sector. This strategy will be finalized in PY2 with the aim of being implemented after January 2009 in several *Zones Ciblées*.

### ***De-concentration of Project Financial Management***

An MSH Financial Manager was recruited and placed in each department. The strategy aims to simplify disbursement procedures and facilitate bank accounts reconciliation and reporting. Following an initial orientation meeting on SDSH financial management procedures and the application of its management tools, the financial advisers moved to posts. In addition to financial management duties, they have provided direct assistance to the departmental directorates and to the *Zones Ciblées*, particularly in establishing and strengthening an income management system.

### ***Supervision Visits and General Assessment***

Through supervision visits to the *Zone Ciblée* institutions, the field financial advisers provided support for internal audit purposes and for addressing issues or constraints related to late payroll; improper use of vehicles; inadequate fuel supply; lack of materials for rally posts; and slow recruitment of health staff. They also organized workshops on accounting and financial management, program income, and fixed-assets management; and training for institutional managers, including stock managers and accounting clerks. In the North-East Department, the financial adviser has been appointed a member of the administrative commission established by the Departmental Director to assess all institutions under its jurisdiction.

### *Internal Income Management*

Several financial advisers organized training sessions on program income management in their respective departments and elaborated tools for use by the *Zones Ciblées* staff. Next, the project started to collect reports on program income, from the collecting phase through data recording, and on the use of this income. The reports must be submitted monthly by all departmental financial advisers.

Financial field staffs in the 10 departments have also provided support for budgeting activities in the communal and departmental plans.

### **Commodities Distribution Network**

In 2006, the MSPP appointed a committee to explore the creation of a local network of distribution under the leadership of MSPP's DPM/MT. The committee included representatives of the UNFPA, the SOGEBANK Foundation, the Pan-American Health Organization/WHO, DSF/MSPP, DPEV and SCMS, as well as one representative from the private sector. The HS-2007 Project, at the time, also had membership on the committee.

In March 2008, after 18 months of work, the group presented the project design developed with SDSH technical assistance, for creating the national commodities distribution network — *Projet de Création du Réseau National de Distribution des Médicaments et Intrants (RNDI)*.

The official launch of RNDI pilot took place on July 29, 2008, in Jacmel, with several donor representatives, including USAID, SDSH management, and other organizations working in the health sector. A follow-up meeting is planned with the donor community to integrate their recommendations in order to strengthen the national distribution network.

### III. CORPORATE SOCIAL RESPONSIBILITY

The current task order introduced a new component mandating that MSH complement the allocated USAID project budget by raising 20 percent of the total funding of 42.5 million US dollars (USD) within the three-year lifetime of this project.

This innovative approach aims to systematically encourage public-private partnerships and to educate and motivate private for-profit organizations to become long-term partners and financial contributors to the health sector. This new initiative thus requires significant education of partners and local groups more accustomed to receiving assistance from international sources rather than contributing to matching funds activities.

To meet this challenge and mobilize the private commercial sector and other non-USG and non-MSP organizations around the health interventions in the project's coverage areas, through the promotion or the strengthening of a corporate social responsibility initiative, MSH Haiti developed a three-part strategy:

- Work with the Unibank Foundation
- Work with other non-USG and non-MSP organizations
- Work with international donors, foundations, and the Haitian Diaspora

Throughout the year, MSH has undertaken a number of activities to implement this component. In addition to the Unibank Foundation, various partners have been contacted and have agreed to be part of this experience, namely the Caris Foundation affiliated with JHPIEGO, Konbit Santé, Pure Water World, and the Haitian Medical Association (Association Médicale Haïtienne AMH).

Signed agreements are now in execution with the Caris Foundation, Konbit Santé, Pure Water for the World, the Unibank Foundation, and the Children's Hospital of Miami.

#### Partnerships and Agreements in Development

##### ***Strategic Partnership Launched with the Unibank Foundation***

MSH has formed a special partnership with the Unibank Foundation, a Haitian organization that offers an exceptional opportunity for innovation and complementary expertise, skills, and contacts to effectively promote corporate social responsibility in Haiti. On January 23, 2007, a letter of support was signed by the Chairman and CEO of the board of directors stating that the foundation will work closely with MSH to mobilize 32 private, for-profit partners and their resources in support of Haiti's social sectors, mainly health and education, by bringing innovative and proven private sector ideas to MSH strategy thinking and linking techniques aiming at achieving the matching funds requirements per SDSH's contract with USAID.

An MOU has been signed and a joint plan has been developed, with the objective of launching a mobilization campaign to further engage the private, for-profit commercial sector in corporate

social responsibility. With the recruitment of a new executive director of the foundation, a new concept paper has been developed and submitted to and approved by the board of Unibank. In this new approach, a think-tank concept has been designed to organize a small group of businesspeople with a demonstrated capacity for leadership and innovation to work with both MSH and Unibank. Selection criteria were carefully designed to identify people with strong intellects and proven implementation talent who can give the group broad representation who lack political biases.

The goal was to mandate this task force (a) to lead the private sector mobilization toward agreed-upon proposed actions with a strong chance of achieving the objectives and (b) to determine the most appropriate role for the business community in meeting fundraising goals by helping to plan activities that would gather financial contributions in support of SDSH's health interventions and other social services. Another role envisaged for this business lobby was to devise a set of mutually reinforcing activities designed to lead to cash and in-kind contributions to support better health, stability, and democracy in Haiti, and more specifically in the SDSH target areas, while maintaining oversight until the project's objectives were achieved.

The partnership framework stipulated that SDSH would provide technical assistance to the foundation to develop its capacity in health. Meanwhile, the foundation would acquire valuable expertise in the social services area, and the partnership could lead to the identification of activities that would attract funding from national and international donors, leading to large projects—such as what happened after MSH worked with the SOGEBANK Foundation in the recent past.

A more immediate initiative, the production of a short video to present the MSH–Unibank Foundation partnership and planned future projects, was considered and has been given the green light to be made available, upon completion, for showing at most, if not all, locations of Unitransfer on the East Coast of the United States. The purpose is to inform and educate clients while they wait to complete their transactions. This video is also intended to stimulate the Haitian Diaspora to support SDSH's health and social interventions in Haiti.

The unsettling political circumstances that erupted at the beginning of April 2008 postponed the launching of joint interventions firstly projected for the end of May 2008. Serious setbacks, ranging from social and political upheavals that negatively affected the financial and economic landscape to the damage caused by four successive severe storms during the summer, forced the partnership to be less productive than expected. MSH in the meantime has been exploring alternative strategies and to working to mobilize other partners.

### ***Formal MOU Signed with the Caris Foundation***

The discussions initiated with the Caris Foundation have progressed, proceeding from thoughts to actions. Through this partnership, Caris International and MSH have expanded the HIV prevention program in Haiti by conducting testing for early infant diagnosis of HIV for the PMTCT Plus program. The Caris Foundation has been using HIV PCR-DNA testing on dried blood spots for early infant diagnosis at all six SDSH ART sites and at Hôpital Claire-Heureuse.

This partnership has allowed more appropriate pediatric HIV care and treatment to HIV-positive children.

As of September 2008, 129 children had been tested, with 13 percent (17 children) found to be HIV-positive. The six ART sites and Hôpital Claire-Heureuse and Centre de Santé La Fossette, which are currently supported by MSH to provide children with ART, are operational and will continue their efforts to strengthen the PMTCT Plus component of the project. Training has been provided at service delivery points to at least three providers per site, for a total of 24 personnel, working toward sustainability. When in-country capacity becomes sufficient to cope with national requirements, the early infant diagnosis program operated by Caris, JHPIEGO, and MSH will hand over testing of samples to the designated Haitian laboratories instead of sending them to Johns Hopkins University laboratories for analysis.

We anticipate that as MSH develops other sites to provide pediatric ART, the early infant diagnosis program will expand to include other PMTCT centers. The early infant diagnosis program is linked to USAID efforts to provide these tests for the whole of Haiti. The cost is currently US\$ 60 per sample.

### ***Formal MOU Signed with Konbit Santé***

With the signing of an MOU between Konbit Santé, a Vermont-based private voluntary organization and Pwojè Djanm, discussions have also begun, with the group for the development of a partnership aimed at securing and shipping health services equipment to the North. This MOU will facilitate the implementation by Konbit Santé of a health services training program in Cap Haïtien at the Justinien State University Hospital and Fort Saint-Michel (an underserved urban area) and the provision of medical supplies and equipment to support these activities.

A first shipment of materials and equipment for an amount of US\$ 100,175 has been provided by Konbit Santé through this partnership, and on-the-job training for health providers is ongoing. Materials and equipment—such as portable X-ray machines, filing cabinets, desks and work tables, exam tables, chairs and stools, sheets, scrubs, gowns, dressings, nasogastric tubing, scales, and medical books—have been offered to several health institutions, and a group of volunteers, physicians, and nurses of different specialties, experts in their fields, donated their time to train and mentor health care staff and other providers.

Through a first mission in June 2008, computer experts worked to facilitate access to up-to-date medical information on the Web and to lay the groundwork for future data collection activity. System capacity was upgraded before their departure. They also installed hardware and software to monitor Internet activity and established linkages to allow remote diagnosis and system improvements.

One particularly important contribution of this mission has been its work on infection prevention and control. It worked with the Konbit Santé Program Director and health care staff to implement a program of observing behaviors related to the disposal of sharps and Purell hand washing, as well as documenting the location and status of Purell dispensers. The team met with a variety hospital services staff to determine their infection control compliance, plans, and issues.

They also presented an FP study proposal and protocol looking at women's access to postpartum FP services in the community. Finally, they also met with the Women's Health Committee to discuss plans to implement the new proposed women's health services at Fort Saint-Michel, as included in Konbit Santé's proposal to MSH. All and all, Konbit Santé has completed a great mission in Fort Saint-Michel, offered assistance to the pediatric and the obstetrics and gynecology departments of Justinian State University Hospital, and also worked in Milot.

### **Formal MOU Signed with Pure Water for the World**

The launching of MSH-PWW activities according to the plan agreed upon in the MOU has been a true success story. By April 1, 2008, the PWW lead team had formally joined Pwojè Djanm and been installed in their offices at MSH. They completed the recruitment of technicians and immediately started with the installation of a bio-sand-filter production plant located in the area of Batimat near Cité Soleil, one of their first intervention zones. PWW has had several meetings with the mayor of Cité Soleil and the schools' principals and has finalized the selection of the first group of schools for the first year. Contracts have been signed with the school principals. Training materials have been translated into both Creole and French and will soon be reproduced to meet the needs of the beneficiaries throughout the country.

Because of summer vacation, PWW had decided that waiting to implement the use of the bio-sand filters in the schools in Cité Soleil would be wise, but—surpassing the agreed-upon deliverables—by September 30, 53 schools had had their bio-sand filters installed, as well as five health institutions. In addition, 79 households have received bio-sand filters; 129 community *animateurs* and 11 technicians have been trained. The animators (*animateurs*) or inspectors ensure proper daily use at the household and school levels.

The schools', health institutions', and animators' portion of the Pure Water Campaign have focused upon the high-visibility, hot-spot target area of Cité Soleil. Other areas, such as Belladère, Carillon, and Thomazeau on the Frontier zone, have also received filters. Major time and foundation resources have been spent developing Creole versions of the core hygiene instructional materials. An official ceremony will be planned to create awareness of the availability of clean water in schools and health institutions as soon as circumstances permit.



*August 08 – At MSH Office, 20 Cité Soleil school officials sign partner agreements with Pure Water for Haiti campaign for the use of bio-sand filters in the schools. By September 30, enrolment had exceeded 50 schools in that commune*

## **Maintaining Other Contacts Initiated in PY1**

### ***Restarting Discussions with the Yélé Haiti Foundation***

Several meetings have taken place with the Yélé Haiti Foundation, whose representatives' reconfirmed agreement on areas of joint intervention. Upon the signature of an MOU between the two organizations, Yélé Haiti will submit concept papers on projects and events such as the Yélé Cuisine, Yélé Cinema, and the Hip-Hop Health Contest. Yélé Haiti, however, had previously committed to many other solicitations from the government. These commitments and activities delayed the advancement of joint activities with Pwojè Djanm. A new schedule of meetings has been discussed with the US representative based in New York to lead to the signing of the MOU.

### ***Aiming to Confirm Agreements with Comcel-Voilà***

A meeting took place in mid-September with a Comcel Haiti representative, who confirmed the organization's intentions to work with SDSH to support health interventions in the project's target areas, starting with the early warning system for obstetric emergencies to help reduce maternal mortality in Haiti. Mobile telephones will constitute the backbone of the SDSH–Comcel Haiti partnership.

## IV. COMMUNICATIONS AND PUBLIC RELATIONS

This project component, to be implemented in close collaboration with USAID, focuses on public outreach: informing the public and key stakeholders about US assistance and contributions to the health sector and about Government of Haiti/MSPP initiatives and successes. The communications function supports multiple facets of the project, including appropriate reporting, USAID branding compliance, production and dissemination of briefs and success stories, and organization of targeted and efficient high-visibility events and public relations activities.

### Early Start-up in Project Implementation

With contributions from the MSH Cambridge Communications Office, the SDSH Strategic Communications Plan and Branding and Marketing Plan were developed in October 2007 and gathered approval from USAID following meetings with the USAID Population, Health, and Nutrition Office, the Program Office, and the Cognizant Technical Officer.

With determination of two major—national and US-based—audiences, the plan follows USAID’s communications priorities:

- Visibility (primarily via branding and Haitian mass media).
- Dissemination of results (primarily via success stories and local Haitian media coverage).
- Emphasis that SDSH is a *new* project, and not a “follow-on” to HS 2004/2007.
- Communications that emphasize the impact on *individuals* rather than the project’s design or activities. SDSH’s mandate certainly includes strengthening the executive function of the MSPP, but the real results reside in the people of Haiti.

### Staffing Change

The departure of the project’s communications and public relations specialist, two and a half months after project start, caused certain delays in the implementation of the communications plan. After a gap of nearly a quarter, execution of the plan restarted, with a focus on reconnecting with the contract requirements, mainly the issuing of success stories and reestablishing collaboration with the USAID counterpart.

### Linkage with USAID

From the first quarter, USAID considered hiring a media contractor to liaise with and support the network of Mission projects’ communications offices, including SDSH. The media contractor was hired in the second quarter of SDSH PY1, but by the end of year, regular network meetings,

which were meant to be held starting in the third quarter, had not yet begun. Close contacts have been maintained, however, between SDSH and the USAID communications counterpart, for relevant occasions, including public events and corporate branding approvals.

## PY1 Achievements in Communications and Public Relations

By the end of PY1, the communications function met and even exceeded the contract's request for three high-visibility events and reconnected with other obligations, such as success story delivery.

### **High-Visibility Events**

With the collaboration of the MSH Public Events Coordinator, organization and coverage of the following six high-visibility events were accomplished:

- Presentation of the new USAID bilateral health project to the donor community (October 10, 2007)
- The nationally televised broadcast of *Le Ruban Rouge* variety show to commemorate World AIDS Day 2007 (November 24, 2007)
- The official launch of the project in Jérémie by the US Ambassador and the Minister of Health (December 13, 2007)
- The signature of the partnership agreement with PWW during the official closing ceremony of the International Summit on Clean Water (December 15, 2007)
- The delivery by the USAID Mission Director and local dignitaries of a *bâteau ambulance* (ambulance yacht) to the *Zone Ciblée* of Ile-à-Vaches in the context of maternal health (January 2008)
- The inauguration of the sixth ART site, at the Centre Médico-Social de Ouanaminthe in the North Department (May 2, 2008)



13 December 2007 – Official Launching of the SDSH Project in Jérémie, Grande-Anse Department by the U.S. Ambassador and the MOH Minister: in the presence of local officials including Bishop Romélus and U.N. Mission representatives, a group of joyful children brought together by HHE, a SDSH project partner, voices precious remarks about health care.

## **Success Stories**

MSH's innovative strategy to track project success stories through subcontracts has helped in filling the gap existing until March 2008. In practice, these efforts have not always achieved the desired result. Submissions from the field have been used as opportunities to review process and service quality at the relevant sites and, educate around the network on how to better contribute to the "Telling Our Story" Mission requirements.

Contractual requirement stipulates at least one success story per month. By the end of PY1, a set of nine completed success stories was delivered via the Cognizant Technical Officer's e-mail, applicable to a six-month period, considering the gap of more than three months in the regular functioning of the Communications Office.

## **Starting on Other Areas of the Plan**

One of the communications goals for PY1 was to engage local media and target journalists to support follow-up project implementation and report on key events and successes. Furthermore, a health-oriented journalist's network was to be formed, educated, and supported to report on relevant health issues and information.

The initial delay in the first six-month implementation (because of the aforementioned staffing change) deferred full accomplishment of this objective. Reasonable steps have been taken toward the goal by engaging and informing sets of journalists by event opportunity. Several meetings with media staff have taken place, and a list of journalists to encompass the 10-department work area of SDSH is being developed for implementation of the network and workshop in PY2. Moreover, technical assistance was provided to the DPM/MT to plan for branded promotional material around the launch of the MSPP national distribution network.

## **Media Hits**

The following is not an exhaustive list:

- Water project/Pure Water for the World  
<http://www.lenouvelliste.com/article.php?PubID=&ArticleID=52332> (in French)
- Boat Ile-à-Vaches: <http://www.lenouvelliste.com/article.php?PubID=&ArticleID=53734> (in French)
- Bilan MSPP: <http://www.lenouvelliste.com/article.php?PubID=1&ArticleID=52642> (in French)
- Ouanaminthe ART site: <http://www.lematinhaiti.com/Article.asp?ID=12628>  
<http://www.lenouvelliste.com/article.php?PubID=1&ArticleID=57233> (in French)
- Lancement RNDI: <http://www.lematinhaiti.com/Article.asp?ID=13708> (in French)  
<http://www.lenouvelliste.com/article.php?PubID=&ArticleID=60807> (in French)
- Bainet/Santé: <http://www.lenouvelliste.com/articleforprint.php?PubID=1&ArticleID=59434> (in French; produced without SDSH input or interference)

## V. PROJECT MANAGEMENT

### Monitoring and Evaluation

#### ***Constant Monitoring to Support Technical Assistance, Decision-Making, and Results***

The results tables for HIV & AIDS were used for preparation of the annual PEPFAR report for the period of October 2006–September 2007.

The PY1 performance of partner institutions on the PSPI, and HIV & AIDS services in particular, has been analyzed, with results compared with objectives. These analyses have been used by project technical staff to plan appropriate technical assistance to partners in the new Project Year.

Partner performances were analyzed for shorter periods as well. For the period of October 2007–July 2008, results analysis prepared by institutions (NGOs and *Zones Ciblées*) served to help technical staff take specific remedial measures toward achieving annual objectives.

Data tables for the period of October 2007–August 2008 on the service indicators selected by the project to monitor monitoring performance were compiled and disaggregated by institution (NGOs and *Zones Ciblées*) and by department. These tables were used by the technical staff during workshops with partners or during local meetings to analyze the performance of institutions and help them develop their action plans for improvement prior to the next evaluation exercise.

#### ***Ensuring Data Gathering, Focusing on Quality Control***

The new monthly report form adapted to the M&E plan was set up in April 2008. As a result, data on new indicators of this plan were not reported for the period from October 2007 to March 2008. An inquiry was planned for the recovery of missing data, which were archived in the institutional records or monthly reports of MSPP. The data gathering operations were conducted in July and August 2008 in the offices of departmental directorates and the PPS supported by the project. The results were presented in August 2008.

A planning meeting was held with officials from USAID and MEASURE to prepare for the workshops on data quality control in early August 2008. The exercise focused on the indicators for the following areas: maternal and child health, RH and FP, and TB. Four workshop sessions were conducted at SDSH offices in August and September 2008. The following quality criteria were controlled and checked during the sessions: validity, reliability, timeliness, accuracy, and integrity.

Following this activity, recommendations **stipulated** that the project should (a) revise downward the level of some indicators, (b) increase others, (c) add some indicators that were in the USAID

performance monitoring plan and not in the SDSH plan, (d) put some indicators on hold, pending the set-up of certain interventions preliminary to data gathering, and (e) eliminate other indicators and replace them with quality indicators.

Regarding the addition of new indicators, USAID asked the project for the October 2007–September 2008 results before reaching a decision. Visits were organized to collect the data from the MSPP Departmental Directorates and from selected project sites to feed the 2007–2008 annual report.

The Performance Management Plan has been revised, taking into account the results of the period from October 2007 to July 2008 and the recommendations on data quality control by MSH consultants visiting Haiti.

### ***Performance-based Financing, Preparation of Disbursement Plan for NGO and Zones Ciblées***

PBF strategy for Project Years 2007–2008 and 2008–2009 was developed. Formats for the disbursement plan have been prepared, submitted, and finalized. The plan contains the following elements: indicators, expected results, timeframe for deliverables, validation method, amount to be disbursed according to the deliverables, premium performance, comments, and achievement or non-achievement of targets.

## **Contracts Management**

### ***Renewal of service contracts for SDSH PY1***

The request-for-proposal (RFP) for the October 2008–September 2009 period was sent to the NGO sector. After negotiations on the planned agenda, all NGO subcontracts were signed on time to ensure continuation of services as of October 1, 2008.

### ***Amendments to the Memoranda of Understanding for the Zones Ciblées***

Amendments to the protocols of the *Zones Ciblées* were issued in due time. The budgets of these amendments cover the period October 2008–September 2009.

## **Administrative and Financial Management Systems in Place and Effective**

### ***Human Resources and Administration***

#### ***Completing Staffing***

After the January 15 meeting held at the MSPP central office to discuss the new directions of the SDSH Project, corrections on the strategy level were made immediately, causing various changes in the organizational structure of the project. Consequently, the Office of Human Resources, with

the support of the Deputy Chief of Party, Finance and Administration, informed the affected personnel in the departments of the changes and ensured that the transition was carried out in a flexible and smooth way. In addition, a process of accelerated recruitment was set up to achieve the necessary staffing to carry out the activities planned for the 10 geographical departments.

Throughout the year, 48 recruitments were finalized to fill 45 positions (including three transfers) for both central-level and field staff.

### ***Redefinition of the Technical Advisers' Roles and Profiles to Sustain the Project Mandate***

An important part of the SDSH Project has been a change in the role and profile of the field technical advisers (Conseillers Techniques Départementaux/CTDs). Previously, they handled both administrative and technical issues; now they focus exclusively on issues of a technical nature. CTDs are now supported by financial departmental managers, who manage financial and administrative records.

The central technical advisers' job description was also revised during the year. The effort to standardize technical assistance has been completed. A supervision checklist was developed, based on the MSH consultants' (Doctors Jon Rohde and Malcolm Bryant) recommendations, and will serve as a work tool each time the central team performs a supervision visit.

### ***Administrative Support***

At the administration level, operational activities (procurement and information technology support) have been maintained without any significant problem.

### ***Financial Management***

#### ***Financial Reporting***

The monthly reports on NGO- and *Zone Ciblée*-approved budget execution have been finalized and shared with the concerned entities. Also, all financial reporting due to USAID has been submitted in a timely fashion by the project:

- Quarterly expenditures and accruals—this template was developed by MSH in collaboration with USAID representatives
- Quarterly report by budget line items for the period

#### ***Service Provider Funding***

Budget expenditures of the *Zones Ciblées* and NGOs are systematically monitored. Expenditure reports are analyzed and repayments are made systematically to anticipate cash-flow problems that could occur in the *zones Ciblées*. As of September 30, 2008, the balance of budgets of the *Zones Ciblées* totaled US\$ 422,124. This amount represents funds that the project was required

to disburse under contracts ending on September 30, 2008. During this period, the *Zones Ciblées* payroll was completed on time and to the satisfaction of the provider staff working in these areas.

During the year, budget monitoring reports from the SDSH private institutions (i.e., NGOs) were produced monthly. Contracts for these institutions were valid from December 2007 to September 2008. On September 30, 2008, the balance of the budgets of the NGOs totaled US\$ 1,147,187.- This amount represents funds that the project had to disburse for contracts ending September 30, 2008.

### *Financing of Departmental Health Directorates*

Financial support granted to the 10 departmental health directorates was sustained. The funds were allocated to carry out programming activities and disbursed quarterly per the calendar year into the operating budgets of the departments.

Specific activities, such as training materials for community health agents including four modules, were also financed at the level of the departments. These have been developed and training will be carried out at the *Zones Ciblées*.

### *Financial Supervision*

During PY1, 42 dedicated bank accounts were opened to facilitate funds transfer between the project's central office and the departmental directorates and the *Zones Ciblées*. Other activities performed during the period included the following:

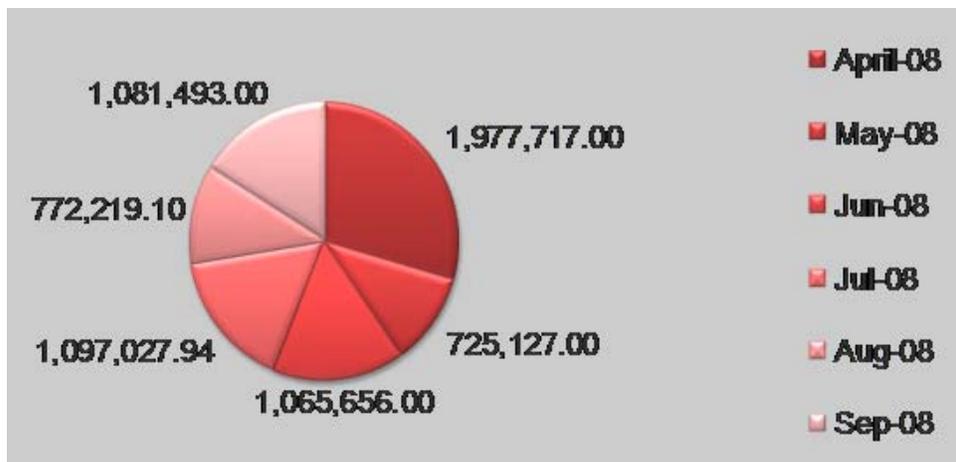
- The QuickBooks® system was set up to record SDSH financial data.
- The system to monitor budgets for the *Zones Ciblées* as well as the NGO partners was developed and implemented.
- Part of the One MSH Strategy financial platform was fully operational, and systems were put in place to administer financial operations for all the projects managed by MSH/Haiti
- All the bank accounts were reconciled monthly, and timely follow-up was carried out to address any weaknesses identified.
- Financial monitoring tools developed by the Finances Unit were shared with the departmental financial managers based in the field. Training sessions were organized accordingly.
- Competitive US currency sales were made based on bids sent from at least four banks.
- Intended “unexpected petty cash physical cash controls” were made and documented. A system was established to monitor the recommendations made.

- A voucher review system was developed to ensure that all monthly costs incurred are adequately supported and the weaknesses identified are closely monitored and corrected.

*SDSH Total Project Financial Summary*

**Figure 1. Summary of total project finances**

1) Contract start date: August 3, 2007
2) Contract end date: August 1, 2010
3) Total contract amount: USD 42,500,000
4) Obligated amount: USD 27,936,754
<b>As of September 30, 2008</b>
5) Project-to-date plus accruals: (USD 12,761,844)
6) Average expenditures per month over the last quarter: USD 983,580
7) Average expenditures per month over the last six months: USD 1,119,874



**Emergency Response: Post disaster Situation**

After four powerful tropical storms and hurricanes (Fay, Gustav, Hanna, and Ike) struck Haiti, between August 16 and September 6, SDSH participated in follow-up actions within the USG response.

***Distributing USG Nonfood Items and Relief Items***

*West Department*

With USAID and World Food Program support, MSH distributed hygiene kits for families of five people each, collapsible water containers (2 per family), dry food family rations (rice, cereal,

and cooking oil), and 24 large woven plastic tarpaulins to 263 families (1,300 people) living in the Cité l’Eternel slum area located south of Port-au-Prince in the West Department, as Hurricane Ike was approaching the northern part of the country on September 4, 2008.

### *South-East Department*

After consultation with the department’s Direction de Protection Civile, MSH distributed nonfood relief supplies to the community of Trou Mahot, second communal section of Bainet, on September 11, 2008. The selected area had endured the most extensive damage, with 1,248 affected families.

This relief convoy was the first to reach the area by road. It took two days for the MSH/SDSH delegation to finally reach its destination. On September 10, the first attempt from the Rivière Gauche had to be abandoned at the level of Source Gabriel because of impassable road conditions on the way to La Vallée de Jacmel. The alternative route through the Trouin district of Fond de Boudin, fourth communal section of Léogâne, took six hours the next day to reach the Dispensaire de Bahot, where the distribution took place.

Starting midday on September 11, the group distributed family hygiene kits, collapsible water containers, and plastic woven tarpaulin sheets for approximately 300 families, including 62 families sheltered in Chenet, the second communal section of Trou Mahot.

Health commodities (200 elastic bandages, 250 gauze pads, and two USAID disaster kits containing syringes, needles, surgical gloves, catheters, and water purification tablets), along with 10 flashlights, 15 water pails, 15 pairs of plastic boots, five gallons of chlorine, 120 units of sheets, towels, and covers were also remitted to the Bainet health team for the coastal town health center with beds. The team further transported relief items for 80 more families.

The distribution was laborious because of the heavy demand in the area severely affected. The heavy tarpaulin covers were particularly appreciated by the families, because most reported that their homes had been partially or totally destroyed. Many beneficiaries expressed their dignified thanks to the American people for the special assistance.



*Long queue at Trou Mahot, communal section of Bainet (South-East) to receive a valued piece of tarpaulin per household*

### ***Participating in Post disaster Surveillance (MSPP and CDC)***

As part of the post-storm surveillance established by the CDC and MSPP, SDSH, through its M&E Unit specialists, conducted the following activities:

- Coordination with the Direction of Epidemiology, Laboratory, and Research to stay informed about which symptoms and pathologies to keep under surveillance.
- Coordination with the health directorates of Artibonite, South-East, and South for follow-up.
- Coordination with the Integrated Health Services and Laboratory Unit to disseminate a form to the SDSH network sites affected by the August and September storms.
- Follow-up during field visits.

### **Attachment – Summary Report Project Year 1 SDSH**

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## **Photo Credits – SDSH Staff**

Cover — Lambi Island Vaccination Visit, Grande-Anse, *by Dr. Patrick Saint-Firmin*  
Page 12 — SDMA restitution in Bainet, South-East, *by Dr Saintely Dubuisson*  
Page 21 — Inauguration ARV site Ouanaminthe, *by Anathalie Durand*  
Page 24 — Child immunization, Jérémie, *by Laurence G. Pierre*  
Page 25 — Baby weighing, Lambi island, Corail Zone Ciblée, *by Dr. Saint-Firmin*  
Page 34 — Health agents' monthly meeting, Thomazeau, *Dr S. Dubuisson*  
Page 34 — Incinerator Lucelia Bontemps Center, *by Laurence G. Pierre*  
Page 26 — Training of Trainers by SDSH, Kaliko Beach, *by Dr Saintely Dubuisson*  
Page 37 — Training health agents Corail, *by Dr Patrick Saint-Firmin*  
Page 39 — Thematic Groups meetings DSA & DSGA, *by Dr. Patrick Dimanche*  
Page 42 — Chambellan PCI meeting, DSGA, *by Dr Patrick Dimanche*  
Page 43 — PDI monitoring meeting, DSA, *by Dr Patrick Dimanche*  
Page 50 — Pure Water Campaign agreement signing, *Cristina Crow/PWW; A. Durand*  
Page 54 — Launch SDSH Project, Jérémie Grande-Anse, *Communications*  
Page 61 — USG Relief items distribution, Trou Mahot, South-East, *Anathalie Durand*

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