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SANTÉ POUR LE DÉVELOPPEMENT
ET LA STABILITÉ D'HAÏTI

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

Annual Progress Report — October 1, 2009–September 30, 2010



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PROJECT

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Abstract

This annual report documents the activities of the *Projet Santé pour le Développement et la Stabilité d'Haïti* — SDSH (October 1, 2009– September 30, 2010). Key sections highlight the major activities for each strategic performance objective—the activities, results, accomplishments, the implementation challenges, lessons learnt, and recommendations.

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Annual Progress Report

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

Table of Contents

Table of Contents	ii
Acronyms	iv
Executive Summary.....	2
About the Project: Year Three	4
NGOs and MSPP Implementing Partners.....	5
Success Highlights	6
Performance-Based Financing Introduced with MSPP	7
MSPP Department Level Improves Management Functions and Financial Systems.....	8
Management Information Systems Strengthened at Central and Departmental Levels	9
Steady Progress in Maternal Health, but Challenges Remain	10
Family Planning, Use of Modern Methods within the SDSH Network Attains 30 Percent—Remarkable Progress!.....	12
Community-Level Project Plans Developed and Advances Made in Nutrition and Diarrhea Education.....	13
Greatly Improved Immunization Rates, Treatment of Acute Respiratory Illness, and Diarrheal Management Capacity Achieved through Community-Based Services.....	14
SDSH Network Combats Malnutrition among Children and Pregnant/Lactating Women	15
HIV and AIDS and Tuberculosis: Integrated Services Increase	18
Sustained Results in VCT Provided by 32 NGO Service Delivery Sites	20
Palliative Care: 14,212 Are Living Positively with Support from SDSH-Supported Sites	22

PMTCT Targets Met and Surpassed in SDSH-Supported Sites	23
Tuberculosis: Overall Results Are Disappointing	25
After January 12, 2010: SDSH Earthquake Response	26
After the Earthquake: SDSH Regroups, Responds, and Focuses on Rebuilding	27
SDSH Focuses on Re-Establishing Functional Health Service Delivery	28
SDSH Interventions Revitalize the Integrated Basic Package of Services in Project Sites	29
SDSH Participates in Coordination of Earthquake Response and Support to the MSPP	30
SDSH Participates in Coordination of Earthquake Response and Support to the MSPP	31
SDSH Partnerships Provide Resources for More Substantial Project Engagement in Emergency Response and Reconstruction	33
Annex: Evolution of the Results of the SDSH Project, October 2009–September 2010.....	37

Acronyms

AME-SADA	African Methodist Episcopal Service and Development Agency
ART	antiretroviral therapy
ARV	antiretroviral
BCC	behavior change communication
CONASIS	Committee of Support for the Health Information System
CYP	couple years of protection
DRI	Direct Relief International
FP	family planning
HIGHER	Haiti Integrated Growth through Hurricane Emergency Recovery
IEC	information, education, and communication
MIS	management information system
MSH	Management Sciences for Health
MSPP	<i>Ministère de la Santé Publique et de la Population</i>
NGO	nongovernmental agency
NSU	nutritional stabilization unit
OMS/PAHO	<i>Organisation Panaméricaine de la Santé/Pan American Health Organization</i>
PBF	performance-based financing
PLWHA	people living with HIV and AIDS
PMTCT	prevention of mother-to-child transmission
SAM	severe acute malnutrition
SDSH	<i>Santé pour le Développement et la Stabilité d'Haïti (Project)</i>
TB	tuberculosis
TBA	traditional birth attendant (<i>matrone</i>)
USAID	US Agency for International Development
WFP/PAM	World Food Programme/Programme Alimentaire Mondial (UN)
ZC	<i>zones ciblées</i>

“
Despite the January 12 earthquake,
the SDSH Project achieved or surpassed
almost all of its project indicators.
Overall, during this project year,
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Executive Summary

Despite the January 12 earthquake, the SDSH Project achieved or surpassed almost all of its project indicators. Overall, during this project year, results show significant improvements in the following:

- family planning
- skilled deliveries and postnatal consultations
- child vaccination
- vitamin A therapy
- nutritional interventions
- HIV counseling and testing
- antiretroviral therapy (ART) initiation and palliative care
- total number of individuals receiving antiretrovirals (ARVs)
- enrollment for prevention of mother-to-child transmission (PMTCT) of HIV

The project also made significant progress in the implementation of integrated communal plans.

However, project targets were not achieved for:

- prenatal consultations
- HIV-positive women receiving PMTCT prophylaxis
- TB testing of HIV-positive patients
- ART treatment continuation
- achievement of the last intervention in a series (e.g., third prenatal visit, second dose of vitamin A)

The earthquake affected all development sectors of the country, including the health sector. Infrastructure damage,

loss of life, and loss of staff to evacuation impaired health facilities' ability to function, even in parts of the country not directly affected by the quake. Significant stress was added to an already fragile network by the demands for post-quake emergency care, the increased needs for handicapped and mental health services, and the additional demands placed on many health facilities by displaced populations living in camps or migrating to communities outside the earthquake impact zone.

After the earthquake, SDSH moved quickly to re-establish health delivery systems in SDSH sites. No additional USAID funding was provided specifically to respond to the emergency. Despite damage to the SDSH office that required staff to work in an outdoor porch, the contracts and finance teams were able to quickly resume operations and renew NGO contracts, providing funds for their continued operations.

Some staff members provided direct assistance to partner health facilities so they could deliver needed emergency clinical services, and the rest mobilized to conduct a detailed post-earthquake needs assessment of nearly all SDSH sites. This provided the basis for an SDSH contingency plan to reinforce the partners' capacity. Starting in March 2010, significant improvements were observed.

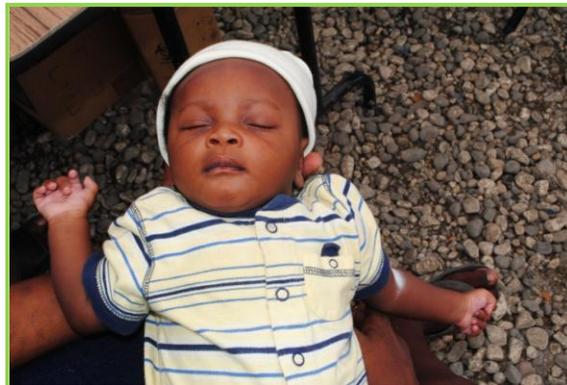
Simultaneously, SDSH sought out existing strategic partners and developed relationships with new partners to provide a direct response to the emergency. These efforts resulted in several direct grants from partner NGOs to provide health

services to displaced persons, support reinforcement of damaged infrastructure (International Relief Agency, AmeriCares, Containers to Clinics), and assess health services provision in the camps (Organización Panamericana de la Salud/Pan American Health Organization [OMS/PAHO]). In addition, another partner, Direct Relief International (DRI), made massive contributions for the provision of pharmaceutical supplies to SDSH-supported health facilities.

Emergency efforts did not divert attention or resources from the SDSH Project, but rather contributed to SDSH objectives. In September 2009 the three-year goal had been surpassed for leveraged contributions to the health system from these private sector partners. From October 2009 through September 2010, the total amount of these contributions increased fourfold.

SDSH partnership with the MSPP at departmental and central levels continues to provide the framework for institution building. Preparations for the “Success Fair” scheduled for January 22, 2010 brought together NGO partners and all departments and directorates of the MSPP, strengthening collaboration and communications.

After the earthquake, PBF was introduced to 4 of 10 departments. Financial management and management information systems were strengthened at the departmental level. SDSH has been an active participant in the development of post-quake reconstruction efforts of the MSPP.



About the Project: Year Three

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

The technical assistance delivered under the extended, now five-year, \$81.4 million SDSH Project targets approximately 50 percent of the Haitian population in all 10 departments to increase their access to and use of a package of integrated basic health services that includes maternal and child health care; nutrition; family planning; and prevention and control of infectious diseases, including HIV & AIDS and tuberculosis. Demographic targets are (1) children and youth under 25 years of age, (2) women, and (3) special concerns groups, such as persons living with HIV and AIDS (PLWHA) and tuberculosis patients.

Three Areas of Focus

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

The SDSH Project supports public and private, and nonprofit sector health care delivery. MSH implements project activities through performance-based financing (PBF) subcontracts with 26 local nongovernmental organizations (NGOs) operating 72 health facilities and 1,843 community “rally posts,” and through the *Ministère de la Santé Publique et de la Population* (MSPP) in 31 targeted geographical areas known as zones ciblées (ZC), which include 75 health facilities and 2,098 “rally posts.”

Support to the Government of Haiti—by strengthening the leadership of the MSPP at both central and departmental levels to carry out its executive functions in support of health care services delivery and strategic management of resources for the health sector.

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

The project currently covers 41 percent of the Haitian population, or 4,159,412 people.

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

- **Producing measurable results and sustainable impact;**
- **Integration of services** to provide a continuum of care to all clients;
- **Health systems strengthening and governance at national and departmental levels** through PBF and direct technical assistance;
- **Mentoring and accompaniment** of local partners by SDSH and development of same among partners;
- **Linkages, synergies, and operational collaboration** among public and private sector groups and organizations;
- **Strategic partnerships** that engage stakeholders at all levels.

NGOs and MSPP Implementing Partners

Department	MSPP / Zones Ciblées (ZC)	NGO Partners
Artibonite	Gonaïves; Centre de Santé Saint Michel Centre de Santé de Marmelade; Centre de Santé de Grande Saline	Albert Schweitzer Hospital; Hôpital Claire Heureuse; Pierre Payen Health Center
Centre	CS de Belladère; CS Cerca la Source; CS Savanette	Save the Children; Medishare
Grand'Anse	Centre de Santé des Abricots; Centre de Santé de Corail	Haitian Health Foundation; S ^{te} Hélène; Léon Coicou H.C.; AEADMA (Association d'Entr'Aide des Dame-Mariens)
Nippes	CS de L'Azile; CS de Petit Trou; CS de L'Anse à Veau	None
Nord	Centre de Santé de l'Acul; CS de Borgne; CS de Dondon; Centre de Santé de Saint Raphaël	Comité Bienfaisance de Pignon; Dugué Clinic; Center for Development and Health (CDS); Konbit Santé
Nord'Est	CS de Mombin Crochu; CS S ^{te} Suzanne; CS Vallières	Center for Development and Health (CDS) Nord'Est
Nord'Ouest	CS La Tortue; CS Baie de Henne; CS Anse à Foleur	Beraca Medical Center
Ouest	Centre de Santé Belle Fontaine; CS Cornillon; CS Aurore du Bel Air; Centre de Santé Saint Martin II; Trou d'Eau/Crochu; Centre de Santé de Tayfer	St. Paul Clinic; CSNRR (Filles Charité); FONDEFH, FOSREF; Fermathe Hospital; Grace Children's Hospital; OBCG, SADA, Lucelia Bontemps Health Center; Center for Development and Health (CDS) Ouest, St. Croix
Sud	CS Les Anglais; CS de l'Île à Vache	La Fanmy; MEBSH
Sud'Est	CS de Baïnet	Sacré Cœur de Thiotte Health Center
Total	: 31 zones ciblées; 75 fixed sites; 1,379,808 population	26 NGOs; 72 fixed sites; 2,779,602 population

Success Highlights

Indicator	Oct. 2008 Result	Oct 2009 Result	Oct 2009– Sept 2010 Result	Sept 2010 Target
Number of pregnant women counseled and tested for HIV	40,341	49,196	48,640	40,000
Number of sites furnishing a minimum packet of PMTCT services		19	22	19
Number of HIV positive persons having received palliative care		11,133	14,212	13,000
Number of people tested for HIV and received results	91,494	94,907	92,109	75,000
Number people newly placed on ARV	726	973	712	700
Number of people receiving ART at end of the reporting period	1,595	2,077	2,413	2,650
Tuberculosis (TB) case detection rate (overall)		31%	32%	35%
Number of postpartum/newborn visits in 3-day interval after delivery	27,977	40,019	47,544	45,000
Percent of newborns benefiting from a postnatal consultation within 42 days after birth		33%	34%	35%
Number of prenatal visits completed by qualified personnel		247,889	243,958	245,000
Percent of pregnant women having received 2 nd dose of tetanus vaccination		69%	74%	75%
Number of pregnant and lactating mothers who received food supplementation	–	910	1,301	2,000
Percent of children 0-11 months fully vaccinated	–	–	89%	85%
Number of children reached by nutrition programs		431,946	495,552	440,000
Number of children under 5 years who received vitamin A	280,579	314,419	380,318	343,000
Number of children 0–11 months having received DPT3 vaccination		116,451	108,100	99,000
Number of family planning users	201,083	239,394	256,161	249,503
Percent of persons of reproductive age use a modern family planning method		26%	30%	24%
Percentage of sites offering at least 5 family planning methods		41%	55%	45%
Number of MSPP “Targeted Zones” under performance-based financing	0	0	11	12

Performance-Based Financing Introduced with MSPP

Principal Accomplishments



PBF orientation in Hinche, Centre Department, with MSPP Departmental Director (speaking) and staff.

Performance-based Financing (PBF) for the public sector was introduced in four departments starting in May 2010, after a four-month delay due to the January earthquake. Subsequent training and orientation sessions were held in all four departments. (North: 4 ZC, North East: 3 ZC, South East: 1 ZC, and Centre Department: 3 ZC). All departments have nearly identical indicators with specific targets determined in collaboration with the departmental directors and site managers. Results will be audited and verified by a group that includes a representative of the departmental hospital, a departmental program manager, and an SDSH representative.

In July 2010, SDSH staff participated in a national conference on performance-based financing, presenting the experience, alternative models, and lessons learned over the past 10 years of USAID-funded health programs in Haiti. The conference was organized by the MSPP with OMS/PAHO, the World Bank, and USAID. This conference was intended to initiate discussions regarding formal adoption of PBF by the MSPP as national policy. A film on MSH PBF experience in Haiti was presented in September at a meeting organized by the Clinton Global Initiative in Haiti, and also at the CGI annual meeting in New York City.

To **strengthen the Ministry's financial and accounting management systems**, an orientation session on QuickBooks software was organized in December with staff from departmental directorates (Centre, South, and Nippes) and employees working for the departmental hospital. The subcommittee on financial resources of the Committee of Support for the Health Information System (CONASIS), of which SDSH is a key member, organized a three-day workshop on user fees and fixed asset management at Moulin Sur Mer in December. A second workshop was held for personnel from the South and Centre Departments in August 2010.

The project organized a five-day workshop for SDSH Project and partners' staff in November, with the objective of calculating standard costs of the minimum package of services. A plan was developed to provide technical assistance to five selected institutions to use the CORE+ tool to achieve this objective. Participants included staff from Save the Children, Fondo de Fomento al Desarrollo Científico y Tecnológico (FONDEF), African Methodist Episcopal Service and Development Agency (AME-SADA), International Child Care (ICC), and Ohio Baptist General Convention (OBCG).

MSPP Department Level Improves Management Functions and Financial Systems

Principal Accomplishments

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

- A financial management training organized in the North Department for the MSPP staff based in the departmental directorate to implement a system to adequately manage program income.
- A training in the Nippes Department improved skills of departmental staff on the use of Microsoft Excel® software to prepare financial reports and budgets.
- The West Department financial advisor participated in the logistics planning of the Hygiene Program managed by the departmental directorate and in the distribution of aid/support received by the department.
- In the Artibonite Department, technical assistance was provided to local service providers—including Saint-Nicolas Hospital, Dumarsais Hospital, and Charles Colimon Hospital—to strengthen their accounting and financial management. Participants identified key management weaknesses, including timesheet management, vacation planning procedures, bank reconciliation, and management of program income and equipment and supplies. They then developed plans to improve those areas.

Artibonite departmental staff was integrated with the SDSH team in the disbursement of funds for the department. They signed vouchers, ordered payments, and actively participated in the payroll process. Administrators and site managers now understand the need to create a group responsible for solving health issues in the Department.

Management Information Systems Strengthened at Central and Departmental Levels

The SDSH Project Management Information System (MIS) is based on the MSPP National Management Information System. Early in the project, a Data Management Guide that specifies data collection and reporting procedures for all project indicators was developed and distributed to all project partners. In addition, project partners were trained to use the Project MIS system. Based on internal analysis of the completeness and internal coherence of partner data received, regular field visits are made to verify data collection and reporting procedures and provide technical assistance to help partners improve their MIS process. Regularly throughout the year and prior to the annual publication of project results, data received from partners are analyzed and feedback is provided to partners, who are asked to clarify discrepancies and inconsistencies.

This process allows the project to provide regular updates to donors, partners, and colleagues on project attainment of objectives; to respond to ad hoc requests for specific information; and to document current results for project internal quarterly reviews and monthly project progress reports. The data are also used internally to analyze project progress and as the basis for preparation of quarterly, semiannual, and annual strategic and work plans.

Finally, project results are the basis of the establishment of annual PBF agreements with partners, leading to agreed-upon scopes of work and annual targets. Achieved results, independently verified annually by an outside firm, are used to guide periodic payments to partner institutions as well as to determine annual performance bonuses or withholdings.

Principal Accomplishments

To strengthen the reliability and validity of the project's reported results as well as partner capacity in results information management and reporting, the Project MIS staff introduced an information system, based on the MSPP MIS (SIS National), in all health facilities supported by SDSH. The project "dashboard" was modified to take into account changes resulting from population growth and modifications in project partnerships.

Targeted technical assistance visits were made to the South, Artibonite, and Grand'Anse departments to improve data collection and reporting there. MIS training was provided to 23 individuals from newly integrated project partners (Sainte Croix and Medishare) and the targeted zones (ZC) of Dondon, St. Raphaël, and Borgne, as well as to nine personnel from the community health programs of Fermanthe Hospital, AME-SADA, and the St. Martin and Bel Air health facilities.

The project supported the operationalization of the Routine Health Management Information System of the MSPP in ZC sites. The planned training of trainers for this activity had to be postponed because of the earthquake, but financial assistance and on-site technical assistance was provided. Project departmental-level staff organized meetings at the departmental level to review and verify SIS and project results.

SDSH staff continues to participate regularly in meetings of the CONASIS to develop tools, procedures, and training materials to strengthen the national health information system.

Steady Progress in Maternal Health, but Challenges Remain

Although SDSH attained or surpassed its annual targets in 5 of 10 of its key maternal health indicators, comparison with the results for 2009 show that there has been some slowing of progress this year. This was principally due to the disruption caused by the earthquake, and also to the temporary suspension of its subcontract with JHPIEGO in May, which led to the loss of key project maternal health staff who have yet to be replaced.

Principal Accomplishments

Significant progress this year was made in the revitalization of efforts to upgrade the skills of trained community birth attendants (*matrones*). SDSH worked closely with the MSPP Division of Family Health (DSF) to review maternal health norms, including the integration of PMTCT at institutional and community levels. Adapted MSPP norms recognize the traditional birth attendant (TBA) as “a community health agent to promote safe maternity within their community and their families.”

Based on this official recognition, SDSH launched the strategy called *Relance des Matrones*. Training norms and guidelines were adapted in French and Creole, including tools for program organization and monitoring. As a result, 39 reproductive health program managers in the 10 departments have been oriented and 98 program monitors trained. In addition, 3,319 TBAs have been trained and certified, and 1,161 more will have their sessions during the next fiscal year.

Perspectives and Challenges in the Coming Year

- Dissemination of the maternal health and family planning norms and standards and their use at the facility level.
- Use of the emergency obstetrics protocols in some SDSH-supported sites.
- Creation of at least one committee for the surveillance of maternal mortality and management of obstetrical emergencies in each project-supported commune.
- Strengthening the integration of PMTCT in maternal health while linking community and institutional response.



Traditional birth attendants' graduation in the North-East Department

Indicator	Objective	Attained	Percentage of target attained
Number of postnatal visits at home within 3 days after delivery	45,000	47,544	106% 74.5% of 63,793 deliveries reported
Number of prenatal visits by qualified personnel	245,000	243,958	99.6%
% of pregnant women having received 2 nd dose of tetanus vaccination	75%	74%	99%
Number of births assisted by a trained professional (not incl. TBAs)	12,000	11,893	99%
% of new deliveries benefiting from a postnatal consultation within 42 days after delivery	35%	34%	97%
% of pregnant women having a birth plan	85%	78%	92%
Number of births attended by trained community birth attendants	60,000	51,900	87%
Percent of pregnant women with 1 st prenatal visit within 1 st trimester of pregnancy	40%	34%	85% 32,991 women seen during first trimester/96,029 women having received at least one prenatal visit
Percent of pregnant women having benefited from 3 prenatal visits	55%	43%	78% 50,030 pregnant women with 3 prenatal visits/ 115,718 expected pregnant women

Family Planning, Use of Modern Methods within the SDSH Network Attains 30 Percent—Remarkable Progress!

Principal Accomplishments

In September 2007, private sector sites supported by the USAID-funded HS2007 Project implemented by MSH had achieved a contraceptive use rate of 32 percent, with public sector sites attaining only 8 percent. The integration of additional public sector sites into SDSH in 2008 resulted in an overall (public and private sector together) use rate of 21 percent in the SDSH-supported network. In October 2008, utilization of modern family planning (FP) methods had risen to 24 percent within the coverage areas of the public sites within the network (*zones ciblées*). By October, 2009, SDSH's intensive efforts to increase access to family planning in public sector sites especially had resulted in an overall (combined public and private) increase in the FP utilization rate of nearly 24 percent (to 26%) compared to the initial rate of 21 percent. . This year SDSH has reached an overall rate of 30 percent, with 10 percent (or 30,234 individuals) using long-term or permanent methods, including 5 percent Norplant and 5 percent voluntary surgical contraception. Over 92.6 percent of Depo-Provera users are receiving their supplies on schedule.

Family planning activities were strengthened by working with nurses to involve them more intensely in departmental- and communal-level planning and by encouraging and supporting them through multiple means of communication: email, phone, and field visits. Factors that contributed to the observed progress included close collaboration with departmental directorates of health, intensive on-the-job training, and mobile clinics to promote and offer services for long-term methods (with the training of an additional 26 long-term method providers). SDSH also expanded access to an increased range of contraceptive methods, with 55 percent of sites now offering at least five modern methods. With fewer stock-outs, this has meant that more women had a greater choice of preferred methods. Finally, the role of the community-based health agents in the provision and resupply of FP methods at the community level, as well as the increased awareness-raising within the community, cannot be underestimated.

A total of 354 providers and FP motivators received training this year, including 137 community agricultural agents who received basic training about the interactions of environment and population growth as well as the role of family planning. Collaboration with this USAID-funded agricultural and watersheds development project has been slower than desired, largely due to the disruptions caused by the earthquake, but will eventually lead to the sensitization of nearly 2,000 agricultural workers and training of 100 or more of them as community family planning promoters and providers (condoms only, with referral to nearby health facilities for other methods) at the community level.

Indicators	Objective	Results	% of objective attained
# of users of modern FP methods	27%	30%	111%
% of sites offering at least 5 modern methods of FP, including 2 of long term	45%	55% 78 sites	122%
# of people trained	100	354	282%
# of sites offering counseling and family planning services	142	142	100%
CYP	260,000	256,161	99%

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

Principal Accomplishments

BCC/IEC Materials: Existing behavior change communications (BCC) and information, education, and communication (IEC) materials were distributed in response to specific requests, as supplies allowed. However, plans to disseminate new materials at the Success Fair were pre-empted by the earthquake. This year a brochure on maternal health and PMTCT, and a guide for establishing and training mothers' clubs have been produced.



Local Health Task Force: As of end of March 2010, 18 community-level organizations were identified to manage grant funding at the commune level and implement community-level health improvement activities. Since then, the identification and selection of umbrella organizations has continued in the departments. Twenty community organizations developed proposals for community health actions and submitted them to SDSH for grant funding. The project reviewed and in some cases revised these proposals. A total of 40 proposals coordinated by the 20 umbrella organizations has been submitted to USAID for approval.

Technical Assistance to the MSPP: This semester, BCC support focused on institutional strengthening at the central level of the MSPP. As a member of the BCC/CM (community mobilization) national cluster, SDSH supported the development of a brochure on maternal health and PMTCT as well as audio spots and guidelines for establishing and training mothers' clubs. Similarly, SDSH participated in the workshop on National Policy for the Promotion of Health, and the planning, preparation, and organization of the workshop on the standardization of curriculum in interpersonal communication. A concerted effort was made to involve the central technical consultants (CTC) and departmental CTD in coordinating the process of implementation of the Communal Health Councils.

Greatly Improved Immunization Rates, Treatment of Acute Respiratory Illness, and Diarrheal Management Capacity Achieved through Community-Based Services

The child health package includes immunization, prevention of acute respiratory infection, nutritional surveillance, administration of vitamin A and, finally, diarrhea and dehydration prevention.

Principal Accomplishments

The total number of children 0–11 months in project areas for FY 2010 was 97,844, and SDSH’s objective was to fully immunize 85 percent, or 83,168, of these children. This objective was exceeded by 23 percent, as a total of 102,079 children 0–11 months were fully immunized following norms and standards of the National Immunization Program (DPEV). Given the massive displacement of large groups of the population after January 12, it cannot be concluded that the full immunization rate is 100 percent in SDSH-supported areas, but it is certainly considerably higher than the 85 percent target. This impressive performance in immunization results from key interventions implemented to strengthen the operational capacity of partner institutions. These interventions include:

- Increasing vaccines storage sites and placing them as close as possible to community-level immunization sites through our community health agents.
- Increasing the number of rally posts and implementing more outreach activities to reach a significant number of children in hard-to-reach areas.
- Ensuring routine and daily immunization activities at the institutional level in almost all facilities.
- Working closely with MSPP National Program and departmental offices to ensure good cold chain maintenance and improve distribution of vaccines to sites.
- Emphasizing follow-up on children’s immunization status.

Knowing that diarrhea and dehydration are primary causes of childhood morbidity and mortality, SDSH community health agents also trained 75,317 mothers and caregivers about diarrhea prevention, safe water, and good hygiene practices. The number of cases of pneumonia treated was more than double the annual objective (15,887 treated versus 7,000 targeted). This may, in part, reflect inaccuracies in diagnosis, however.



Vaccination at St. Martin II Health Center, West

SDSH Network Combats Malnutrition among Children and Pregnant/Lactating Women



Principal Accomplishments

All 147 SDSH network sites provide growth monitoring. However, selected sites supported by the USAID-funded HIGHER (Haiti Integrated Growth through Hurricane Emergency Recovery) Project offered treatment for severe acute malnutrition (SAM) from mid-2009 until September 30, 2010. From October 2009, the HIGHER Project supported 9 nutritional stabilization units (NSUs), 20 outpatient management sites, 12 nutritional supplementation sites, and 49 community-based satellite sites that identified malnourished children and mothers for referral. The NSUs closed after an April 2010 change of MSP policy restricted this service to hospitals with a pediatrician. Other SDSH/HIGHER sites functioned at reduced capacity when UNICEF and the UN World Food Programme/Programme Alimentaire Mondial WFP/PAM were unable to provide needed

food and other supplies. Approximately a third of the SDSH/HIGHER continue to function at a lesser level and provide nutritional monitoring and some care. SDSH trained 500 people in child care and nutrition this year (166% of the target).

During this fiscal year, 495,522 children under five years of age were reached by nutrition outreach programs, (113% of the annual objective). Among these children, 87,878 (17.7%) were screened for SAM. Moderate acute malnutrition was detected in 30 percent of children under the age of five, SAM in 5.4 percent, and SAM with complications in 1.0 percent. A total of 9,720 children under age five with acute malnutrition have received supplemental feeding, surpassing annual objectives by 10 percent. Over 380,000 children under five received vitamin A, again surpassing annual objectives by more than 10 percent; 206,545 of these received a second dose of vitamin A. This second dose is provided four months after the first, and the fact that SDSH only attained 80 percent of its annual target for this indicator reflects the constraints on reaching children for a second dose.

Over 71,000 mother and child caretakers received nutrition counseling services (10% over target). To reduce low weight at birth and newborns exposed to greater morbidity and increased mortality, SDSH enrolled 4,621 pregnant and lactating women in the nutrition program. Among them, 2,618 have received food rations (over 30% in excess of annual target). In collaboration with Feed the Children, SDSH was able to provide 10,243 under children under five with albendazole/pebendazole for deworming.

Results attained through the USAID-funded HIGHER Project in collaboration with UNICEF and WFP/PAM greatly improved the management of cases of severe acute malnutrition among children less than five years old, despite the period of instability created by the January 12 earthquake. By August 2009, 522 health agents and 160 doctors, nurses, and auxiliaries were trained, and they helped launch the nine first CNAM sites of the network. The package of nutritional care offered included intensive care in an NSU for severe cases with complications, an ambulatory program for children severely affected but without current medical complications, and nutritional demonstration activities for prevention and care of less malnourished children in community-based “Ti Foyers.”

Over the 14-month course of the program, 97,123 children were monitored, 34,510 of whom had acute malnutrition. Of these children, 2,993 received RUTF (ready-to-eat food) therapy, and 1,228 completed their treatment and returned to health. Insufficient availability of nutritional supplements (F75, F100, and Plumpy Nut) contributed to the relatively low treatment completion rate.

Also, 16,962 pregnant and lactating women were monitored and participated in supplemental feeding programs.



Detection of Acute Malnutrition in Children Less than 5 Years Old at 20 SDSH Network Sites, October 2009 –September 2010

Month	Children Screened for Malnutrition Detection	Normal	Moderate Acute Malnutrition (MAM)	Severe Acute Malnutrition (SAM)	Severe Acute Malnutrition with Complication (SAM/C)
October 09	4044	2332	1172	428	112
November 09	4711	2713	1444	459	95
December 09	6092	3257	2181	548	106
January 2010	5557	3081	1925	443	108
February 2010	6938	4775	1753	338	72
March 2010	7709	4484	2732	423	70
April 2010	9391	6274	2686	379	52
May 2010	11675	8700	2561	353	61
June 2010	9234	7127	1728	301	78
July 2010	8805	5182	3294	292	37
August 2010	6212	3761	2119	313	19
September 2010	7510	5246	1785	433	46
	87878	56932	25380	4710	856
Total	100%	64.8%	28.9%	5.4%	1.0%

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

To expand, organize, and maintain youth-friendly sexual and reproductive health services, four new sites were selected (in North West, North, Centre, and Nippes) from October 2009 to April 2010, in addition to the six sites already enrolled in this initiative. The goal was to provide quality services in sexual and reproductive health, including counseling, family planning methods, and HIV testing and referrals for the continuum of care available throughout the SDSH HIV program. The selected sites are:

1. North West: Centre Médical BERACA, Port de Paix
2. North: Centre Médico-social La Fossette, Cap-Haïtien
3. Centre: Centre de Santé de Belladère
4. Nippes: Centre de Santé de l'Anse-à-Veau
5. West: FONDEF Sainte Elisabeth, Carrefour Feuilles, Port-au-Prince
6. West: FONDEF Martissant, Port-au-Prince
7. Artibonite: Hospital Claire Heureuse, Marchand Dessalines
8. North East: Centre Médico-Social, Ouanaminthe
9. South: Centre de Santé, Les Anglais
10. Grand'Anse: AEADMA, Dame-Marie



Despite the serious difficulties caused by the earthquake, the project was implemented at all 10 sites. A total of 242 received training in youth-friendly communication techniques, offering counseling services in family planning, counseling for voluntary testing for HIV, behavior change communication to promote safer practices regarding health and sexual behavior, and helping their young counterparts to navigate the system to obtain youth-friendly services.

A strong component of youth-friendly sexual and reproductive health services is the anchorage of the youth program within the community. The Haitian NGO FOSREF (Fondation pour la Santé Reproductrice et l'Éducation Familiale), an SDSH partner, has a strong presence in youth activities and programs throughout the country with the support of its extensive funding portfolio. Indeed, various donors—such as the Bill & Melinda Gates Foundation; the Global Fund; PEPFAR; the Ministry of Youth and Sports; USAID-supported projects MSH/SDSH, MSH/LMS; FYI/CHAMP (Family Health International/Community Health and AIDS Mitigation Project); and others—have given FOSREF the opportunity and ability to conduct several experimental or institutional programs in the 10 departments of the country over the years. The end result is an ad-hoc youth program integration at the field level.

HIV and AIDS and Tuberculosis: Integrated Services Increase

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

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

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

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

MSH's philosophy is to look at the HIV & AIDS epidemic comprehensively and see the person living with the virus as a "whole," while recognizing the need for additional, innovative, and varied approaches to the disease. This includes integration with family planning, maternal and child health, and tuberculosis services.

Services specific to the HIV-positive population and HIV prevention are not neglected, but rather made stronger through the integrated approach. The four strategies still found to be effective in the SDSH Project, and implemented throughout the entire network are: (1) voluntary counseling and testing (VCT) "Eclaté," including an "opt-out" approach to testing and PMTCT, (2) a treatment approach emphasizing patient monitoring and adherence, (3) involvement of all categories of providers, and (4) reduction of stigma and discrimination.

Integration of HIV & AIDS Services with Family Planning Services and STI Prevention

MSH's approach has always emphasized integration of HIV prevention and care with family planning and prevention of other sexually transmitted infections (STIs). This year 264,393 tests for HIV, TB, and syphilis were completed by SDSH-supported laboratories. HIV information and testing is offered systematically now through SDSH-supported family planning programs and sites and starts from the first prenatal contact with a pregnant woman and extends beyond her postnatal follow-up. In addition, SDSH includes complete family planning services in its VCT, PMTCT, and ART services to offer all women, and particularly HIV-positive women, the opportunity to avoid unintended pregnancies and to space pregnancies or plan new births.

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

The following indicators represent the greatest strides forward this period for the SDSH HIV and AIDS component.

Indicator	Result Year 2008	Result Year 2009	Annual Target/ PMP 2010	October 2009 – September, 2010	
# pregnant women counseled and tested for HIV	40,341	49,196	40,000	48,640	(122%)
# pregnant women tested HIV (+) placed on ARVs	434	562	700	613	(88%)*
# people counseled, tested for HIV, and received results	91,494	94,907	75,000	92,109	(123%)
# people HIV (+) having received palliative care	8,398	11,133	13,000	14,212	(109%)
# people HIV (+) newly initiated in ART	726	973	700	712	(102%)
# people HIV (+) having received ARVs	2,120	2,834	3,534	3,513	(99%)
# people on ARVs active at the end of the period	1,595	2,077	2,650	2,413	(91%)

* This result covers the period September 2009–May 2010. After May, the MSPP no longer required health facilities to collect this information.

To strengthen ARV services, on-site refresher sessions were carried out in all sites providing HIV services to enhance health provider knowledge and improve treatment and follow-up strategies. Partners’ budgets have been readjusted to fund the initiation of new support groups. As of March 31, 2010, 3,194 individuals ever received ART, among whom 2,139 are still active, and 381 were newly enrolled in treatment. After the earthquake an urgent effort was launched to reach out to most patients under ART.

Sustained Results in VCT Provided by 32 NGO Service Delivery Sites



Principal Accomplishments

With the exception of HIV/TB, SDSH exceeded nearly all of its HIV-related objectives during this past year. Thirty-two sites provide VCT, surpassing the annual target of 24 sites. This year, three sites began offering PMTCT services with SDSH assistance, bringing the total number of full-service PMTCT sites in the network to 22. Six network sites continue providing ART.

The SDSH Strategic Approach to Voluntary Testing and Counseling

During this period, SDSH put the highest priority on HIV testing and counseling in high-density areas and targeted the most at-risk populations. In addition, SDSH emphasized making VCT easy and accessible to promote *early* testing for HIV-positives. The earliest detection possible is critical for HIV-positive individuals, as those

who enter care late are less likely to survive and thrive. Also, HIV-individuals on ART are much less likely to pass the virus on to others during sexual activity due to suppression of viral load. The SDSH strategic approach to VCT focuses on including VCT and referral to VCT within the entire health system, while still emphasizing an “opt-out” approach.

During this period, SDSH capacitated and brought three new sites to full functionality in the Nippes Department. Despite the earthquake, SDSH HIV testing sites exceeded targets and have tested and provided test results to 92,109 people, not including pregnant women tested within the PMTCT program.

For the 2009 World AIDS Day, SDSH received an \$18,000 grant from the AIDS Health Care Foundation (AHF) for Haiti’s participation in the Testing Millions Global Campaign. The activities conducted included awareness sessions in schools and churches led by peer educators and community health workers; brainstorming meetings with religious leaders, elected officials, teachers, and traditional healers; open houses at the main clinics; school sports competitions; promotion for free HIV testing; free HIV testing clinics in several sites; and clinical referrals for the cases detected as positive. Over 5,000 people were tested for HIV in less than three weeks. All HIV-positive individuals were referred to the sites that diagnosed them and integrated into the palliative care cohort.

Results of SDSH Partners' free HIV testing clinics for the World AIDS Day Testing Millions Campaign

Partners for World AIDS Day	Department	# tests completed	# Positive	Prevalence
Claire Heureuse Hospital	Artibonite	2,812	72	2.6%
FONDEFH	West	738	15	2.0%
AEADMA Hospital	Grand'Anse	838	10	1.2%
Beraca Hospital	Northwest	491	3	0.6%
Comite de Bienfaisance de Pignon	North	300	5	1.7%
	Totals	5,179	105	2.0%



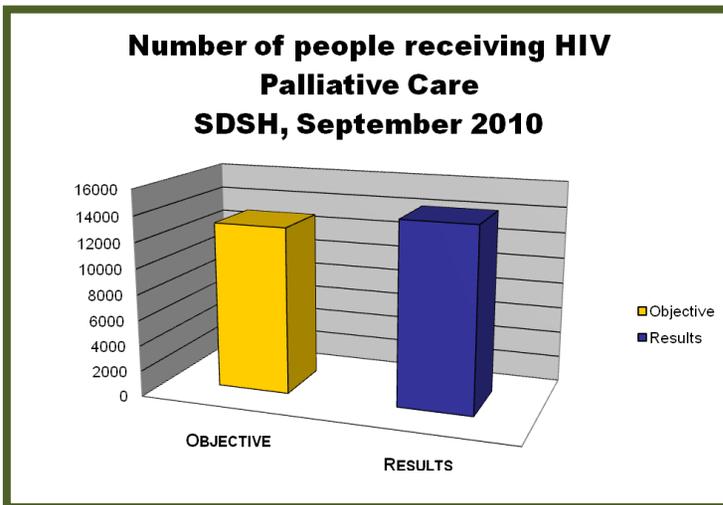
Palliative Care: 14,212 Are Living Positively with Support from SDSH-Supported Sites

Principal Accomplishments

SDSH palliative care sites and community mobilization projects reached 14,212 individuals. This is nearly the entire expected total of 13,000 for the entire year.

SDSH's approach to palliative care includes support to HIV-positive individuals and their children, and providing an integrated approach with other HIV and non-HIV services. MSH works with local health task forces to sensitize communities regarding stigma and discrimination. Services to HIV-positive individuals are organized through support groups at both *zones ciblées* and NGO sites. In addition, psychosocial care is offered at the sites. Social workers, health agents, and trained PLWHA make home visits to clients.

A focus on orphans and vulnerable children (OVC) was added to the SDSH Project in 2009 in a few targeted institutions. During this reporting period 1,700 OVC have been supported.



PMTCT Targets Met and Surpassed in SDSH-Supported Sites

Principal Accomplishments



SDSH has surpassed its objective for this year and has reached 48,640 pregnant women for testing (122% of annual target). PCR-DNA testing for newborns was made available at all SDSH ART sites and also some PMTCT sites in partnership with the CARIS Foundation. Of the 250 specimens that were collected and processed, 27 tested positive.

A community-based PMTCT approach contributed to an achievement of 91 percent of seropositive pregnant women enrolled in PMTCT completing their prophylaxis. Linkages between institutional and community levels have been strengthened to ensure better follow up and monitoring of all diagnosed HIV-positive pregnant women and lactating mothers by involving community health workers and traditional birth attendants. TBAs and community health agents were oriented through continuous training to support the program.

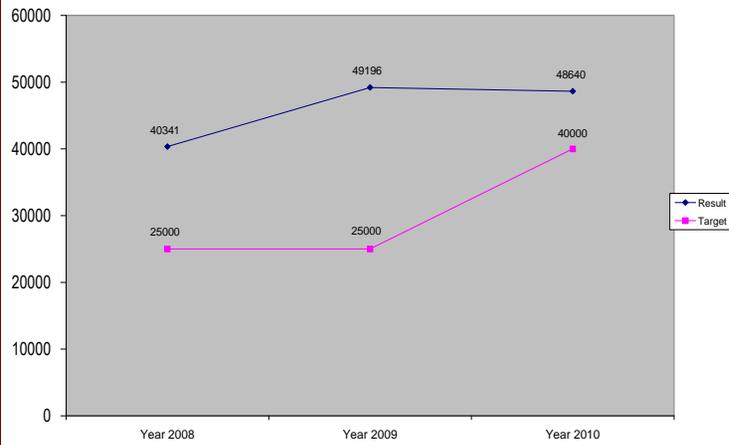
Outreach strategies, such as mobile clinics, have been organized almost every week around SDSH-supported sites to reach the greatest possible number of pregnant women, determine their HIV status, and provide them and their

newborns with appropriate services. For this period, 15 nurses have been trained or refreshed in both PMTCT and VCT in collaboration with the Institute for Health and Community Action (INHSAC). Twelve new providers received training in the case management of HIV-positive pregnant women.

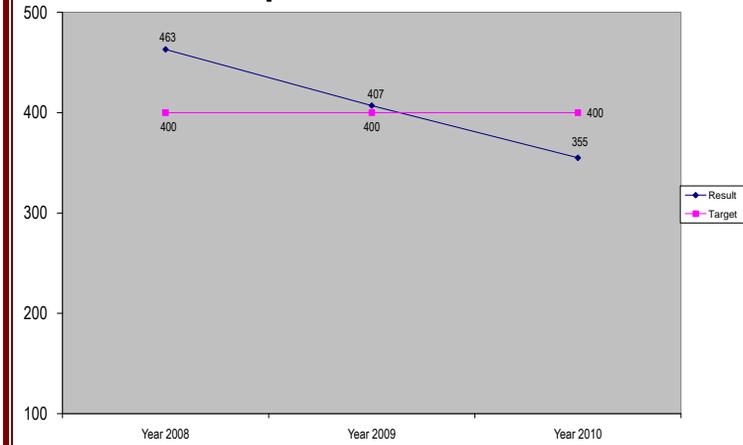
PMTCT services in the SDSH network are designed to be part of antenatal care. All pregnant women are informed during the first prenatal visit of the benefits for themselves and their newborn children of knowing their HIV status, and voluntary testing is systematically offered. Regardless of the test result, a birth plan is developed jointly by the pregnant woman and the nurse in charge of the prenatal clinic. For women who are found to be HIV positive, this plan is reviewed at each visit and an “adherence plan” for PMTCT prophylaxis is developed.

Whether the woman chooses to deliver at the institutional or community level, they are strongly encouraged to choose an *accompagnateur*. This person can be a *matrone*, a community health worker, a family member, or even simply a friend, and their role is to escort the pregnant woman during all subsequent visits to the health center. The *accompagnateur* is also oriented on the appropriate care and support to provide to the woman and her newborn. Fifteen days before the expected delivery date, prophylaxis medication is given to the *accompagnateur* for safekeeping, or sometimes to the woman herself, as appropriate. During the entire process, emphasis is placed on the importance of having the newborn seen at the health center no more than 72 hours after birth.

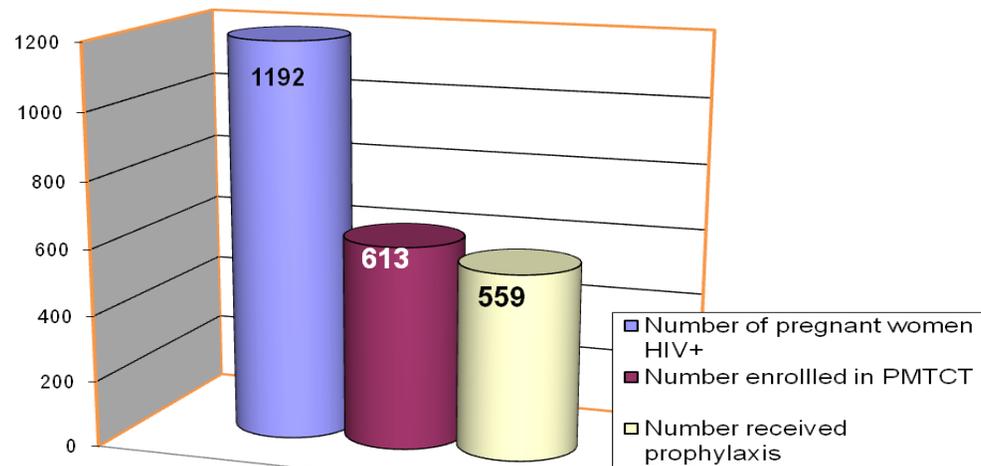
Number of pregnant women tested and receiving results



Number of children born to HIV+ women provided with pediatric HIV care



Number of pregnant women HIV+ who received ART prophylaxis



SDSH, October 2009 - September 2010

Tuberculosis: Overall Results Are Disappointing

Principal Accomplishments

While notable progress was made against annual goals during the first half of the year, overall annual results have been disappointing. The greatest challenges have been sustaining the effort to fully incorporate TB in the integrated package of services and obtaining more funding targeted specifically towards TB efforts.

Most sites in the TB network do not test for HIV and must refer TB patients to sites that do perform those tests. Consequently, there have been only 1,279 TB patients tested for HIV against the annual target of 1,755 patients tested. The percentage of TB patients tested for HIV who received their test results this year was 30 percent, versus a goal of 40 percent. Regarding HIV-positive individuals, only 1,261 were reported as having been tested for TB. However, this number does not reflect actual testing rates because project sites ceased reporting on this indicator after MSPP revision of data collection protocols. In the SDSH network, only 13 sites currently provide TB treatment for HIV-positive patients (out of an annual target of 20 sites). Only 227 of the annual target of 700 patients received both TB and HIV treatments.



The case notification objective was fully achieved by reaching 103.5/100,000, compared to 76/100,000 last year. Overall case detection totaled 4,306 of the 13,312 cases expected in the general population. This 32 percent achievement is an increase over last year's 28 percent, although less than the annual objective of 35 percent. However, out of the 5,490 new cases of TB expected in the population covered by SDSH, detection of new cases was 78 percent, exceeding the annual target of 75 percent.

Support provided to the TB program through the Global Fund was ended in April, 2010 increasing the challenge of keeping the program running. In collaboration with the Leadership, Management, and Sustainability (LMS) Project, also managed by MSH, SDSH has provided support to the MSPP's *Programme National de Lutte contre la tuberculose* (PNLT) for a situational analysis of the entire TB program and worked with all partners to develop recommendations for the future. Additional basic supplies and equipment have been provided to allow the MSPP National Program Directorate to reactivate its interventions. Training remains highly centralized and is performed by the management of the national program or the national laboratory, neither of which conducted any training sessions during this time period.

Depending on the availability of funds, SDSH anticipates enhancing TB services in sites in high-density population centers where VCT services are already provided. At the community level, SDSH will develop a simple questionnaire for symptoms and signs of TB to guide community health agents in the identification of suspected TB cases during their home visits. Social workers working with PLWHA will be oriented to carry out TB early detection during their home visits. TB indicators will be part of the performance-based financing strategy to motivate providers and managers to give special attention to the program.

After January 12, 2010: SDSH Earthquake Response



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

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

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

Immediate Emergency Response

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

SDSH staff responds to the crisis

Immediately after the earthquake and for up to six weeks thereafter, SDSH physicians and nurses worked alongside MSPP and foreign medical teams to offer emergency medical care and surgical services to hundreds of people injured in the quake. Other SDSH staff coordinated with the MSPP to disinfect areas in the hard-hit zones of Morne Lazaar, where contaminated corpses were under the rubble. Many staff offered direct support, including supplies and shelter for affected people in their neighborhoods.

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

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

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

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

SDSH Focuses on Re-Establishing Functional Health Service Delivery

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

1. Assuring continued funding availability for the project and project partners;
2. Reactivating contractual and results-monitoring systems (performance-based financing);
3. Initiating assessment of all SDSH-supported health facilities.

The results were shared with the MSPP, USAID, and international organizations.

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

In February, SDSH undertook a full review of 119 project-supported health care facilities—including 45 of the 48 facilities located in the geographical zones directly affected by the earthquake—to determine the earthquake's impact on the functionality of each in terms of infrastructure; human resources; availability of medicines, equipment, and supplies; basic health services offered; patient load; and health services provision to inhabitants of nearby displaced-persons camps.

The survey showed that only 10 of these 119 sites suffered no physical damage and 4 had been completely destroyed. Although many personnel had suffered the direct effects of the earthquake, almost all were working in their health facilities. Their level of productivity had been significantly reduced, however.

The great majority of SDSH-supported facilities had adequate pharmaceutical supplies, although stocks were low. The majority of sites were experiencing shortages of anti-tuberculosis medications, and some reported a shortage of contraceptive pills. The majority of HIV patients expected during the time period reported to the sites and received their medications, however. Attendance at mother and child health services had dropped significantly from pre-quake levels, in part due to the extended end-of-year vacations of staff and, more significantly, due to the cessation of community-based services in many sites post-quake.

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

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

HIV & AIDS and Tuberculosis

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

Maternal and Child Health

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

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

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

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

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

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

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

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

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



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

The PDNA and IHRC

As one result of the project's initial efforts to support international and MSPP coordination efforts, senior project staff were invited to be key participants in the PDNA/RF (Post Disaster Needs Assessment and Recovery Framework) process initiated in Haiti on February 18, 2010. The PDNA is a cross-sectoral assessment of disaster impact (damage, losses, and needs) supported by the World Bank, the European Commission and the UN system and, in Haiti, by the IDB (Inter-American Development Bank). It is a government-led analytical process, which forms the basis for identification of medium and long-term recovery needs and results in a strategic "recovery framework," which is presented at a donor conference as the foundation for resource mobilization.

For Haiti, this donor conference, which united over 150 countries and international organizations, took place in New York on March 31 and resulted in \$9.9 billion in pledges over the next three years by 59 countries, of which \$5.3 billion was for the next 18 months. The World Bank has been designated the fiscal agent for the Haiti Reconstruction Fund.

In the context of the "Action Plan for the Reconstruction and Development of Haiti" which resulted from the PDNA process, the MSPP has undertaken a process of detailed planning for the 18 month "Transition Phase" of the recovery effort. SDSH was invited by the MSPP to participate in this planning process as one of only two non-donor partners. Senior SDSH staff provided intense technical support for the development of the action plan process at both national and departmental levels, for the preparation of donor and NGO meetings to explain this process, and for the implementation of department level workshops. In the ensuing months, when invited to do so, SDSH staff has continued to support the efforts of the MSPP and the Interim Haitian Reconstruction Committee (IHRC) established by the government of Haiti to coordinate reconstruction efforts with the support of United Nations and other international partners.

Promoting the "Haitian voice" in International Haiti Recovery Conferences and Meetings

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

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

MSH headquarters supported these efforts by the Haiti team and also participated as MSH in numerous international meetings related to the Haiti earthquake.

In March, a week before the donors' meeting related to the PDNA, two senior member of the SDSH team attended a series of Haiti-related information sharing events organized by MSH in Washington D.C. On March 22, 2010, MSH hosted a congressional reception, *The Health of Haiti*, on Capitol Hill in conjunction with the House Foreign Affairs Western Hemisphere Subcommittee. US Representatives Yvette Clarke and Diane Watson attended the reception and spoke about their commitment to the success of Haiti. SDSH and MSH leaders spoke about their experience in Haiti and shared their perspectives on needs and priorities. Posters developed by SDSH for the project-sponsored "Success Fair," which had been canceled due to the earthquake, were used to inform guests about successful health interventions in Haiti prior to the quake.

Additional presentations were organized for USAID/Washington health sector staff. The team then attended an NGO coordination meeting organized by InterAction, a coalition of humanitarian and development organizations and the American Red Cross. SDSH Haitian staff was able to give firsthand accounts of the situation in country.

On the eve of the March 31 donors' meeting, the three MSH and SDSH representatives attended a daylong meeting in New York City with senior international policymakers in charge of international Haiti reconstruction efforts to discuss recommendations offered to the global donor community for Haiti reconstruction.

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


MSPP / Aurore du Bel-Air
Population Desservie : 66.330

Restaurer un programme de soins de santé primaires dans une zone post conflictuelle et fragile : Un Pari gagné

Succès en Supplémentation des Enfants de 6 à 59 mois en Vit A



Mise en contexte :

- Difficile contexte sociopolitique de la zone entraînant la fermeture du centre de santé et la paralysie de toutes activités de santé pendant 2 ans.
- Population infantile évoluant dans un environnement insalubre et privée des soins préventifs aggravant leur vulnérabilité aux maladies de l'enfance.

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

Objectifs du Programme Nutrition :

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

Stratégies gagnantes :

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



Dose Vit A	Objectif	Totale annuelle	% couverture
1ère dose	5479	7496	137%
2ème dose	4696	9963	212%

Augmentation de la demande par la visibilité, l'information et sensibilisation sur l'importance de la Vit A pour les enfants en bas âge.

Conclusions de la présentation :

Un souhait : Réaliser la Prise en charge intégrée des enfants malnutris pour compléter la supplémentation en Vit A et la formation encore insuffisante pour garantir la survie de tous les enfants.

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



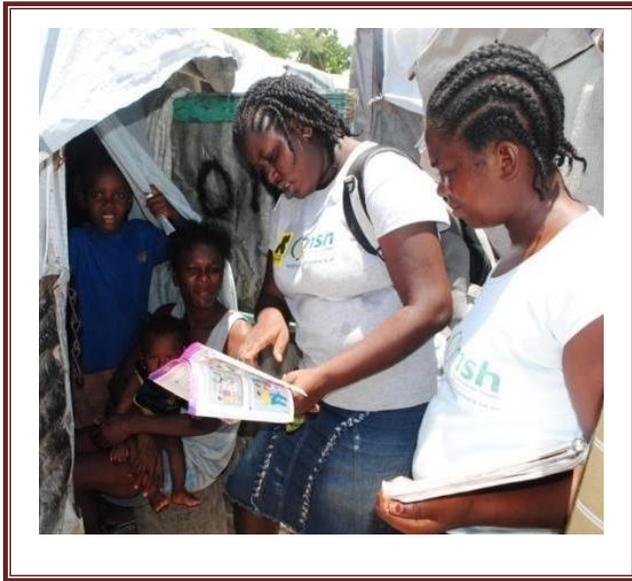

SDSH Partnerships Provide Resources for More Substantial Project Engagement in Emergency Response and Reconstruction

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

Feed The Children (FTC) / Foundation Hands of Love: After the first agreement in 2009 that established a partnership for a deworming program in schools and health centers for children from 5 to 15 years of age, FTC and SDSH entered into a new agreement after the earthquake for the donation of 20 tons of foodstuff to compliment SDSH activities. In addition, an important stock of vitamin A was donated by FTC to the SDSH Project, and this helped overcome the insufficient availability of this micronutrient that occurred both at the MSPP and UNICEF.

International Rescue Committee (IRC) and PAHO Through an agreement signed between SDSH, the IRC, and PAHO, a rapid assessment was completed in 206 camps in the seven communes of the Port-au-Prince metropolitan area to evaluate gaps and difficulties in accessing primary health care services, give feedback to the MSPP and other donors, and contribute to the allocation of funds to meet the observed and documented health needs. The results of these assessments contributed to the organization of needed services for the people living in these camps and semi-permanent shelters through mobile health teams and the establishment of a referral system to health facilities and hospitals in the vicinity.

International Rescue Committee (IRC) With financial support from the IRC, MSH was able to mobilize six of its existing local NGO partners in three communes of the Port-au-Prince metropolitan area to establish direct preventive service delivery points within the displaced-persons camps located in their coverage zone and thereby to reduce the gaps in access to basic primary health care. From May to July 2010, about 465 “health kiosks” manned by health auxiliaries, community health agents, and young health promoters were organized.



DRI (Direct Relief International)

Preventive care, health information and education on hygiene, maternal and child health, HIV prevention and family planning and, as needed, referral to appropriate fixed-site health services were provided to residents of 50 camps and their neighbors. Camp residents benefited from 38,874 household visits and 2,875 health talks conducted by trained health promoters. The activity was structured to generate income for camp residents and micro-businesses. The effective involvement of the MSPP, local NGO partners, and the community contributed to the rapid response.

The reported achievements indicate that services provided were heavily used by camp residents and by people living in the surrounding neighborhoods, as follows:

- more than 40 000 people were exposed to health information;
- 4,536 were referred to a service delivery point (SDP);
- 26,428 children under five were weighed;
- 8,589 children 6–59 months received vitamin A;
- 2,771 children 0–11 months completed their vaccinations and numerous others had their immunization status significantly improved;
- 6,811 packs of oral rehydration salts and 10,966 albendazole tablets were distributed;
- more than 15 000 men and women of reproductive age accepted family planning methods, and twice as many were resupplied.

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

Most of the major hospitals, such as the State University Hospital, *Centre de Diagnostic et de Traitement Intégré* (CDTI), University Hospital La Paix, and *Hôpital de la Communauté Haïtienne*, were overwhelmed with hundreds of patients and volunteers from several nations. Unsolicited donations created serious bottlenecks and threatened to slow needed treatment. DRI's support was critical in helping solve logistical problems, getting medicines and supplies to health care providers as quickly as possible, and establishing a warehouse. DRI also provided support to PROMESS and were joined by some staff of MSH SCMS Project

in managing the emergency assistance and helping control the supply chain, thereby taking this burden off the health care facilities and allowing them to focus on patient care.

With the support of FedEx planes, DRI brought 55 shipments totaling 230 tons or 350 pallets of prescription drugs and medical supplies to Haiti between January and April 2010. This effort was unprecedented in the 62-year history of FedEx and was valued at nearly \$38.5 million. SDSH introduced its new partner to the MSPP to formalize a relationship with the Government of Haiti. A negotiation process has started and will lead to capacity-building of the MSPP in disaster relief preparedness targeting staff training in the Directorate of Pharmacy. DRI also plans to expand its hurricane preparedness program from three facilities to five for distribution of needed aid in Haiti.

PADESS (Health System Development Support Project) PADESS, which is funded by the Canadian International Development Agency (CIDA), and SDSH collaborated on renovations of the MSPP's South East Department office and joint evaluations of three departments (West, South East, and Nippes).

Containers to Clinics and AmeriCares



Containers to Clinics (C2C)

To replace health facilities damaged by the earthquake, SDSH entered into an agreement with this Massachusetts-based organization that resulted in deployment of the first modular units made of converted shipping containers to replace damaged health facilities. The prototype modular unit is made from two 8'x 20' recycled shipping containers retrofitted to house two examination spaces, a small pharmacy, and a diagnostic laboratory space.

A four-way partnership agreement has been established between Grace Children's Hospital; Containers to Clinics; AmeriCares (providing lab equipment and medicines); and SDSH (responsible for overseeing the medical staff and the reporting systems). Grace Children's Hospital is already supported technically and financially by SDSH. The unit was officially opened in October 2010. A period of observation and monitoring will be needed to make eventual adjustments and modifications to the operations of the clinic and before considering deployment in several areas of the country.

AmeriCares

This partner provides donations of medical equipments and pharmaceutical supplies to the project and is a copartner in the C2C effort.

Pure Water for the World (PWW)

PWW is a longstanding SDSH partner that provides safe drinking water to schools, health facilities, and communities, and also delivers a hygiene education program to teachers, children, and their families. The January earthquake resulted in a complete cessation of all activities and the departure from Haiti of the two new PWW staff. Most schools collapsed in Cité Soleil during the Earthquake, and the majority of the filters installed there were destroyed. PWW is in the process of resuming work in this commune, since the government has ordered schools to resume their activities. Despite the destruction, by end of April 2010 PWW had met most of the objectives of the original agreement: filters have been installed at 309 of the 450 schools targeted, 50 health facilities, and 249 households, surpassing the goal of 200 households.

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

Annex: Evolution of the Results of the SDSH Project, October 2009–September 2010

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS OCT. 07–SEPT. 08 (PY1)		Annual Objectives & Results Oct. 08–Sept. 09 (PY2)		Annual Objectives & Results Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
		HIV & AIDS					
3.1.1.9 (F)	Number of sites offering the minimum package of PMTCT services according to national and international standards	13	13	15	19	19	22
3.1.1.10 (F)	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25 000	40 341	25 000	49 196	40 000	48 640
3.1.1.10. a	Number of HIV-positive pregnant women enrolled in PMTCT	1000	895	1 000	1 105	1 000	613
3.1.1.10. c	Number of newborns of HIV-positive mothers benefiting from pediatric care	400	363	400	407	400	355
3.1.1.11	Number of diagnosed HIV-positive pregnant women having received ARV prophylaxis in a PMTCT setting	700	434	800	562	700	559
3.1.1.12 (F)	Number of health workers trained in the provision of PMTCT services according to national and international standards	100	41	36	29	35	17
3.1.1.13 (F)	Number of sites providing counseling and testing according to national and international standards	30	29	35	29	24	32
3.1.1.14 (F)	Number of people who received counseling and testing for HIV and received their test results	50 000	91 494	60 000	94 907	75 000	92 109

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		Oct. 08–Sept. 09 (PY2)		Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
3.1.1.14. a	Number of HIV-positive individuals tested for TB	1 650	1 960	1 700	2 765	3 000	1 261
3.1.1.16 (F)	Number of people trained in counseling and testing	50	77	80	23	30	3
3.1.1.17 (F)	Number of sites providing ART	6	6	7	6	6	6
3.1.1.18 (F)	Number of people newly placed on ARV during the reporting year	850	726	700	973	700	712
3.1.1.18. a	Number of individuals who have received ART during the year	2 239	2 120	2686	2834	3 534	3 513
3.1.1.19 (F)	Number of people receiving ART at the end of the reporting period	1 800	1 595	2 283	2 077	2 650	2 413
3.1.1.19. a	Percentage of individuals placed on ARV and found still in active treatment at the end of the reporting period	80 %	75 %	85 %	73 %	80%	69%
3.1.1.20	Number of health workers trained to deliver ART services	-	-	10	53	15	28
3.1.1.21 (F)	Number of sites providing treatments for TB to HIV-positive patients	20	19	20	13	20	13
3.1.1.22 (F)	Number of people provided with HIV-related palliative care (including those co-infected with TB and HIV)	7 000	8 398	8 000	11 133	13 000	14 212
3.1.1.22. a	Number of sites offering a complete clinical package of palliative care to HIV-positive people	20	19	20	17	20	19

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS OCT. 07–SEPT. 08 (PY1)		Annual Objectives & Results Oct. 08–Sept. 09 (PY2)		Annual Objectives & Results Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
		3.1.1.23 (F)	Number of HIV-positive individuals receiving treatment for both TB and HIV	500	578	600	730
3.1.1.24 (F)	Number of people trained to provide HIV palliative care (including TB/HIV co-infection)	400	35	100	104	50	4
3.1.1.29 (F)	Number of laboratories with capacity to perform (a) HIV tests and (b) CD4 tests and lymphocyte tests, or all three	20	29	20	29	35	32
3.1.1.30	Number of people trained in the provision of laboratory-related services	-	1	10	20	10	20
3.1.1.31 (F)	Number of tests performed at supportive laboratories: (a) HIV testing (b) TB diagnostics (c) Syphilis testing (d) HIV disease monitoring	157 500	223 091	159 500	263035	207 660	264 393
Tuberculosis							
3.1.2.1 (F)	TB notification rate	-	76 pour 100,000 hob	103 pour 100,000 hab	96 pour 100,000 hab	103 pour 100,000 hab	103.5 pour 100,000 hab
3.1.2.1. a	Tuberculosis detection rate	-	28 %	32 %	31 %	35%	32%
3.1.2.3 (F)	Number of people trained in DOTS	50	-	30	-	20	-
3.1.2.4 (F)	Percentage of TB patients who were tested for HIV and received their results	-	47 %	85 %	34 %	40 %	30%

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		Oct. 08–Sept. 09 (PY2)		Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
3.1.2.4. a	Number of TB patients who were tested for HIV and received their results	4 000	1 487	2 000	1 310	1 735	1 279
3.1.2.5 (F)	Percentage of laboratories performing TB microscopy with over 95% correct microscopy results (quality control testing to be performed by the national laboratory within its mandate)	>95 %	>95 %	>95 %	-	> 95%	---
3.1.2.7 (F)	Percentage of expected new TB cases detected	70 %	58 %	75 %	73 %	75%	78%
3.1.2.6. a	Number of sites offering integrated TB services (<i>only detection with referral for treatment</i>)	25	24	30	17	20	---
3.1.2.6. b	Number of people trained in TB testing	50	-	30	-	20	-
Maternal Health							
3.1.6.3 (F)	Number of postpartum newborn visits during the 3-day interval following child birth	47 670	27 977	30 000	44 019	45 000	47 544
3.1.6.4 (F)	Number of prenatal care visits with skilled providers	-	151 271	240 000	247889	245 000	243 958
3.1..6.4.a	Percentage of pregnant women having the first prenatal visit during the first trimester of pregnancy	65 %	28 %	40 %	40 %	40%	34%
3.1..6.4.b	Percentage of pregnant women who have had at least three prenatal visits	50 %	42 %	55 %	47 %	55%	43%

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		Oct. 08–Sept. 09 (PY2)		Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
3.1..6.4.c	Percentage of pregnant women who have received a second dose or a recall dose of tetanus vaccine	65 %	52 %	68 %	69 %	75%	74%
3.1..6.4.d	Percentage of pregnant women making a birth plan	65 %	10 %	50 %	78 %	85%	78%
3.1.6.5 (F)	Number of people trained in maternal and newborn health (women and men)	1 000	325	300	434	100	---
3.1.6.6 (F)	Number of deliveries with a skilled birth attendant—TBAs not included	14 430	12 066	18 680	12 326	12 000	11 893
3.1.6.6. b	Number of deliveries with assistance of a health facility based skilled birth attendant	41 370	49 332	44 250	55 582	60 000	51 900
3.1.6.6. c	Percentage of new mothers who have had postnatal consultations	31 %	28 %	35 %	33 %	35%	34%
3.1.6.6. d	Percentage of sites that have at least one maternal health committee in their service area	30 %	-	70 %	7 %	50%	11%
3.1.6.6. e	Number of malnourished pregnant women and lactating mothers enrolled in the nutrition program	-			-	---	4 621
3.1.6.6. f	Number of pregnant and lactating women having received supplemental feeding.				-	2 000	2 618
3.1.6.6. g	Number of mothers and child caretakers having received nutritional counseling.	-	-	67 000	48 307	67 000	71 674
3.1.6.18. a	Number of sites rehabilitated with HIGHER funds			20	8	12	3

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		Oct. 08–Sept. 09 (PY2)		Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
Child Health							
3.1.6.2	% of children 0-11 months completely vaccinated	83 %	66 %	85 %	106 %	85%	89%
3.1.6.7 (F)	Number of people trained in child health and nutrition.	1 000	351	500	526	300	500
3.1.6.11 (F)	Number of children reached by nutrition programs	315 850	302 477	323 800	431946	440 000	495 552
3.1.6.11. a	Percentage of weighings for children under five years of age that indicate a weight-to-age ratio equivalent to low weight-for-age, very-low-weight for age.	13 %	13 %	14 %	13 %	13%	13%
3.1.6.11 .b	Percentage of weighings for children under five years of age that show evidence of severe malnutrition	-	3 %	4 %	3 %	3%	3%
3.1.6.11. c	Percentage of weighings for children under five years of age that show high risk of severe malnutrition	-	10 %	10 %	10 %	10%	10%
3.1.6.11. d	Number of children under 5 years of age with severe malnutrition having received supplemental feeding	-	-	1 200	1 381	8 800	9 720
3.1.6.12 (F)	Number of children under 12 months who received DPT3	86 070	92 563	90 000	116451	99 000	108 100
3.1.6.13 (F)	Number of children under five years of age who received vitamin A..-	300 131	280 579	314 100	314419	343 000	380 318

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		Oct. 08–Sept. 09 (PY2)		Oct. 09–Sept. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
3.1.6.13. b	Number of children under five years of age who received two doses of vitamin A	200 000	117 235	250 000	187548	257 000	206 545
3.1.6.14. a	Number of mothers and child caretakers trained about diarrhea prevention (exclusive breastfeeding pure drinking water and hygiene)	-	-	-	-	67 000	75 317
3.1.6.14. b	Number of mothers and child caretakers trained in diarrhea management (danger signs and oral rehydration)	-	-	-	-	67 000	75 317
3.1.6.19 (F)	Number of cases of pneumonia in children under five years of age treated with antibiotics	-	7 847	5 000	17 868	7 000	15 887
Reproductive Health/Family Planning							
3.1.7.2 (F)	Total number couple-years of protection (CYP)	220 000	191 771	232 000	251194	260 000	256 161
3.1.7.3 (F)	Number of people trained in FP/RH (women and men)	1 000	271	400	1 035	100	354
3.1.7.3. a	Number of people trained in offering longer term FP methods	50	8	50	94	50	26
3.1.7.6 (F)	Number of policies or guidelines developed or changed to improve access to and use of FP/RH services	-	1	-	-	1	0
3.1.7.8 (F)	Number of service delivery points offering FP counseling or services for long term or permanent methods	100	17	20	58	142	142

Indicator Code	Indicator	ANNUAL OBJECTIVES & RESULTS		Annual Objectives & Results		Annual Objectives & Results	
		OCT. 07–SEPT. 08 (PY1)		OCT. 08–SEPT. 09 (PY2)		OCT. 09–SEPT. 10 (PY3)	
		Objective PY1	Result PY1	Objective PY2	Result PY2	Objective PY 3	Result PY 3
3.1.7.8 a	Percentage of PPSs offering at least five FP methods, of which two are longer term	20 %	16 %	25 %	42 %	45%	55%
3.1.7.12 (F)	Number of sites in which the MIS system has been reinforced	152	150	10	145	6	9
3.1.7.13 (F)	% of users of long term contraceptive family planning methods	14 %	14 %	15 %	12 %	13%	10%
3.1.7.13 a	Percentage of people of reproductive age using a modern contraceptive method (for FP)	26 %	21 %	27 %	26 %	27%	30%
3.1.7.13 b	% Percentage of Depo-Provera users who respect the procurement delays	-	73 %	75 %	91 %	90%	92.6%
3.1.7.13 c	Number of new family planning users	131 943	106 900	134 200	159801	162 000	188 425
3.1.7.14	Number of new cases of STI detected and treated	40 000	43 656	45 000	43 248	45 000	39 186

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