

LMG/Haiti: Program Year 1, Quarter 1 Progress Report September 1– December 31, 2012

January 30, 2013

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Leadership, Management and Governance/Haiti

Program Year I, Quarter I Progress Report

September I – December 31, 2012



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PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management and Governance/Haiti (LMG/Haiti)
Project Objectives: LMG/Haiti supports two objectives for this project: (1) develop the contracting function within the MSPP with the capacity to manage all sources of funding (including U.S. government sources of funding) and to contract and manage health services; and (2) to support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care.
Implementing Partner(s): Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015 (Field Support)
Life of Project (start and end dates): August 1, 2012 – September 30, 2015
Reporting Period (start and end dates): September 1, 2012 – December 31, 2012
Total Estimated Contract/Agreement Amount: US \$20,299,247
Obligations to Date: US \$7,254,247
Current Pipeline Amount: US \$6,448,804
Accrued Expenditures for the Reporting Period: US \$805,443
Activity Cumulative Accrued Expenditures to Date: US \$1,155,443
Estimated Expenditures for Next Reporting Period: US \$1,200,000
Report Submitted by: Jean-Jacques Frère, Project Director
Report Submission Date: January 30, 2013

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Cover photo: Joint LMG-SDSH workshop with the Northeast Health District Directorate’s staff (“Direction Sanitaire du Nord-Est”, DSNE) designing the Northeast referral network (December 2012).

ACRONYMS

CU	Contracting Unit
DDS	Direction Départementale de la Santé
DOSS	Direction d'Organisation des Services de Santé
LMG	Leadership, Management and Governance
MOH	Ministry of Health
MSH	Management Sciences for Health
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non-governmental Organization
PAI	Plan Annuel Intégré
PBF	Performance-Based Financing
PDI	Plan Départemental Intégré
PMS	Paquet Minimum de Services
QA/QI	Quality Assurance/Quality Improvement
SADA	Service And Development Agency
SDSH	Santé pour le Développement et la Stabilité d'Haiti
TA	Technical Assistance
TOR	Terms of Reference
UADS	Unité d'Appui à la Décentralisation Sanitaire
UAS	Unité d'Arrondissement de Santé
UPE	Unité de Planification et d'Evaluation
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

The USAID-funded Leadership, Management and Governance/Haiti (LMG/Haiti) field support project is working in collaboration with the World Bank and other USAID implementing partners to strengthen the Haitian health system to ensure greater government participation and strengthen good governance.

The project's two objectives are:

- Support the contracting function within the Ministère de la Santé Publique et de la Population (MSPP) with the capacity to manage all sources of funding (including United States Government resources) and to contract and manage health services
- Support the MSPP institutions responsible for the supervision, coordination and management of referral networks to strengthen the continuum of care

LMG/Haiti's health systems strengthening approach will empower managers, leaders, and teams in the MSPP at central and departmental levels to address a key concern of USAID/Haiti: how to build the national capacity needed to carry out health program stewardship effectively. The project will catalyze rapid improvements in health outcomes and accelerate access to quality health services through health systems strengthening approaches that increase the Government of Haiti's ability to manage its funding sources and that link the Haitian population to functional referral networks.

LMG/Haiti provides technical assistance (TA), capacity development, and management and leadership development to the Ministry of Health to design and put into action a performance-based financing system to pay for health services within service networks at the departmental level. These referral networks have been based on the concept of the district health unit or the "Unité d'Arrondissement de Santé" (UAS), that the government has been promoting over the last 15 years in order to decentralize the health system. Twelve (12) referral networks will be supported by the project in the following corridors: Port-au-Prince (Cul-de-sac), St-Marc and Cap-Haitien (Northern).

The project was officially launched in September, 2012. This report presents the achievements of LMG/Haiti between September 1 and December 31, 2012. The primary accomplishments and activities include the following:

- The majority of LMG/Haiti key staff were recruited and are now in place
- The LMG team led meetings and workshops with partners and local stakeholders to present the project's vision and ensure buy-in from all levels
- The project team conducted a survey to understand health professionals' interest in and motivation for Performance-Based Financing (PBF)
- The LMG team identified jointly with the World Bank and the DOSS a list of quantitative and qualitative maternal and child health PBF indicators
- The team developed the annual workplan for the Matheux network
- The team conducted two needs assessments of health services in 22 health centers. In the North East, 14 institutions were evaluated in four districts of the health department
- The team provided technical assistance to the MSPP to identify their central units' needs so that these units can contract health services and supervise the referral networks

I. PROJECT PERFORMANCE

The project was officially launched in September 2012. The LMG team is staffed at 75% since twelve (12) of the sixteen (16) open positions have been filled. Key personnel staff members (Project Director and Senior Technical Advisor) were recruited to carry out planned activities, and a few posts remain unfilled at the end of the reporting period such as two (2) Capacity Building Advisors and two (2) Project Specialists whose recruitment will continue next quarter. The LMG/Haiti team developed a detailed workplan for the first project year, September 2012 – September 2013, in close collaboration with the MSPP, the World Bank and other partners and stakeholders. LMG/Haiti conducted sensitization meetings and coaching on the LMG project for the central units of the MSPP and in the *Unité d'Arrondissement de Santé* (UAS), where the referral networks are being implemented. The LMG/Haiti team gave specific technical assistance for mapping the referral networks, establishing a contractualization unit at MSPP, and assessing the needs of the MSPP and the gaps that need to be filled to make the project successful. The team has also built strong relationships with partners and stakeholders to ensure the successful implementation of project activities.

Following initial comments from USAID/Haiti, the LMG/Haiti team revised the workplan and resubmitted it to the USAID Mission on January 20, 2013. During the next quarter, it is expected that the speed of project implementation will increase once the workplan is approved.

II. PROJECT MANAGEMENT

Table 1: Management priorities addressed during this reporting period

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
Develop annual workplan and budget (September and October 2012)	Completed	Waiting for USAID's approval following submission on January 20, 2013
Recruitment of key personnel staff members (project director, technical advisor)	Completed	
Recruitment of all other staff positions as well as consultants	In progress	The staff is nearly complete; a few non-key staff posts remain in the recruitment process
Partner meetings (MSPP, World Bank, USAID, local partners) to review the project's progress based on workplan and provide advice on necessary changes	Ongoing	Regular meetings are held between the LMG/Haiti team and partners

Management priorities for the next reporting period

At the beginning of the next reporting period, LMG/Haiti team leaders plan to meet the Haitian Minister of Health to brief her on the project and, most importantly, to make sure that USAID, the MSPP and MSH/LMG Haiti share a common understanding about the project's objectives, scope of activities, technical input and operational procedures. Improvements in coordination will be critical for the project to achieve its objectives. The LMG/Haiti team will work closely with USAID, World Bank and MSPP to ensure a shared understanding about the LMG/Haiti project activities and to discuss progress and challenges.

Table 2: Management priorities for next reporting period

Key project activities planned for the next reporting period	Resources needed	Comments
Meet with the Minister of Health on the LMG/Haiti project to review LMG proposed activities for Year 1 in order to revise if necessary the annual workplan under MSPP and USAID guidance.	Staff time	LMG/Haiti will meet with the Minister of Health on January 11, 2013, to discuss the project and planned activities. Revisions will be made to the workplan under MSPP and USAID guidance as/if necessary.
Finalize recruitment of remaining LMG/Haiti staff open positions	Staff time	Key staff members already recruited. Recruitment will be finalized by April 2013 pending workplan approval.
Hold quarterly partner meetings with the MSPP, World Bank, USAID, and local partners, to review project's progress based on workplan and coordinate future activities	Staff time	

III. CURRENT PROJECT ACTIVITIES

Key project start-up activities have taken place, and the LMG/Haiti team met with senior staff at the MSPP to present the project and explain how it can improve outcomes in the health sector. Table 3, below, summarizes all project activities. Additional details are provided in the narrative following the table.

Table 3: Key project activities for the reporting period

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
Objective 1: Support the contracting function within the MSPP with the capacity to manage all sources of funding (including USG funding) and to contract and manage health services		
Conduct technical meeting at Moulin sur Mer to introduce the	Completed	Gave the LMG team the opportunity to clarify expectations.

project to MSPP and partners		
Conduct introductory meetings and coaching sessions with the Direction d'Organisation des Services de Santé (DOSS), Direction Départementale de la Santé (DDS), UAS and departmental directorates	Completed	The original deadline was for these meetings to be completed by the end of January 2013. All meetings were completed within this reporting period, ahead of schedule. Meeting reports are available for review.
Provide technical assistance to conduct a field visit to the Northwest department with key members of the MSPP and the World Bank to gather information on the organization of health services	Completed	The report is available.
Identify all needs for technical assistance with the departments of the MSPP and the World Bank, and write all the terms of reference (TOR) for related TA	In progress	Needs assessment completed.
Conduct a needs assessment with the MSPP central and district directorates regarding roles and responsibilities	In progress	Report available for Northeast department.
Provide TA to UADS, DOSS and UPE to develop workplan, review existing tools and advance the process of authorizing health centers	Not yet begun	To be completed February 2013.
TA to the TWG	Ongoing	
Workshop on lessons learned on PBF	Not done	Scheduled for the next quarter.
Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care		
Conduct an inventory of the existing referral networks norms and procedures with MSPP/DOSS	In progress	Manual and guidelines identified/available but there is no counter referral tools. LMG will help to design this tool.
Review and update existing referral networks norms and procedures	Not started	To take place in the next quarter.
Map the referral networks	In progress	Work is well underway for Matheux. The process has just started in the other corridors.
Assist the DOSS in the design of the referral and counter-referral system	In progress	To be continued in the next quarter.

Hold workshops and meetings to establish partners' roles and assess the services provided in the areas of the referral/counter referral networks	In progress	Preliminary assessments completed for Matheux, Fort-Liberté, Ouanaminthe, Trou du Nord, Bel-Air and Martissant.
Develop annual work plan for the implementation of the referral networks in coordination with UAS	In progress	LMG Capacity Building Advisors for specific corridors are all working on the plans with UAS.
Identify and/or develop a tool to assist the MSPP/ DOSS to identify and evaluate the criteria for functionality of the referral networks	Not started	Work to be done in the next quarter.
Provide supervision and coaching (with DOSS and UAS) of the health care referral networks service providers	Not started	Will begin in the next quarter.
In collaboration with the MSPP and UPE, develop a Monitoring & Evaluation (M&E) system to gather, validate, and analyze the referral networks' data information	In progress	LMG's M & E advisor met with the Director of Northeast Department; they are working on a system which will be submitted to the UPE by the end of January at Fort-Liberté.
Conduct an assessment the health infrastructure needs	Not started	Work to be done in the next quarter.
Conduct an inventory of the ongoing health infrastructure projects within the USG corridors	Not started	Work to be done in the next quarter.

Key activities and accomplishments are as follows:

Objective 1: Support the contracting function within the MSPP with the capacity to manage all sources of funding (including USG funding) and to contract and manage health services

- **Implementation of Contracting Unit:** Progress has been made to promote and establish the contracting function at the Ministry of Health. The director of the Contracting Unit (CU) was identified by the MSPP, and other key staff members will join him soon in the finance and the procurement positions. LMG/Haiti played a key role in helping the MSPP identifying the best qualified candidates.
- **Technical workshop at Moulin sur Mer:** This workshop gave the opportunity to 40 health professionals from the MSPP, USAID, NGOs, and other local organizations such as Kore Fanmi to discuss which contracting model would be best for Haiti. In addition, the group discussed and agreed upon the key indicators for the contracting process. The LMG

team will provide technical assistance to help the MSPP and all the stakeholders in building a consensus about the best type of PBF for the Haitian health system.

- **Assessment of MSPP central directorates' needs:** The LMG/Haiti team held a meeting with the central directorates of the MSPP, and in conjunction with the directors and key staff, assessed their needs as they relate to LMG's objectives. These needs included:
 - technical assistance for the sound management of the vehicle fleet
 - an evaluation of the information and communication technology (ICT) needs in the regional departments
 - revision of norms and standards for health centers authorization and accreditation
 - training for health services providers to use tools for referral/counter referral networks
 - training for MSPP staff in financial management
 - training in M&E and cost-analysis in health (critical issues for MSPP staff)

These needs were taken into account as the LMG/Haiti team developed its Project Year 1 workplan.

- **Field visits in the Northwest and Northeast departments:** The LMG team met with the board members from four health institutions in the Northwest to determine their interest in the PBF strategy and to explain the contractualization strategy in detail. They all see the PBF as an opportunity to strengthen the health services available in their institutions. Also during this visit, LMG/Haiti team conducted a survey to assess the capacity of these four institutions to be part of a pilot study on contractualization. The team also collected data on services available, drug supply, the number of people working in the institutions, infrastructure costs, interaction between the health centers and the community, and interaction with the MSPP (DDS), the departmental hospitals, and local NGOs.

In the Northeast department, the LMG team shared the same information with the DDS. The team visited six institutions in this department and conducted a survey that confirmed that health personnel here find PBF attractive as a strategy to improve availability and quality of health services.

- **Technical Working Group (TWG):** A TWG has been created within the MSPP to assist the contracting unit and support the process of creating the "Haiti Performance-Based financing model" for the MSPP. This group also includes members from the World Bank, USAID, and other donors and partners on an ad-hoc basis. LMG/Haiti coordinated and prepared the agenda of one meeting with the TWG in this reporting quarter, and is currently working to ensure its continuing presence and relevance for the next quarter. The final structure for the TWG is still under discussion between USAID, MSPP, the World Bank and other partners.

Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care

Key activities and accomplishments are as follows:

- **A field visit in the Northeast department:** This visit was conducted in coordination with the MSPP's contractualization unit. The LMG/Haiti capacity building advisor in charge of the referral networks for this department organized a workshop to clarify the objectives of the project and understand the views of the MSPP staff at the departmental level. The LMG team evaluated the available services in the networks and identified the gaps that need to be filled such as human resources, equipment and furniture.
- **Matheux Referral Network implementation process:** MSPP officials, NGO representatives, community leaders and other key stakeholders participated in the Matheux referral network launch, which took place on November 9. In addition, the LMG team organized other key meetings with community leaders to get their full support and commitment to the process. One illustration of the results of this collaboration is the re-opening of the antenatal clinic at SADA, a health facility in the network which had suspended its antenatal activity due to a legal issue. The LMG capacity building advisor assisted the director of the Matheux UAS by contributing technical and managerial support to clarify the legal issue and obtain SADA's agreement to re-open the antenatal services. Both the UAS director and the LMG advisor are now working through the community leaders to encourage local pregnant women to give birth at the clinic.
- **Needs assessment of health centers:** Since the beginning of the project, many health centers in the referral networks have been evaluated using the Paquet Minimum de Services (PMS) as the standard. The PMS is defined by the MSPP as the basic services that should be available in any health center. The following centers have been evaluated for the PMS: Aurore du Bel-Air, Portail Léogane, Martissant in the West corridor; Ouanaminthe, Fort-Liberté and Trou-du-Nord (Northeast corridor). In the Matheux referral network, 14 institutions have been evaluated. The referral networks' annual plans will address how the gaps will be filled.

IV. KEY PROJECT ACTIVITIES FOR THE NEXT REPORTING PERIOD

Contingent upon workplan approval, the following activities are scheduled to take place:

Objective 1: Support the contracting function within the MSPP with the capacity to manage all sources of funding (including USG's) and to contract and manage health services

- **Technical assistance to MSPP:**
 - LMG/Haiti will assist UADS/DOSS/UPE to: write a workplan; conduct an inventory of authorization tools and update the tools as necessary; create a prioritized list of institutions to be authorized; and visit the prioritized health centers.
 - With the World Bank, the LMG team will assist the MSPP in identifying all TA. TORs will be created for all TA to be provided.
 - LMG will support the MSPP to create the Haiti model of contracting and performance-based financing (involving the TWG), develop a financial and project management plan as well as clinical norms and guidelines for Maternal and Child Health
- **Workshop on lessons learned on PBF:** LMG/Haiti will organize this event to ensure consensus on the best possible evidence-based approaches to create the Haiti model of contracting.
- **Needs assessment of UADS:** A needs assessment of the UADS will be conducted and submitted to the MSPP's review for validation. Moreover, a technical working group on verification/validation of PBF will be established to work on the development of a verification/validation/audit system to support the contracting/PBF scheme.
- **Training:** LMG/Haiti will support training of UADS and DDS staff to instruct them how to perform internal audits.
- **Needs assessment:** LMG/Haiti will continue and complete the MSPP needs assessment regarding roles and responsibilities.

Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care

- **Technical Assistance**
 - Provide technical assistance to the MSPP to develop the training curriculum for the referral and counter-referral norms and procedures and also a QA/QI tool for the evaluation of the quality of the health care services within the networks
 - In collaboration with MSPP/UPE, develop an M&E system to gather, validate, and analyze the referral networks data information
 - Provide technical assistance to the MSPP (DDS, UAS) in collaboration with the USAID/SDSH project to elaborate its Annual Action Plan, Integrated Departmental Plan and Integrated Activities Plan.
 - Help the DOSS in the design of the referral and counter-referral system.
 - Identify and/or develop a tool to assist the MSPP/DOSS to identify and evaluate the criteria for functionality of the referral networks.
- **Inventory of the existing referral networks norms and procedures:** This inventory has been started with MSPP/DOSS and will be completed during the next quarter.

- **Review and update of existing referral networks norms and procedures:** The review is almost complete. LMG/Haiti will collaborate with the DOSS on the update.
- **Mapping of four referral networks:** This activity will be done in collaboration with UAS directors.
- **Launching additional referral networks:** The official launches of other networks in the corridor supported by the USG will take place with LMG/Haiti support.
- **Workshops and Meetings:** All the stakeholders will be invited in order to establish partners roles, identification of the services provided in the area of the four identified referral/counter-referral networks.
- **Annual plan development:** An annual workplan will be developed for the implementation of the referral networks in coordination the UAS.
- **Supervision and coaching:** This will be an ongoing process in collaboration with the DDS and UAS teams from which all health care referral networks service providers will benefit.
- **Assessment of the health infrastructure needs:** LMG/Haiti will conduct the assessment in partnership with the DOSS.
- **Inventory of the ongoing health infrastructure projects within the USG corridors:** The information gathered in this inventory will help guide donors in making future decisions related to the health sector.
- **Monitoring tool development for health infrastructure projects:** This tool will be developed in coordination with the MSPP.
- **Research topics identification:** In discussion with USAID and its partners, LMG/Haiti will identify a research topic relevant to strengthening the referral networks.

V. CHALLENGES AND LESSONS LEARNED

The UAS is a new coordination structure within the MSPP. The only referral network within the LMG/Haiti project that currently has this structure is Matheux. To overcome this challenge, LMG will work with the MSPP to identify other structures that could temporarily serve in the same role as the UAS.

Another challenge is the fact that the DOSS is understaffed and is unable to conduct the health facilities assessment jointly with LMG/Haiti without an extension of the standard assessment duration. LMG/Haiti will try to find the best possible strategy to help the DOSS to address this challenge. As the PBF strategy and the contracting process are new concepts for most of the MSPP staff, there are challenges that they will face in adapting to these activities that can be overcome with continuous coaching.

From the meetings that the LMG/Haiti team held with the MSPP during this reporting period, it is clear that frequent, ongoing communication will be a key factor for the project's success. LMG/Haiti must ensure that the contracting process is clearly understood by MSPP staff members at all levels—not only by the directors—to guarantee complete ownership and minimize the risks to the program in case of political changes. Lessons from the past show that this is the best way to ensure that health system improvements will continue even if a ministry director is removed from his position.

VI. ANNEXES

ANNEX A: PMP INDICATORS

Indicator Number	Performance Indicator	Baseline	Result Q1	Target Yr1	Target Y2	Target Y3	Data source	Comments
Objective 1: Support the contracting function within the MSPP with the capacity to manage all sources of funding (including USG's) and to contract and manage health services								
Expected Result 1.1: Transparent, efficient and sustainable platform to contract and measure performance of, manage, and coordinate essential health services developed using GoH systems								
1	% of transactions and operations of the contracting function which are fully managed by the MSPP without technical assistance and which meet the contracting management norms	0	0%	20%	50%	50%	Project records, TA reports Contracts/ PBF documentation	
2	Number of Central Directorates or Districts (UAS) Offices audited	0	0	0	7	12	UC documents, audit reports, Tender report, TWG meeting report	
Expected Result 1.2: Essential regulatory and managerial functions of the MSPP in support of the contracting/PBF scheme reinforced								
3	Number of MSPP central directions able to formalize and regulate all functions related to the PBF process and guidelines.	0	0	6	11	11	PBF guidelines adjusted to each central direction. MSPP documentation. TA activity reports.	
4	Number of MSPP central directions able to manage all functions related to the PBF process and guidelines.	0	0	6	11	11	Norms, guidelines and supervision reports	
5	Number of authorized (holding an "Authorisation de Fonctionnement") health institutions and facilities.	0	0 Authorized institutions	XXX authorized institutions	XXX authorized institutions	XXX authorized institutions	Authorization certification from MSPP	

6	Number of accredited facilities.	0 (although 120 facilities have an "Autorisation de Fonctionnement", among them 93 have been accredited by SDSH)	0	XXX (< to indicator 5) accredited institutions.	XXX (< to indicator 5) accredited institutions.	XXX (< to indicator 5) accredited institutions.	DOSS/SACQ (Service d'Accréditation et de Contrôle de Qualité) documents. Authorization of Operation certificates issued by DOSS TA activity reports
7	% (or exact ratio) of institutions/facilities contracted by UAS reaching at least 80% of their deliverables per their MoU.	Current date collection system	0%	30 % (exact X/Y ratio TBD) of institutions/facilities contracted by UAS reaching at least 80% of their deliverables per their MoU	50 % (exact X/Y ratio TBD) of institutions/facilities contracted by UAS reaching at least 80% of their deliverables per their MoU	70 % (exact X/Y ratio TBD) of institutions/facilities contracted by UAS reaching at least 80% of their deliverables per their MoU	Report (template to be produced by the M&E TWG) from UAS on number of contracted institutions reaching at least 80% of their deliverables divided by total number of contracted institutions
8	Number of units (DDS, UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit).	Current system of supervision of departmental and communal administrative levels	0	3 units (1 DDS, 2 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit).	8 units (3 DDS, 5 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit). XXX (Matheux, St Michel, Fort Liberté) units/orgs providing essential packages of care.	12 units (4 DDS, 8 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit).	Specific TA assignment reports. Monitoring and Supervision reports. Budgets and planning reports.

9	Number of MSPP units and/or organizations providing recommended essential packages of care	TBD based on current PMS (paquet minimum de services)	N/A	N/A	XXX (Matheu, St Michel, Fort Liberté) units/orgs providing essential packages of care	XXX (12 networks) units/orgs providing essential packages of care	Updated PMS TA activity reports Specific supervision TA reports	
Expected Result 1.3: Mechanisms to harmonize, formalize and track donor contributions to contracting initiative developed and implemented								
10	Existence of an operational and legally approved MSPP strategy for health financing, which is known by all donors.	0%	N/A	N/A	Approved and Disseminated	Operational	Strategy/ formal publication. Existing tools. Donors (such as OMS, UN, UE, CIDA, etc.) and partners reports on this matter.	
Indicator Number	Performance Indicator	Baseline	Result Q1	Target Yr1	Target Y2	Target Y3	Data source	Comments
Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care								
Expected Result 2.1: National norms/policy on referral networks developed, disseminated, and implemented								
11	Number of referral networks which are implementing the referral network norms and policies.	0%	0%	4 referral networks are implementing the referral network norms and policies.	8 referral networks are implementing the referral network norms and policies.	12 referral networks are implementing the referral network norms and policies.	MoUs, Mapping, Communication and transportation systems policies, Supervision visits reports. Tools reviewed and updated.	
12	% of patients referred within the operational referral networks according to norms & policies, disaggregated by gender, health care services.	TBD in year 1 (after evaluation of monitoring reports)	N/A	TBD	TBD	80%	Referral and counter-referral receipts/forms/carbon copies of referral and counter referrals	
Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened								

13	Number of UAS using a tool ensuring Quality Insurance of care services to evaluate the quality of care within their Institutions	TBD with DOSS	0	0	6 UAS	12 UAS	Supervision reports from MSPP (UAS, DDS, DOSS).	
14	Number of UAS having an annual action/ implementation plan	None	None	3	7	12	Project records, plans	Draft of implementation plan already available for 2 institutions
Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened								
15	Number of referral networks having at least 80% of health facilities which meet the top 10 criteria for functional referral networks	0	0	2 referral networks have at least 80% of health facilities reporting use of top 10 tools for functional referral networks	8 referral networks have at least 80% of health facilities reporting use of top 10 tools for functional referral networks	12 referral networks have at least 80% of health facilities reporting use of top 10 tools for functional referral networks	Project records	
16	Number of best practices, or results reports, or implementation research study reports disseminated to MSPP	0	0	1 best practice, or results report, or implementation research study report disseminated to MSPP	3 best practices, or results reports, or implementation research study reports disseminated to MSPP	5 best practices, or results reports, or implementation research study reports disseminated to MSPP	Project records Review meetings Copies of best practice reports, results reports, or implementation research study reports	
Expected Result 2.3: MSPP capacity and accountability to plan and implement health infrastructure projects supported to reinforce more functional referral networks								
17	Number of infrastructure related projects that are proposed by MSPP and submitted for funding to USAID or other donors		N/A	TBD	TBD	TBD	UPE/MSPP	
18	% of infrastructure projects accepted by DOSS and funded by USAID/donors which are managed and monitored by the DOSS in line with the contract and budget, within the 12 referral networks.	0	0	TBD	TBD	TBD	Supervision report from DOSS and DDS. Final and formal approvals from DOSS and DDS to contractors. Reports generated by the system managed by DOSS.	

ANNEX B: LMG/HAITI ORGANIZATIONAL CHART

