

## **LMG/Haiti: Program Year 1, Quarter 2 Progress Report January 1– March 31, 2013**

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May 17, 2013

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## **Leadership, Management and Governance/Haiti**

Program Year 1, Quarter 2 Progress Report  
January 1– March 31, 2013



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## PROJECT ACTIVITY SUMMARY FORM

<b>Project Name:</b> Leadership, Management and Governance/Haiti (LMG/Haiti)
<b>Project Objectives:</b> 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.
<b>Implementing Partner(s):</b> Management Sciences for Health
<b>Agreement/Contract No:</b> AID-OAA-A-11-00015 (Field Support)
<b>Life of Project (start and end dates):</b> August 1, 2012 – September 30, 2015
<b>Reporting Period (start and end dates):</b> January 1, 2013 – March 31, 2013
<b>Total Estimated Contract/Agreement Amount:</b> US \$20,299,247
<b>Obligations to Date:</b> US \$7,254,247
<b>Project Expenditures through December 31, 2012:</b> US \$634,648
<b>January –March 2013 Expenses:</b> US \$734,195
<b>Accrued Expenditures for Reporting Period:</b> US \$459,072
<b>Total Project Expenditures To Date:</b> US \$1,827,915
<b>Obligated Funds Remaining:</b> US \$5,426,332
<b>Estimated Expenditures for Next Reporting Period:</b> US \$1,200,000
<b>Report Submitted by:</b> Jean-Jacques Frère, Project Director
<b>Report Submission Date:</b> April 30, 2013

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**Cover photo:** Dr. Jeffson Bercy, Capacity Building Advisor for the LMG/Haiti project, leads a sensitization meeting with the Northeast Health District Directorate's staff (March 2013).

## ACRONYMS

AECOM	Architecture, Engineering, Consulting, Operations, and Maintenance
AEDES	Agence Européenne pour le Développement et la Santé
CORDAID	Catholic Organization for Relief and Development Aid
CU	Contracting Unit
DELR	Direction d'Epidémiologie et de Recherches
DDS	Direction Départementale de la Santé
DOSS	Direction d'Organisation des Services de Santé
HFG	Health Financing Management
HUP	Hôpital Universitaire La Paix
HUEH	Hôpital de l'Université d'État d'Haïti
LMG	Leadership, Management and Governance
MSH	Management Sciences for Health
MSP	Ministère de la Santé Publique et de la Population
NGO	Non-governmental Organization
PAI	Plan Annuel Intégré
PDI	Plan Départemental Intégré
PMS	Paquet Minimum de Services
QA/QI	Quality Assurance/Quality Improvement
RBF	Results-Based Financing
SADA	Service and Development Agency
SDSH	Santé pour le Développement et la Stabilité d'Haïti
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
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) and strengthen 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

Now in its second quarter, LMG/Haiti is progressing toward achieving its stated objectives. To contribute to a strengthened health system, LMG/Haiti is collaborating with USAID and other partners to create a process for building the leadership, management, and governance competencies for the MSPP, which will result in improved access to priority health services.

This executive summary outlines the major points of progress in implementing functional referral networks in the USG supported corridors and the contracting process within the Ministry of Health. Important progress has been made at the departmental level to launch referrals networks and the results-based financing (RBF) pilot experiences. The main accomplishments and activities include the following:

- The project's annual workplan was approved on February 21, 2013
- The project team developed a "Haiti model of contracting and results-based financing" in partnership with the World Bank
- The LMG/Haiti team wrote a draft RBF operation manual to be used as a guide for implementation of the RBF mechanism, which has been shared with USAID and MSPP. A debriefing meeting is scheduled on April 30, 2013, with USAID, MSPP, World Bank and other partners to review this draft. A validation workshop will be held in May for approval.
- To support the RBF pilot project, LMG/Haiti and the World Bank launched a study in three health departments to estimate annual expenditures and determine the sources and uses of funds as well as efficiency of expenditures. This study will help identify sustainable mechanisms for RBF implementation projects and give LMG/Haiti project staff a better understanding of financial management within the Haitian health system.
- In partnership with the World Bank, the project defined the package of services for RBF-contracted institutions which will next be validated by the MSPP and local partners
- In collaboration with the MSPP, the World Bank, USAID, and other partners, the team identified the indicators to be tracked to evaluate the performance of RBF contracting. Priority has been given to maternal and child health indicators.
- The project team created an operations plan that will guide the LMG/Haiti project capacity building advisors through the various stages of implementation of referral networks in the project's corridors.
- Technical needs assessments were conducted in the West and Northeast Directions Départementales de la Santé (DDS) and completed for referral networks

- In the Matheux network LMG/Haiti provided technical assistance to support MSPP local officers in developing a supervision calendar
- A draft monitoring and evaluation plan was developed for the referral networks. It will be reviewed by local and departmental MSPP directors in the Northeast and Matheux networks in the next quarter and submitted to the UPE for approval before implementation.

## I. PROJECT PERFORMANCE

Around 75% of LMG's main planned activities for the quarter were carried out during this reporting period. A project specialist joined the LMG/Haiti team in addition to several consultants who were hired to assist the contracting implementation process. Some of the project's milestones during this quarter include: modifying the workplan, mapping referral networks, conducting an assessment on equipment needs within five networks and health facilities around the Hôpital de l'Université d'État d'Haiti (HUEH), and identifying technical assistance needs for the MSPP. The project team is currently conducting a survey to evaluate health center expenditures which will inform the RBF program that the World Bank plans to implement in three DDS sites. In response to a request made by the MSPP aimed at accelerating the launching of the RBF pilot project in the Northeast department, LMG/Haiti undertook this quarter a mission in this area, including LMG/Haiti staffs, an MSH RBF expert and an external RBF consultant, in order to write an RBF operation manual and an implementation plan for this department. An assessment of the services available has been completed in the areas where the referral networks will be implemented. LMG/Haiti also assisted the MSPP in designing tools such as new patient file samples for the referral and counter-referral system. The capacity building unit designed an operations plan which details each step towards the implementation of the functional referral networks. It will be shared with local partners in the next quarter and will guide LMG/Haiti capacity building advisors to better coordinate interventions in the field. Several meetings have also been held with USAID, World Bank, the MSPP, CORDAID, AEDES and other partners such as HFG and AECOM to coordinate approaches.

Some of the planned activities were postponed due to specific constraints related to the availability of all stakeholders for participation in key decision-making meetings. The planned RBF workshop on lessons learned will be held in the next quarter to guarantee involvement of all the stakeholders. Official launching of the Northeast network has also been postponed.

## 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 (completed, in progress, not started)	Comments
Meeting with the Minister of Health and the General Director on the LMG/Haiti project to review proposed activities for Year 1 and revise the annual workplan according to MSPP and USAID guidance.	Completed	LMG/Haiti met with the Minister of Health and the General Director on March 21 and 23, 2013. LMG/Haiti has been

		<p>asked to coordinate the technical assistance for the Unité de Planification et d'Evaluation (UPE) with other partners, including HFG and Futures Group. The General Director supports the LMG/Haiti strategy and USAID approved the workplan on February 21, 2013.</p> <p>However, at the end of March 2013, USAID asked LMG/Haiti to procure equipment for selected health facilities. The project is revising its workplan and budget to reflect this new mandate.</p>
Finalize recruitment of remaining LMG/Haiti staff open positions	In progress	<p>A project specialist has been hired to support the capacity building team and a RBF contracting advisor has been recruited. He will begin working for LMG/Haiti in June. Positions for a capacity building advisor in the North, an assistant capacity building advisor in the Northeast and a capacity building advisor in St Michel de l'Attalaye are currently open. A new position for a health systems strengthening principal technical advisor has been created and recruitment is ongoing.</p>
Hold quarterly partner meetings with the MSPP, World Bank, USAID, and local partners to review the project's progress based on the workplan and coordinate future activities	Completed	<p>LMG/Haiti held several meetings with USAID in addition to other meetings with the DOSS/MSPP, World Bank, CORDAID, AEDES, HFG, and other partners.</p>

### Management priorities for the next reporting period

In the next reporting period, LMG/Haiti will continue to meet regularly with USAID, the MSPP, the World Bank, and the USG to ensure better coordination of planned activities and to discuss the progress, challenges, and strategies of project implementation. LMG/Haiti will provide a short-term technical advisor to work with the MSPP to develop a communications strategy, create and design communications materials, and identify and write success stories. In accordance with the technical assessment needs of the LMG/Haiti team, an RBF principal technical advisor has been hired to work temporarily with the UPE and then with the MSPP and the departmental institutions in charge of the implementation of RBF. LMG/Haiti is in the process of hiring an international consultant who will assist the project in developing more comprehensive M&E tools and identifying research topics relevant to the referral networks strengthening and tracking. LMG/Haiti will support the MSPP General Director's office technically by providing a health system strengthening principal technical advisor and consultants in monitoring and evaluation as well as in quality improvement. Technical assistance will be provided to the DOSS to cover several priority areas: project management in development, norms, standards and policies on licensing accreditation, definition of the extended package of services and possibly on biomedical waste management and constructions safety norms. In addition, following USAID's request made in March 2013, LMG/Haiti will assess equipment and furniture needs in selected health facilities and will fill the identified gaps as much as its budget can absorb it in year 1. To avoid duplication, LMG/Haiti will build on the work and assessments already done by other contractors, such as AECOM, and will coordinate closely with other USAID health implementing partners who are identifying, purchasing, installing, maintaining, renovating, and constructing facilities within the 12 referral networks and/or sites that have been/are being upgraded. LMG/Haiti will reinforce its team capacity as much as needed to perform this new mandate and will capitalize on the experience gained through ongoing MSH projects (SDSH, SCMS, and LMS) on procurement and distribution.

**Table 2: Management priorities for next reporting period**

Key project activities planned for the next reporting period	Resources needed	Comments
Conduct quarterly partner meetings with the MSPP, World Bank, USAID, and local partners to track the project's progress according to the workplan and coordinate activities	Staff time	Follow-up meetings will be held according to the schedule established in the February 21, 2013 approved LMG/Haiti workplan.
Finalize plans for TA to be embedded within the MSPP	Staff time	The project's TA plan has been finalized but will be adapted per USAID and MSPP guidance.
Recruitment of consultants for TA and the CBA for other supported USG Corridors	Staff time	In response to the needs assessment and the MSPP's expectations, recruitment of consultants will be ongoing.
PMP tracking update and harmonization with LMG global indicators	Staff time	LMG/Haiti is in the process of hiring an international consultant to

		assist the local monitoring and evaluation advisor.
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### III. CURRENT PROJECT ACTIVITIES

Most planned activities for the second quarter have been completed, as summarized below in Table 3. LMG/Haiti is working closely with MSPP and other partners at the local and central level to carry out each of these 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
<b>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</b>		
Conduct sensitization meetings/coaching with DOSS and two DDS on the LMG/Haiti project and its role regarding the contracting function	Completed	This activity was completed during the first quarter of the project, by the January 2013 deadline.
Provide technical assistance to DOSS/UADS/UPE in writing a contracting process	In progress	Draft available for DOSS and UADS. (Deadline is next quarter: May 2013).
Identify all needs for technical assistance with the departments of the MSPP and the World Bank, and write all terms of reference (TOR) for related TA	Completed	Needs assessment completed for the MSPP. Terms of references have been written as planned.
TA for the RBF pilot preparation phase	Ongoing	LMG/Haiti hired one study coordinator and four data collectors to assist the World Bank consultant in conducting a Health Facility Expenditure Analysis at 30 facilities in the Northeast, Northwest and Center Departments. LMG/Haiti provided support for logistical aspects of this activity. To facilitate the transfer of best practices, the project has also provided per diem to a MSPP/UPE staff member who participates in this field activity.
Conduct workshop on lessons learned on RBF	Planning not yet started	This activity is scheduled for the next quarter after the launch of the pilot project with the MSPP and the World Bank.

<b>Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care</b>		
Conduct an inventory of the existing referral networks' norms and procedures with the MSPP/DOSS	Completed	Manual and guidelines are identified and available. LMG/Haiti helped the MSPP design institutional referral/counter-referral tools that are currently awaiting validation by the MSPP.
Review and update existing referral networks norms and procedures	In progress	During the next quarter, LMG/Haiti capacity building advisors will transfer ownership of tools for referrals and counter-referrals to the DDS.
Map the referral networks	In progress	The mapping of referral networks has been finalized for one corridor in the West Department and for the Northeast. The "network concept" may not be appropriate for the metropolitan area (around HUEH); however, three main institutions in this area have been evaluated and discussions with the private sector have been launched to consider a potential Public Private Partnership in this area. LMG/Haiti capacity building advisors will initiate a discussion on this topic with the DDS.
Hold workshops and meetings to establish partners' roles and assess the services provided in the areas of the referral/counter referral networks	In progress	Workshops have been held in one network in the West Department (Matheux network). For the Northeast, the services provided have been assessed and preliminary roles have been established for partners in the area. LMG/Haiti will officially launch the Northeast network during the next quarter in collaboration with the MSPP and other partners.
Develop annual work plan for the implementation of the referral networks in coordination with the Unité d'Arrondissement de Santé (UAS)	In progress	The annual workplan has already been developed for one network in the West Department (Matheux network) and for the Ouanaminthe network in the Northeast department. However, in the Northeast, the MSPP has not yet put in place the UAS.

Identify and/or develop a tool to assist the MSPP/DOSS to identify and evaluate the criteria for functionality of the referral networks	In progress	A checklist is available and will be finalized in the next quarter after discussions with the MSPP.
Using the “10 criteria for a functional referral network,” LMG/Haiti’s capacity building advisors will provide supervision and coaching of the health care referral networks service providers (with DOSS and UAS)	In progress	A supervision calendar has been developed by the Matheux UAS. During the next quarter, the LMG/Haiti capacity building advisor will assist the UAS in order to better coordinate the international assistance at the local level.
Develop a Monitoring & Evaluation (M&E) system to gather, validate, and analyze the referral networks’ data information in collaboration with the UPE	In progress	A draft M&E plan is available and will be submitted to the MSPP for validation in the next quarter after review by DDS/UAS.
Conduct an assessment of the health infrastructure needs	In Progress	AECOM-Tetrattech conducted a health infrastructure needs assessment of the Hôpital Universitaire de la Paix morgue. LMG/Haiti will collaborate with AECOM-Tetrattech in order to conduct assessments in other facilities within the networks.
Conduct an inventory of the ongoing health infrastructure projects within the USG corridors	Completed	LMG/Haiti and the USG-funded infrastructure contractor, AECOM, conducted an inventory of the health infrastructure projects within the USG corridors. This inventory will help LMG partners to identify areas where health facilities should be built or renovated.

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***

- LMG/Haiti conducted an inventory of authorization and accreditation tools used by the MSPP for health institutions. This inventory activity determined that the criteria for accreditation are a challenge for health institutions to meet. As the defined standards may be too difficult to achieve, LMG/Haiti will assist DOSS in reviewing the criteria to enable health institutions to enter into a step-by-step accreditation process to bring institutions to a higher accreditation level.

- The LMG/Haiti team completed the design of an RBF model and a draft operations manual for RBF procedures. The operations manual will be presented to the MSPP for approval by the end of April. LMG/Haiti will train “RBF trainers” for the MSPP, disseminate best practices, and promote compliance to the administrative procedures by the institutions involved in the contracting process.
- In partnership with the World Bank, LMG/Haiti is currently conducting a pilot study to assess health institutions’ expenditures in three departments. This study will generate data that will guide the RBF process. LMG/Haiti and the World Bank conducted the survey in the central and northeast departments and will do it in the north-west department in the next quarter.
- LMG/Haiti, USAID and the MSPP defined a list of indicators for institutions that will be contracted for RBF. These indicators are primarily related to maternal and child health, with an emphasis on antenatal clinics, family planning, immunization, nutrition, and HIV services.
- LMG/Haiti completed a needs assessment regarding roles and responsibilities in the DDS and the UAS that LMG/Haiti and the World Bank chose as the sites of the RBF pilot study (a similar needs assessment was completed for the MSPP Central directorates during the last quarter). The main recommendation from this assessment was that the DDS should be increasingly involved in overall supervision and should be trained for specific RBF supervision prior to and during RBF implementation. Discussions about criteria to consider before selecting health facilities to be included in the pilot are ongoing.

***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:

- LMG/Haiti capacity building advisors conducted a complete needs assessment for the network health institutions identified by the LMG/Haiti project. Detailed action plans have been developed and finalized by MSPP local officers with LMG/Haiti’s technical assistance to improve availability of health services in Matheux and Northeast networks and in three institutions around HUEH.
- The first draft of an M&E plan to gather, validate, and analyze the referral networks data information is now available. LMG/Haiti will discuss this plan during the next quarter with the MSPP (DDS, UPE), and recommended changes will be included. This M&E plan will guide MSPP local officers and ensure regular data collection in the referral networks.
- LMG/Haiti assisted the DOSS in designing the conceptual framework for the referral and counter-referral systems. A map of the health services provided, and the availability of human resources, is available for Matheux, the Northeast department, and three institutions around HUEH. A completed list of equipment needs has been shared with USAID to support the MSPP in strengthening the referral networks. In order to clarify the geographical limits and the design for the referral networks around HUEH, further discussions need to occur with the MSPP. An inventory of the existing referral networks norms and procedures has also been completed by LMG/Haiti capacity building advisors.
- The LMG/Haiti team conducted sensitization activities in the Northeast department to launch the referral network, and the official launch is programmed for the next quarter. Several meetings have been held with the MSPP’s chief officer at the DDS.

- Supervision and coaching have become a part of field visits, while capacity building advisors have had several meetings on the importance of referral networks with the MSPP staff in health institutions. Within the Northeast department and in one of the networks of the West Department (Matheux network), local ownership of this concept is being fostered by LMG/Haiti capacity building advisors.
- AECOM completed an inventory of health infrastructure needs within the Matheux referral network, and for two health institutions in the metropolitan area, that LMG/Haiti will build on during the next quarter to procure equipment if needed and approved by USAID.

#### **IV. KEY PROJECT ACTIVITIES FOR THE NEXT REPORTING PERIOD**

The following activities are scheduled to take place during the next quarter:

***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***

- Reactivate the Technical Working Group in partnership with MSPP, World Bank and USAID.
- Discuss with MSPP and World Bank whether a technical working group should be established on verification and validation of RBF to work on the development of a verification, validation, and audit system to support the contracting/RBF scheme.
- Provide TA to the RBF Pilot Committee for sound management of the RBF process to guarantee that the health institutions under contracts will respect the established rules and procedures.
- Support the organization of workshops on lessons learned in RBF.
- Finalize the RBF operational manual and conduct training for “RBF trainers.”
- Provide technical assistance to MSPP to finalize (for UADS/DOSS and UPE) a plan of action related to the contracting function/process.
- Provide financial support to the UPE for the production and dissemination of documents pertaining to the LMG/Haiti project (manual of norms/guidelines on RBF, clinical norms and guidelines for maternal and child health, for distribution to the DOSS, DSF, DSE, DSN, UPE and the MSPP).
- Complete the Health Financing Study with the World Bank in the three targeted health departments.
- In collaboration with USAID, develop and present to the MSPP a joint six-month Health Systems Strengthening workplan with the HFG project and Futures Group. Progress on this workplan will be presented to the MSPP on a quarterly basis to improve LMG/Haiti visibility and demonstrate collaboration across USAID-funded projects.

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

- Provide technical assistance to the MSPP to develop the training curriculum for the referral and counter-referral norms and procedures within the networks.

- Develop a tool to assist the MSPP/DOSS and evaluate the criteria for functionality of the referral networks. A consultant will be hired to assist LMG/Haiti for this specific task.
- Develop annual action plans in collaboration with MSPP/DDO for the Metropolitan area networks. Key stakeholders of the health sector will be fully involved in the process to ensure ownership and guarantee success.
- Support the DOSS in evaluating the functionality status of the health services within the network, officially launch the networks in the Northeast and start an evaluation for the Cap-Haitian and St Michel de l'Attalaye referrals networks.
- Finalize the M & E plan for referral networks in collaboration with UPE/Direction d'Épidémiologie et de Recherches (DELR) and DDS involved in the LMG/Haiti project.
- Define a conceptual framework for research within the LMG/Haiti project and identify research topics relevant to strengthening the referral networks with USAID/MSPP (DDS) and other partners.
- As agreed with USAID, LMG/Haiti will procure selected equipment for a certain number of health facilities. The project will submit a revised workplan during the next quarter to include this new mandate.

## **V. CHALLENGES AND LESSONS LEARNED**

The LMG/Haiti project worked closely with MSPP and other partners to efficiently carry out most of the activities that have been planned for the second quarter. Although it is challenging to build a health network in the Metropolitan area of the West Department, LMG/Haiti is making progress in the Northeast department where, in the Ouanaminthe network, for example, the community fully supports the process. During the next quarter, DDS and UAS staffs, with close technical support from LMG/Haiti capacity building advisors, will implement a monitoring plan in this network and the outcomes of this collaboration should be seen at the end of this year.

Throughout this quarter, LMG/Haiti staff worked with MSPP staff and developed a clear understanding of the MSPP staff's priorities and expectations at the central and departmental levels. While the MSPP clarifies its expectations for human, material and financial resources, the LMG/Haiti project continues to offer technical assistance to improve leadership, management and governance in order to better operate health centers and make the essential package of care available. In addition to providing vital equipment to select health centers upon USAID's request, LMG/Haiti will advocate for the involvement and financial support of other partners in the implementation of the action plans written by the DDS with LMG/Haiti technical assistance.

In addition to recognizing the challenges LMG/Haiti must overcome to be successful, the team has a clear understanding of what should be done in order to implement the referral networks. All the steps to have fully functional referral networks have been defined and the RBF concept is now more clearly understood. In order to clarify roles and responsibilities LMG/Haiti wrote implementation letters to be reviewed by USAID and signed by the Haitian government and USAID. During the next quarter, LMG/Haiti will start strengthening the routine health information system at the local level and demonstrating with strong evidence where investments are really needed in order to improve health outcomes.

## VI. ANNEXES

### ANNEX A: PMP INDICATORS

Indicator Number	Performance Indicator	Baseline	Result Q2	Target Yr1	Target Y2	Target Y3	Data source	Comments
<b>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</b>								
<b>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</b>								
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/RBF documentation	The contracting unit is not yet operational. MSPP is still working on completing the team (hiring key staff).
2	Number of Central Directorates or Districts (UAS) Offices audited	0	0	0	7	12	UC documents, audit reports, Tender report, TWG meeting report	The contracting unit is not yet operational. MSPP is still working on completing the team (hiring key staff). Audit processes are still being discussed as part of the RBF model.
<b>Expected Result 1.2: Essential regulatory and managerial functions of the MSPP in support of the contracting/RBF scheme reinforced</b>								
3	Number of MSPP central directions able to formalize and regulate all functions related to the RBF process and guidelines	0	0	6	11	11	RBF guidelines adjusted to each central direction  MSPP documentation  TA activity reports	First results expected at the end of Q4
4	Number of MSPP central directions able to manage all functions related to the RBF process and guidelines	0	0	6	11	11	Norms, guidelines and supervision reports	First results expected at the end of Q4
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	First results expected at the end of Q3

6	Number of accredited facilities	0 (although 120 facilities have an "Authorisation 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	As authorization is the first step towards accreditation, LMG/Haiti will focus on authorization during year 1.
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	The contracting unit is still not fully operational and its mandate seems to be evolving.
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	LMG/Haiti is currently recruiting additional staff (technical advisor) to assist the UADS for this purpose.

9	Number of MSPP units and/or organizations providing recommended essential packages of care	TBD based on current PMS (paquet minimum de services)	-	-	XXX (Matheux, 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	To be determined for each networks after the monitoring and evaluation plans are finalized and implemented in all networks.
<b>Expected Result 1.3: Mechanisms to harmonize, formalize and track donor contributions to contracting initiative developed and implemented</b>								
10	Existence of an operational and legally approved MSPP strategy for health financing, which is known by all donors	0%	-	-	Approved and disseminated	Operational	Strategy/ formal publication  Existing tools. Donors (such as OMS, UN, UE, CIDA, etc.) and partners reports on this matter	This will be discussed with MSSP during Q3.
<b>Indicator Number</b>	<b>Performance Indicator</b>	<b>Baseline</b>	<b>Result Q2</b>	<b>Target Yr1</b>	<b>Target Y2</b>	<b>Target Y3</b>	<b>Data source</b>	<b>Comments</b>
<b>Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care</b>								
<b>Expected Result 2.1: National norms/policy on referral networks developed, disseminated, and implemented</b>								
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 visit reports  Tools reviewed and updated	Workplans and monitoring and evaluation plans have been finalized in two networks this quarters which are the first steps for a promising implementation. MSPP will conduct a workshop with LMG technical assistance to validate the referral tools in the next quarter.
12	Number of functional referral networks according to the MSPP norms and policies	0	0	4	8	12	DOSS, DDS annual evaluation reports	Evaluations of the referral networks by the DDS and DOSS is still being discussed

13	% 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	“TBD” will be defined after a monitoring plan has been implemented in the network-expected in September for Northeast and Matheux.
<b>Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened</b>								
14	Number of UAS using a quality assurance tool to evaluate the quality of care within the institutions it oversees.	TBD with DOSS	0	0	6 UAS	12 UAS	Supervision reports from MSPP (UAS, DDS, DOSS)	LMG/Haiti in the process of recruiting a consultant to support this process.
15	Number of UAS having an annual action/ implementation plan	None	None	3	7	12	Project records, plans	Plan already available for Matheux and Northeast
<b>Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened</b>								
16	Number of referral networks having at least 80% of health facilities which meet the top 10 criteria for functional referral networks (as defined in the program description)	0	0	2 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	8 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	12 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	Project records	LMG/Haiti submitted the criteria to DOSS for review and approval
17	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	LMG/Haiti will share a literature review on best practices for RBF in the next quarter
<b>Expected Result 2.3: MSPP capacity and accountability to plan and implement health infrastructure projects supported to reinforce more functional referral networks</b>								

<b>18</b>	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	An inventory tool will be submitted to DOSS for validation and approval in Q3
<b>19</b>	% 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.	An inventory tool will be submitted to DOSS for validation and approval in Q3