

## **LMS/Haiti: Semi-Annual PEPFAR Progress Report October 1, 2012– March 31, 2013**

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**Leadership, Management and Sustainability Program, Haiti**  
**Semi-annual PEPFAR Report,**  
**October 1, 2012 – March 31, 2013**



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**Cover Photo:** A stock manager in the Port-Margot health center receives a delivery of family planning commodities from the Leadership, Management and Sustainability Program in Haiti (January 2013).

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CADME	Comité d'Appui au Développement de Matériels Educatifs
CDC	Centers for Disease Control
CDS	Centre pour le Développement et la Santé
CHAMP	Community Health and AIDS Migration Project
DFPSS	Direction de la Formation et de Perfectionnement en Sciences de la Santé
DPM/MT	Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle
DPSPE	Direction de la Promotion de la Santé et de la Protection de l'Environnement
DSA	Département Sanitaire d'Artibonite
DSF	Département de la Santé de la Famille
DSS	Département Sanitaire du Sud
GLI	Commodity and Logistics Management
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
LMS	Leadership, Management and Sustainability Program
MOH	Ministry of Health
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV and AIDS
PNLS	Programme National de Lutte contre le VIH/SIDA
PNLT	Programme National de Lutte Contre la Tuberculose
PROMESS	Programme de Médicaments Essentiels
RH	Reproductive Health
SDSH	Santé pour le Développement et la Stabilité d'Haïti
STI	Sexually Transmitted Infection
UADS	Unité d'Appui à la Décentralisation Sanitaire
UCC	Unité Centrale de Coordination
UCP	Unité de Coordination des Programmes
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling & Testing

## I. Introduction and Background

Since January 2008, the Leadership, Management and Sustainability Program in Haiti (LMS) has strengthened management systems and leadership skills at all levels of the health system by building the leadership and management capacity of Haiti's Ministry of Public Health and Population (MSPP) as well as Haitian health managers and their teams. The program has built health system capacity to establish a standardized and secure commodity management and distribution system, including improved compliance with United States Government (USG) family planning regulations at 350 sites and clinics. LMS/Haiti has enhanced the capacity of the MSPP departments and selected non-governmental organizations (NGOs) to implement HIV behavior change communication activities and has expanded community mobilization models. The project has also supported the integration and management of family planning services at youth centers and in the community in Cité Soleil.

The five-year LMS/Haiti Associate Award has worked to strengthen the leadership and management skills of Haiti's Ministry of Public Health and Population (MSPP) and other selected public and private sector partners, as well as to respond to challenges related to HIV and AIDS, reproductive health, commodity security, and family planning. The project's two objectives as of March 2012 are:

- Strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities
- Strengthen the capacity of the Ministry of Health's DPM (Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle) and DSF (Direction de la Santé de la Famille) Directorates to manage commodity logistics in order to facilitate the delivery of quality family planning and other health services at the major public sector hospitals.

Through this reporting period, the primary interventions of LMS/Haiti were under the following program area:

- **Strengthening Health Systems:** LMS/Haiti has worked with local partners to build capacity in leadership and management to ensure sustainability of the country's health systems. These programs cut across the commodities, family planning, and HIV and AIDS sectors.

Through this reporting period, LMS/Haiti has continued to partner and work closely with the (MSPP).

## II. Activities Completed

During this reporting period, October 2012 through March 2013, LMS/Haiti has focused on:

- Improving the leadership and management capacity of the MSPP
- Building a unified commodity security system for condoms and other family planning (FP) commodities

### A. Capacity Building of MSPP

**Support to CADME to finalize family planning photo album:** To contribute to the availability of Information, Education and Communication (IEC) materials, LMS/Haiti continued follow up with the firm Didacarts on the family planning photo album design which was initially developed in collaboration with the Comité d'Appui au Développement de Matériels Educatifs (CADME). During this reporting period, the DSF and the family planning technical subcommittee were involved in finalizing the content, which was sent to the DSF senior technical committee for official validation. The DSF has already begun to use the content of this photo album.

**Support provided to the MSPP/DSF for training on logistics and management:** LMS/Haiti participated in working groups sponsored by the DSF to discuss the development of a supply monitoring tool to standardize the data collection process and procurement at an institutional level with tracers identified by the DSF. The project has also helped to develop a plan for monitoring performance using indicators. The central level of the MSPP has requested that LMS/Haiti develop a tool for all commodities that does not focus specifically on those related to maternal and child health.

**Support provided for MSPP quantification workshop:** LMS/Haiti provided technical support to the MSPP in coordinating a national quantification workshop in October 2012 for maternal health commodities. In addition to estimating MSPP's reproductive health (RH) supply needs for the next five years, the MSPP technical committee made a slight revision to the list of essential maternal health medicines.

**Support provided to the DSF in documenting the national availability of family planning services:** LMS/Haiti provided technical support to the DSF in creating a document on the availability of family planning services at the national level. Together with the heads of the RH departments, LMS/Haiti updated the list of institutions that offer family planning services, including the specific types of methods offered. This document is currently being processed and the data analysis is ongoing.

**Participation in DSF 2012 survey on RH services and supplies:** As part of the technical committee, LMS/Haiti also actively participated in all stages of the DSF's 2012 survey on the availability of RH services and supplies at 121 Haitian health facilities. The survey results indicated that 94.6% of institutions offered family planning services; 89.1% offered maternity services; and 42.6% offered services to fight HIV and AIDS. In terms of availability, 81 of the 110 facilities that provide FP services have identified a shortage of family planning supplies. The main reasons cited for this shortage are unfulfilled orders and a lack of qualified stock managers and health workers

monitoring stock levels. LMS/Haiti in collaboration with the MSPP and other partners is using the results of this survey to determine additional capacity building needs.

**Support provided to the DSF in establishing a national working group on RH commodity security:** LMS/Haiti provided technical and financial support to the DSF to support the national working group for RH commodity security in response to issues of stock outs and irregularity of RH report submissions from the departmental level to the central level and partners. Eight departments, commodity security donors, and the General Directorate of the MSPP are represented within this working group. The group discussed the root causes for stock outs and irregular reporting, and the DSF and the departmental representatives identified actions to be taken, such as ensuring that stock management tools are available and clearly defining the roles and responsibilities of each party involved.

**Support the DPM/MT in creating a diagnostic report of the pharmaceutical sector:** LMS/Haiti provided technical support to the DPM/MT on the design of this diagnostic report by providing input on the international market for RH drugs and commodities. The diagnostic report will be completed by a consultant for the DPM.

**Participation in two meetings of the RH sub-committee on commodity security:** LMS/Haiti staff attended two meetings of this sub-committee. The objective of the first meeting was to release the 2012 annual report and present the DSF/MSPP perspectives on reproductive health for 2013. According to the DSF, the majority of planned activities were achieved, including sharing information on distribution activity and 50% completion of commodity orders and inventory management. The DSF identified the following six priorities for 2013 to which LMS/Haiti will continue to contribute:

1. Respond to issues regarding the choice of supplying Depo-Provera rather than Noristerat and Jadelle rather than Implanon
2. Organize GLI workshops and trainings at both the central and departmental levels
3. Quantify national RH commodity needs for 2014
4. Conduct a study on 2013 stock outs of RH commodities
5. Respond to the needs expressed by the departmental health facilities
6. Monitor the RH commodity inventory at all levels.

**Support the DSO in conducting site visits to collect RH information:** LMS/Haiti supported the DSO during site visits to collect information on the logistics of RH commodity management at the MSPP community health offices in Croix des Bouquets, Ganthier, and Gressier/Léogâne before hosting a workshop with the community offices, Centre Départemental d'Approvisionnement en Intrants (CDAI), DSF and key MSPP partners involved in RH/FP commodity security in the Ouest Department. The LMS/Haiti team accompanied and supported the DSO in conducting the following visits to MSPP-supported sites, which yielded the following observations:

- **Croix des Bouquets:** The warehouse manager was not trained in Commodity and Logistics Management (GLI); inventory files were not well organized; tools for stock management were not updated and standardized; quarterly reports were not completed (last completed report was from June 2012); and storage conditions were not appropriate.

- **Ganthier:** The warehouse manager was not trained in GLI, resulting in frequent stock-outs (primarily of Depo-Provera); the MSPP monthly report template was not used; and the reports generated were neither correct nor complete.
- **Gressier/Léogâne:** A pharmacist who was not trained in GLI manages the family planning commodities; commodities were properly stored on the shelves and overall the warehouse was well-organized, clean and air-conditioned; however, there were no windows. Since December 2012 the site has continued to have a stock-out of condoms despite reports to this effect submitted to the DSF; and inventory lists were not updated.

**Recommendations and action plan:** LMS/Haiti will work with the DSO in April 2013 to compile all results from these site visits. The project team is also planning to conduct training sessions for staff on how to fill out inventory lists and the MSPP reporting template in May 2013.

### ***B. Commodity Security and Family Planning***

#### ***Management of Commodity Security – Family Planning Commodities and Condoms***

LMS/Haiti completed distribution of family planning commodities to the peripheral warehouses in 10 departments (all USG sites in support of the MSPP); the distribution included condoms used for family planning and for prevention of HIV and other sexually transmitted infections. As presented in the table below, LMS/Haiti distributed a total of 13,367,500 condoms at 383 USG-supported sites and a total of 4,204,800 condoms to nine peripheral MSPP warehouses and 12 regional sanitary offices.

**Table 1: Condom distribution to USG sites and MSPP warehouses/sanitary offices (October 2012-March 2013)**

<b>Period</b>	<b>Sites supported by USG</b>	<b>Peripheral MSPP warehouses</b>	<b>Total</b>
<b>Quarter 1</b>	7,449,000	3,772,800	<b>11,221,800</b>
<b>Quarter 2</b>	5,918,500	432,000	<b>6,350,500</b>
<b>Total</b>	<b>13,367,500</b>	<b>4,204,800</b>	<b>17,572,300</b>

**LMS/Haiti review of order following USG 2012 Pipeline Review Exercise:** Following the pipeline review exercise held in August 2012, LMS/Haiti revised order requests, and the following order was received during this reporting period, with the remainder expected in May 2013:

**Table 2: Received orders**

RO Number	Current Quantity	Revised Quantity	Current Receipt Date	Revised Receipt Date	Item
3226	16,314,000	9,000,000	Mar-31-2013	Feb-28-2013	Condom, Male, 53mm, No Logo
		7,314,000	Mar-31-2013	May-31-2013	Condom, Male, 53mm, No Logo

**U.S. Family Planning Regulations:** LMS/Haiti met with USAID on February 20, 2013, to clarify comments and questions on the draft Family Planning Compliance Plan submitted to USAID on October 5, 2012, and to discuss the training of service providers on USAID family planning directives. One of the first remarks pertained to the language used in the text. According to USAID, the document should not only focus on Tiahrt compliance but on all legislation related to family planning compliance. Therefore, LMS/Haiti should replace the name “Tiahrt” with “U.S. family planning requirements/ regulations,” and add other pertinent information that corresponds to other American legislation on family planning. LMS/Haiti planned to submit the revision early in the next reporting period.

As LMS/Haiti and SDSH jointly support certain USG sites, USAID requested that the two projects meet to establish clear roles and responsibilities for the training of service providers on the USAID family planning directives. After this meeting, a working session with SDSH yielded the following text to be included in the workplan for each project:

*LMS/Haiti, as a commodity and logistics project, delivers USAID-funded FP commodities to all USG service delivery sites. Therefore, the focus of its training is on those individuals directly related to supply chain management. These include commodity managers, warehouse supervisors and auxiliary staff related to the supply chain for FP commodities. In addition, LMS/Haiti supports the MSPP/DSF to distribute UNFPA-funded commodities from the Central Warehouse PROMESS to the departmental warehouses. Therefore, this includes training staff involved in commodity management at the departmental warehouses (CDAI) and support to the MSPP, upon request, in the delivery of training to non-USG supported sites.*

*SDSH II provides direct services through subcontracts to NGOs and MOUs with the MSPP. SDSH II is responsible for training employees involved in direct service provision. This includes doctors, nurses, site administrators, CHWs, or any provider who has a direct interface with clients or potential clients. SDSH II also provides direct training to all appropriate supervisory staff at the departmental level.*

*Consecutively, to avoid duplication, the SDSH and LMS projects will coordinate their training plans and activities related to FP compliance issues in conjoint sites, to avoid over training of personnel implicated in both logistic and service delivery.*

**Assistance in the Distribution of Cholera Supplies:** In the wake of the nationwide cholera outbreak in October 2010, LMS/Haiti has provided assistance to the MSPP and USAID to distribute supplies for the treatment of cholera by transporting cholera commodities such as chlorine tabs, oral rehydration salts, antibiotics and disposable medical material. LMS/Haiti received the cholera commodities from the Central PROMESS Warehouse in Port-au-Prince and delivered them to the CDAI in the North Department in November 2012 and in the South Department in January 2013. This constituted part of the support provided by LMS/Haiti to the DPM/MT in the response to the cholera epidemic. USAID also authorized LMS/Haiti to use PEPFAR funds to support this activity.

### III. Plans for the Next Reporting Period (April – September 2013):

#### *Commodity Security*

- **Commodity management and logistics trainings:**
  - Hold training and refresher workshops on commodity management and logistics for USG and non-USG sites in four departments
- **Family planning supply to USG sites:** Provide USG sites with family planning commodities through September 2013, as outlined in the new supply chain strategy
- **Family planning compliance:** Revise family planning compliance plan and training material to be submitted for USAID approval and conduct joint sessions with SDSH to disseminate material and develop a standardized training plan and data collection tools for FP compliance
- **Family planning supply to non-USG/MSPP sites:** Provide MSPP sites with maternal health supplies (antibiotics, magnesium sulfate, oxytocin, etc.) as well as UNFPA-funded family planning commodities through September 30, 2013
- **Management tools supply to non-USG/MSPP and USG sites:** Provide MSPP sites and USG sites with management tools (stock cards, order forms, etc.) and family planning posters upon completion of training through September 2013
- **Pipeline review:** Conduct a pipeline review workshop with commodity security USG partners in May 2013
- **National pipeline review and quantification exercise:** Participate in the national quantification exercise to be conducted in June 2013 with the MOH and partners involved in commodity security
- **National workshop:** Participate in the workshop focused on monitoring and evaluation tools and a quantification exercise to be held for departmental-level focal points in June 2013 in collaboration with key commodities security partners including UNFPA and WHO
- **Supervision visits:** Conduct ongoing and regular supervisory visits and data validation activities at USG sites
- **Transportation of cholera commodities:** Upon request from the DPM/MT, transport cholera commodities to the different departments through September 2013
- **Transfer of family planning commodities:** Transfer all family planning commodities to the SCMS warehouse by July 31, 2013

#### IV. Annex 1: PEPFAR Indicators

<b>Prevention/Medical Transmission/Blood Safety</b>		<b>October 2012-March 2013</b>
Number of units of whole blood collected by the NBTS network and screened for transfusion-transmissible infections		N/A
Percentage of donated blood units screened for HIV		N/A
Number of health facilities receiving the blood units used for transfusions from the National Blood Transfusion Service network (NBTS)		N/A
Percent of blood units collected and screened by the NBTS network which are identified as reactive for HIV by an NBTS network laboratory		N/A
<b>Prevention/Medical Transmission/Injection Safety</b>		
Number of health facilities with final disposal method for health care waste		N/A
<b>Sexual /other Risk Prevention</b>		
Number of targeted condom service outlets		<b>296</b>
Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	Total	N/A
	<b>Male</b>	N/A
	<b>Female</b>	N/A
Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	Total	N/A
	<b>Male</b>	N/A
	<b>Female</b>	N/A
Number of People Living with HIV and AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions		N/A
Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required		N/A
Number of individuals from target audience who participated in community-wide event		N/A

<b>Support Care</b>		
Number of eligible clients who received food and/or other nutrition services		N/A
	Clients < 18	N/A
	Pregnant/ Lactating women	N/A
Number of eligible children provided with shelter and care-giving		N/A
Number of eligible adults and children provided with Protection and Legal Aid services		N/A
	< 18	N/A
	18 +	N/A
Number of eligible adults and children provided with Psychosocial Support/Spiritual		N/A
Number of eligible children provided with Education and/or vocational training		N/A
	< 18	N/A
	18 +	N/A
Number of eligible adults and children provided with Economic Strengthening services		N/A
<b>Laboratory Infrastructure</b>		
Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests		N/A
Percent of testing facilities (laboratories) that are accredited according to national or international standards		N/A
<b>Human resources for health</b>		
Number of new health care workers who graduated from a pre-service training institution		N/A
	By Specific Types: Doctors, Nurses	N/A
Number of community health care workers who successfully completed a pre-service training program		N/A



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## SUCCESS STORY

### Meeting Family Planning Needs in Haiti's West Department

**FONDEFH is better able to meet family planning needs of communities in the West Department with support from LMS/Haiti.**



Photo: Courtesy of FONDEFH

*Dr. Belonne Morose (left) conducts a family planning counseling session with a patient.*

***“Our principal satisfaction comes from providing our clients with their chosen method of family planning.”***

*-- Dr. Belonne Morose,  
FONDEFH*

In 2002, the Fondation pour le Développement et l'Encadrement de la Famille Haïtienne (FONDEFH) was established to fill a void in providing HIV and family planning services to the Haitian population, with the goal of reducing infant and maternal mortality.

Within a year of start-up, however, FONDEFH was unable to meet new patients' demands for family planning services, as some contraceptive methods were frequently unavailable due to stock-outs. As a result, FONDEFH clients were frequently faced with using their second or third choice rather than their preferred method, some even going without contraception altogether.

With the increasing demand for regular distribution and availability of a variety of contraceptive methods, FONDEFH turned to the USAID-funded Leadership, Management and Sustainability project (LMS/Haiti) for support. LMS/Haiti, which began in March 2010, is working to strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities. “LMS/Haiti emerged to provide critical support to FONDEFH in response to our needs,” recounted Dr. Belonne Morose, Program Coordinator for the West Department with FONDEFH since 2003.

In 2012, LMS/Haiti distributed 4,136,440 condoms, 108,055 vials of Depo-Provera, 119,359 cycles of Microlut and 442,667 cycles of Microgynon within the West Department. The project ensures that communities of the West Department are better served by continued support to FONDEFH through supervision visits to instill best practices for commodity management, staff training, and the supply of family planning methods to the central office and other points of services. According to Dr. Morose, “not only are all methods available in all of the municipalities that we serve in the West Department, but our staff at the central level have benefitted from trainings in commodity management and contraceptive technology and have conducted supervision visits.”

FONDEFH, which currently provides family planning services to 60,000 clients, is now providing higher quality services with the support of LMS/Haiti. “Our principal satisfaction,” said Dr. Morose, “is to not only advise the population of childbearing age, but especially to be able to provide them with their chosen method of family planning. Our staff is now capable of better commodity management... Sometimes when the central office encounters logistical difficulties, LMS/Haiti directly supplies the providers to avoid any possible stock-outs.”