



**JSI Research & Training Institute, Inc. (JSI) \* Helen Keller International (HKI) \* International Food Policy Research Institute (IFPRI) \* Save the Children (SC) \* The Manoff Group (TMG)**

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## **SPRING/Haiti Workplan**

**FY14**

**October 1, 2013–September 30, 2014**

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## Abbreviations and Acronyms

AIDS	acquired immune deficiency syndrome
CDC	Centers for Disease Control and Prevention
CHW	community health worker
FANTA	Food and Nutrition Technical Assistance III Project
FTF	Feed the Future
GIS	geographic information system
GOH	Government of Haiti
HIV	human immunodeficiency virus
HMIS	health management and information systems
IP	implementing partner
IYCF	infant and young child feeding
IYCN	infant and young child nutrition
JSI	JSI Research & Training Institute, Inc.
MIYCN	maternal, infant and young child nutrition
MSPP	<i>Ministère de la Santé Publique et de la Population</i>
NACS	nutrition assessment, counseling and support
NSP	Nutrition Security Program
PAHO	Pan American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMP	performance monitoring plan
RV	Reinforcement Visit
SPRING	Strengthening Partnerships, Results and Innovations in Nutrition Globally
TOT	training of trainers
UCPNANu	<i>Unité de Coordination du Programme National d'Alimentation et de Nutrition</i>
UN	United Nations
UPE	<i>Unité de Planification et d'Evaluation</i>
USAID	United States Agency for International Development
USG	U.S. Government

## I. Introduction

The ongoing political turmoil and frequent natural disasters in Haiti, such as the earthquake of 2010, have significantly affected food security and livelihoods, which have in turn affected the nutrition status of the population. Before the earthquake, a significant proportion of the Haitian population (40% based on *Ministère de la Santé Publique et de la Population* [MSPP] estimates) had no access to health services, and access to tertiary care was even more limited. The earthquake of 2010 weakened the health system further, reducing access to preventive and curative health services.

The country has seen limited progress in reducing malnutrition in the last decade, and has high infectious disease rates. Based on the 2012 Haitian Demographic and Health Survey, 29.4% of Haitian children under five were stunted (a 1.0% increase from 2000), 9.0% were wasted, and 18.1% were underweight (a 5.0% increase in the last five years).<sup>1</sup> The tuberculosis rate—306 cases per 100,000 people—and the human immunodeficiency virus (HIV) prevalence rate—2.2%—are among the highest in the Latin American and Caribbean region.<sup>2</sup>

Agriculture, food security, health and nutrition are key priority areas for the U.S. Government (USG) in Haiti. USAID's programs have been supporting access to basic health services for a significant proportion of Haitians for the last 20 years. Haiti is a U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Feed the Future (FTF) priority country. Before the earthquake, USAID and PEPFAR programs funded roughly \$150 million a year to support access to basic health activities (including HIV and AIDS management and prevention programs) for approximately 4.8 million Haitians—nearly 50% of the population.

Under the USG 2010-2015 Post-Earthquake Strategy, reduction of undernutrition among women and children, and integration of nutrition services into HIV care and support services have emerged as priority areas of focus. The USG recognizes that the high rates of malnutrition in Haiti are related to multiple underlying causes that need to be addressed through a holistic approach and by building on existing development efforts.

In response to this need, USAID/Haiti has requested technical assistance from SPRING/Haiti to integrate and strengthen facility-level nutrition services. To maximize the impact of their assistance, USAID/Haiti has requested that SPRING focus on hospitals that implemented the United Nations (UN)/MSPP-funded project called *Manman ak Timoun Ansante* (Healthy Mothers and Children). The objective of the *Manman ak Timoun Ansante* project, which was administered by the MSPP in association with the Pan American Health Organization (PAHO), with funding from the Canadian International Development Agency (CIDA) and the Centers for Disease Control and Prevention (CDC), was to reduce maternal and infant mortality, focusing on the three million Haitians displaced by the earthquake. To achieve this goal, the project provided high-quality care to pregnant women and children under five years of age using

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<sup>1</sup> Demographic and Health Survey (2006), 2005-2006 Survey, Retrieved from <[http://www.measuredhs.com/Where-We-Work/Country-Main.cfm?ctry\\_id=16&c=Haiti](http://www.measuredhs.com/Where-We-Work/Country-Main.cfm?ctry_id=16&c=Haiti)>.

<sup>2</sup> USAID (2012), *Global Health*, Retrieved from: <<http://www.usaid.gov/where-we-work/latin-american-and-caribbean/haiti/global-health>>.

performance-based financing incentives. Current documents available to SPRING/Haiti<sup>3</sup> indicate that service delivery in these 18<sup>4</sup> health facilities was administered through a combination of public and private (for profit and nonprofit) health care providers, including nongovernmental organizations (NGOs) and the Cuban Medical Brigade. Launched in September 2011, the *Manman ak Timoun Ansante* project ended in August 2013.

To date, SPRING/Haiti has achieved the following major accomplishments:

- Conducted an assessment on the integration of NACS services in selected facilities and communities.
- Organized a national NACS stakeholder meeting to determine how nutrition could be better integrated into health services in Haiti using the NACS approach.
- Developed, in collaboration with the MSPP and nutrition stakeholders, *Plan National Pour le Déploiement du NACS en Haïti*, a national plan to roll-out NACS in Haiti at the national, departmental, facility and community level – awaiting MSPP validation.
- Developed, in collaboration with the MSPP, *Infant and Young Child Feeding (IYCF) Counseling: On-the-Job Facility Training Package*
- Trained 17 MSPP nutrition staff, 26 departmental nutrition focal points and assistants, 22 health facility trainers on the use of the on-the-job training package, enabling them to roll-out cascade trainings for health workers at the facility level.
- Developed Reinforcement Visit (RV) tools and submitted them to the MSPP nutrition unit for feedback.
- Distributed IYCF counseling cards, posters and pamphlets on complementary feeding and recipes for children aged 6 to 24 months.
- Formed partnerships with the Food and Nutrition Technical Assistance III Project (FANTA), HEALTHQUAL, and Partners of the Americas to maximize resources and to reach a larger percentage of the population, decreasing the rate of malnutrition.

USAID/Haiti would now like to build on its initial investment and further expand efforts to strengthen the integration of nutrition services with approximately \$800,000 (\$600,000 NACS Acceleration funds and \$200,000 USAID Mission funds) for FY14. This proposed workplan covers the period of October 2013 through September 2014.

## II. FY 14 Workplan Goal and Objectives

The Development Objective of USAID/Haiti's current health program is 'Health and Nutrition Status of the Haitian Population Improved,' which is expected to contribute to the Mission's overall objective of ensuring long-term stability through investments in public institutions and the goal of a stable and economically viable Haiti. SPRING/Haiti will contribute to this objective and, specifically, to Intermediate Result 1, 'Access to essential health and nutrition services increased.'

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<sup>3</sup> PAHO/CIDA proposal document May 2011.

<sup>4</sup> The original list included 19 health facilities, but has been reduced to 18 health facilities as the 19<sup>th</sup> facility, a post-earthquake camp site, was closed in late 2012.

SPRING/Haiti has three primary activity clusters. These are to:

- 1) Integrate services (e.g., NACS) for the treatment and prevention of undernutrition in 12 target health facilities for FY14, ensuring the capacity of facility managers and health care providers to deliver high-quality, comprehensive nutrition services for all clients, regardless of their HIV status;
- 2) Support the development and implementation of a comprehensive package of high impact nutrition services by engaging facility, department, and national stakeholders in three USAID development corridors; and
- 3) Strengthen maternal, infant and young child nutrition practices, specifically during the first 1,000 days, using materials that were first developed by the former Infant & Young Child Nutrition Project and implement a corresponding training strategy to reach a wide range of stakeholders.

Specific activities within each cluster will be conducted in tandem and will complement each other.

### III. Geographic Scope

By FY15, SPRING/Haiti will strengthen nutrition assessment, counseling and support (NACS) services in 17<sup>5</sup> of the original *Manman ak Timoun Ansante* health facilities. This FY14 workplan covers a one-year period, during which 12 of the 17 preselected health facilities will be reached. The 12 target health facilities for FY14 include the 5 FY13 health facilities and scale-up to an additional 7 health facilities. These twelve target health facilities are located in the West, the Artibonite, the North<sup>6</sup>, the Northeast, the Center, the Southeast, and the Nippes, with a combination of NACS Acceleration funds and field support funds.

Table 1 lists the target health facilities for the SPRING/Haiti project, and Figure 1 displays their geographic location. The seven facilities proposed for expansion in FY14 are located nearest to the five FY13 facilities. SPRING/Haiti believes that focusing its efforts in the West, the Artibonite, North, Northeast, Center, Southeast, and the Nippes will have a larger impact on nutrition as it will maximize SPRING/Haiti staff time in the field while decreasing travel time. Working in seven departments this year will increase the program's access to a greater number of vulnerable populations during the 1,000 day period.

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<sup>5</sup> SPRING/Haiti received directives from USAID/Haiti to reach 18 health facilities over the life of the project, including 6 in FY13. However, Hospital La Paix was omitted from the target health facility list. Therefore, SPRING/Haiti implemented activities in 5 health facilities in FY13; and will reach a total of 17 health facilities over the life of the project.

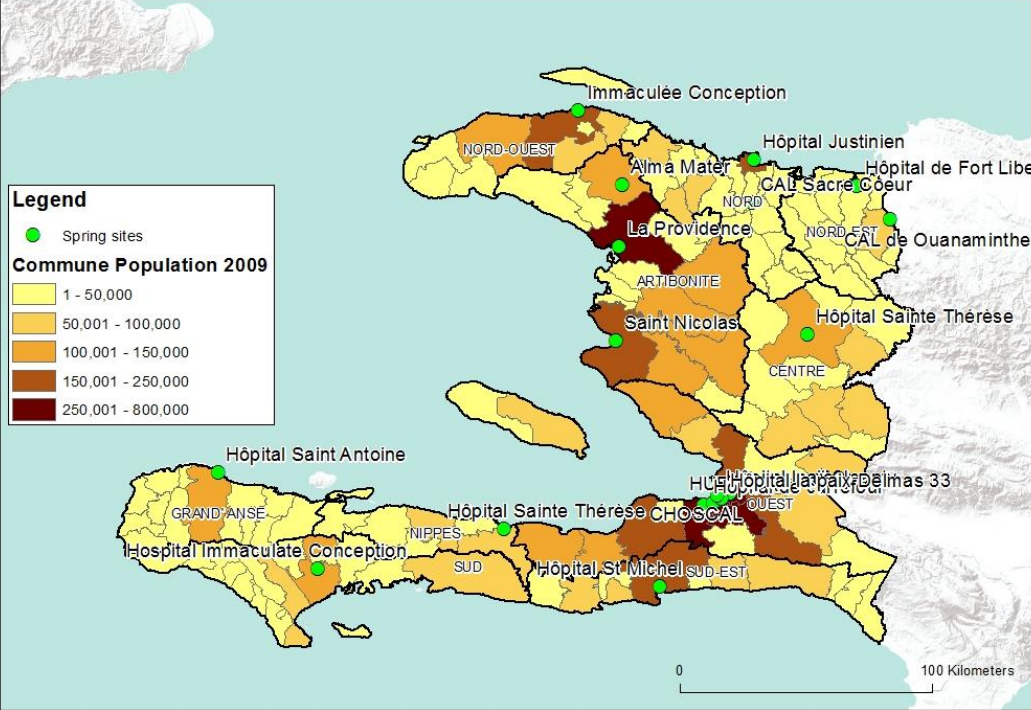
<sup>6</sup> The West, the Artibonite, and the North departments are within the three USAID development corridors).

**Table 1: List of preselected target health facilities for the SPRING/Haiti Project**

<b>Name of Facility</b>	<b>Department</b>	<b>Part of <i>Manman ak Timoun Ansante</i> project</b>	<b>Pre-selected by USAID</b>	<b>Level at which SPRING will deliver activities</b>	<b>Fiscal Year SPRING initiated activities</b>
Hôpital Universitaire Justinien	North	Yes	Yes	Facility	FY13
Hôpital Sacré-Cœur de Milot	North	Yes	Yes	Facility	FY13
St. Nicholas de St. Marc	Artibonite	Yes	Yes	Facility	FY13
Alma Mater Gros Morne	Artibonite	Yes	Yes	Facility	FY13
Hôpital de Carrefour	West	Yes	Yes	Facility	FY13
Hôpital Maternité Isaie Jeanty	West	Yes	Yes	Facility	FY14
Hôpital de Fort Liberté	Northeast	Yes	Yes	Facility	FY14
CAL de Ouanaminthe	Northeast	Yes	Yes	Facility	FY14
Hôpital la Providence des Gonaives	Artibonite	Yes	Yes	Facility	FY14
Hôpital Sainte Thérèse de Hinche	Center	Yes	Yes	Facility	FY14
Hôpital Saint Michel de Jacmel	Southeast	Yes	Yes	Facility	FY14
Hôpital Sainte Thérèse de Miragoane	Nippes	Yes	Yes	Facility	FY14

Hôpital Sacré Coeur de Port de Paix	Northwest	Yes	Yes	Facility	FY15
Hôpital de l'Université d'Etat d'Haiti	West	Yes	Yes	Facility	FY15
CHOSCAL	West	Yes	Yes	Facility	FY15
Hôpital Immaculée Conception	South	Yes	Yes	Facility	FY15
Hôpital Saint Antoine de Jérémie	Grande Anse	Yes	Yes	Facility	FY15

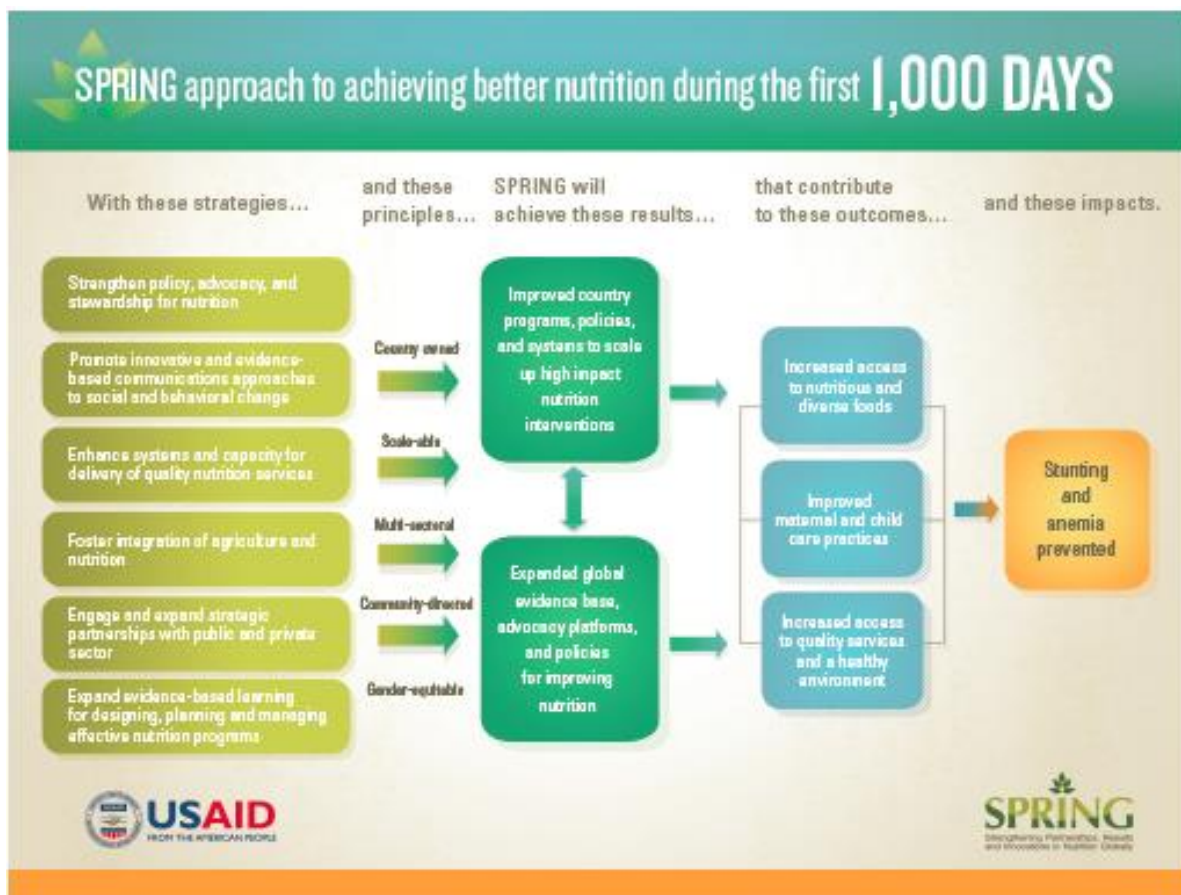
Figure 1: Map of Project Health Facilities across the various departments in Haiti



## IV. Implementation Approach

In order to improve the health and, particularly, the nutritional status of Haitians and implement the primary activity clusters described above, SPRING/Haiti will be guided by SPRING’s global approach to reducing stunting and anemia as depicted in Figure 1 below. This responds to both USAID/Haiti and SPRING’s results framework. This framework will guide strategic and work planning as well as strategic information (SI) activities. It will be used to map interventions to expected causal pathways from inputs through intermediate steps to SPRING’s final expected outcomes.

Figure 2: SPRING approach to achieving better nutrition during the first 1,000 days



As indicated in Figure 2 above, SPRING/Haiti’s approach is based on five guiding principles: 1) **country-owned**, meaning that activities are aligned with “*Aba Grangou*” (Haiti’s National Nutrition Strategy) and the MSPP, and that all stakeholders actively participate in planning, implementing, monitoring, and evaluating; 2) **scalable**, meaning that they are designed for scale-up to additional health facilities, increasing interventions targeting pregnant women, focusing on the 1,000 day window of opportunity for impact and on children 0 to 24 months in order to decrease undernutrition, overweight and obesity; 3) **multi-sectoral** and coordinated to maximize synergies, where appropriate, with other programs, partners, and government ministries, including the MSPP, FANTA, HEALTHQUAL, Partners of the



Americas, and UN organizations; 4) **community-directed** to expand **interventions** to improve the nutritional status of the community members; and 5) **gender equitable**, because by addressing gender inequality, scale-up efforts will make coverage more accessible and improve nutritional status.

SPRING/Haiti's activities will both support and work through existing local government and community structures ; and build on proven strategies, global evidence, and best practices that reflect the recommendations from *The Lancet's* 2008 and 2013 series on nutrition. SPRING/Haiti's approach is to build and strengthen both technical and management implementation capacity at the department and health facility levels, in close coordination with the Government of Haiti (GOH) and in partnership with USG implementing partners (IPs) and UN agencies, including UNICEF, the World Food Program (WFP), and World Health Organization/PAHO. This emphasis on coordination and partnership will help to ensure a high level of coverage, quality, and sustainability of nutrition treatment services and prevention programs in the selected hospitals and the departments where they have been located.

SPRING/Haiti will continue to implement its package of interventions to strengthen all components of the NACS approach. The strategies (as illustrated by Figure 2) that SPRING/Haiti will focus on are strengthening policy, advocacy, and stewardship; promoting innovative and evidence-based approaches to social and behavioral change; enhancing systems and capacity for delivery of quality nutrition services; and expanding evidence-based learning for designing, planning, and managing nutrition programs. SPRING/Haiti will work closely with national- and departmental-level authorities to advocate for improved policies and strengthen the overall stewardship and leadership of the NACS approach in Haiti. The activities that will be implemented under each of the SPRING/Haiti strategies are described in greater detail below.

At the **facility level**, SPRING/Haiti will continue its work to strengthen the delivery of NACS services through training health workers using innovative techniques, system strengthening, coaching, and supportive supervision. SPRING/Haiti will also continue to play a facilitating role in ensuring that health facilities are equipped with the necessary nutrition equipment and supplies, including ready-to-use therapeutic food. Using the HEALTHQUAL approach (and in partnership with the CDC), SPRING/Haiti will work with health facility management and health workers to ensure NACS services are delivered using a quality improvement approach, and the facility has a pro-nutrition environment. In addition, SPRING/Haiti will work with facility staff to develop and/or strengthen existing health management information systems (HMIS), and encourage regular use of data for decision making. The implementation experience gained in the 5 health facilities in FY13 will allow SPRING/Haiti to be more effective during FY14, having identified the most effective interventions for reaching the widest population, and showing the greatest potential for impact.

At the **community level**, SPRING/Haiti has no direct activities. However, beginning in FY14, SPRING/Haiti will work in partnership with the Nutrition Security Program (NSP), a new three-year USAID-funded nutrition program implemented by Partners of the Americas. The program's overall goal is to improve the nutritional status of children and pregnant women in the three USAID development corridors. Its overall objectives are: 1) the reduction of the prevalence of undernutrition in the targeted regions; and 2) the reduction of the prevalence of anemia among women in the targeted communities during the next three years.

The NSP aims to strengthen the public health system in its ability to provide effective services at the community level while strengthening the capacity of communities through activities of behavioral change targeted at adults and adolescents.

Activities will include training community health workers, strengthening referrals and counter referrals, and linking community supervision with care group activity by training CHWs working with the care groups on good nutrition practices and on maternal child health. The NSP will align the geographic scope of its program implementation with the geographic scope of SPRING/Haiti in order to maximize impact and strengthen facility-community linkages. In FY14, NSP will begin project implementation in communities in the catchment areas of the five FY13 target health facilities of SPRING/Haiti, followed by implementation in the catchment areas of additional FY14 target health facilities. One of the ways NSP and SPRING/Haiti activities will align is through the NSP's Care Group Model, in which NSP will link CHWs with health worker supervisors from SPRING-supported facilities.

## **IV. Planned Activities**

This section discusses the planned activities for achieving SPRING/Haiti's objectives in FY14. It is organized by SPRING's six key strategies, as depicted in Figure 2 on the previous page, and includes expected outcomes within each strategy.

### **1. Strengthen policy, advocacy, and stewardship for nutrition**

#### **1.1. Provide leadership and advocacy in Nutrition Cluster meetings**

SPRING/Haiti will continue to participate in the monthly nutrition technical cluster meetings facilitated by the MSPP. SPRING will also participate in other national-level meetings with GOH ministries, particularly the MSPP and the *Unité de Planification et d'Évaluation* (UPE). Through these meetings, SPRING/Haiti will be able to advocate for high-level support for the NACS approach, including validation of the *Plan National Pour le Déploiement du NACS en Haïti*, and share updates from SPRING/Haiti activities and best practices in strengthening NACS at the health facility and community levels.

#### **1.2 Conduct coordination meetings of key stakeholders at the department level**

SPRING/Haiti will facilitate coordination meetings with Department Health Teams, UN agencies, HEALTHQUAL, NSP, and other IPs on a biannual basis, to measure and track the progress of health facilities in integrating NACS services into their current programs. In addition, discussions around strengthening community-facility bidirectional referrals, and linkages with livelihood and food security programs for vulnerable populations will also be held with NSP. Stakeholders and partners will be fully engaged to develop a vision of sustainability for the project. During the coordination meetings both successes and constraints of the project will be discussed, and guidance will be sought from national and district leaders to create an enabling environment for partners to join the implementation and scaling-up process. Data dashboards and maps will be routinely updated for review meetings with project staff and key stakeholders to encourage their use for data collection and decision-making.

#### **1.3 Provide support to the MSPP in revising national guidelines**

SPRING/Haiti will engage with the NACS Core Group to sensitize higher-level officials on the importance of strengthening NACS services at the health facility to achieve desired nutrition outcomes. In FY13, an inventory of existing policies, guidelines, and protocols was conducted to ensure that NACS services are integrated into both maternal and child health and HIV and AIDS services. SPRING/Haiti, MSPP and other nutrition technical partners agreed on the need to review the "*Normes Nationales Relatives à l'Alimentation du Nourrisson et du Jeune Enfant.*" The revision by the selected committee ended May

2012 and the document has been delivered to UCPNANu for reproduction. SPRING/Haiti will also offer its continuing support to MSPP for updating existing materials or developing new ones, as needed. In addition, SPRING/Haiti will work in collaboration with MSPP to develop and pretest one comprehensive supervision tool, taking into account previous tools developed by FANTA, MEASURE Evaluation, UNICEF, and SPRING/Haiti. To do this, SPRING/Haiti will provide assistance to MSPP in testing the RV package of tools. Once the comprehensive tool is drafted, SPRING/Haiti would assist the MSPP in organizing a stakeholder workshop to review, revise, and validate the tool. MSPP has expressed interest in rolling out such a tool nationwide.

#### **1.4 Collaborate with MSPP and FANTA to finalize NACS tools and approach**

In FY13, in partnership with the MSPP and SPRING/Haiti, FANTA took the lead in developing a reference **manual** (*Manuel Provisoire de Référence NACS: pour les prestataires de services des établissements de santé en Haiti*), a **protocol** (*Protocole provisoire de l'évaluation, conseil et soutien en nutrition (NACS) pour le personnel de santé en Haiti*), a **training curriculum** (*Guide provisoire du facilitateur pour la formation du personnel de santé dans les établissements sanitaires*), and other training materials and job aids. These materials are designed to strengthen NACS services at the health facility level. All FANTA materials are aligned with the SPRING/Haiti on-the-job IYCF counseling training package and national norms.

The job aids developed by FANTA may include various materials such as body mass index charts, nutrition classification, and nutrition care algorithms. These job aids and other materials will be disseminated during trainings of trainers (TOT) that SPRING/Haiti and FANTA will conduct. Following the first TOT, FANTA and SPRING/Haiti will request feedback on the training, the job aids, and the materials. Although both SPRING/Haiti and FANTA will analyze feedback, FANTA will take the lead in making necessary revisions. Results will be shared with the MSPP if necessary.

Key outcomes and outputs will include:

- Policymakers sensitized to the importance of NACS roll-out
- Package of appropriate policies and guidelines approved by MSPP
- FANTA's NACS training package tested and revised/refined
- Increased awareness of high-impact infant and young child nutrition (IYCN) practices among health workers
- Linkages established through partners with livelihood and food security programs

## **2. Promote innovative and evidence-based communications approaches to social and behavioral change**

### **2.1. Support national-level IYCN materials**

In FY14, SPRING/Haiti will provide the MSPP central bureau and departmental staff with copies of the "Latch 1, 2, 3" video on Early Initiation that will be used in conjunction with the IYCF cascade training. SPRING/Haiti will provide technical support to trainers and health workers on how to use the video during their training sessions or when conducting sessions for pregnant women groups or similar activities. Where possible, SPRING/Haiti will also provide technical support to IYCN-related events that are prioritized by MSPP and the Nutrition Cluster.

**Key outcomes include:**

- Increased number of pregnant women that place to baby to breast right at birth
- Increased number of health workers to promote early breastfeeding initiation

**3. Enhance systems and capacity for delivery of quality nutrition services**

SPRING/Haiti recognizes that increasing coverage and access to services is closely aligned with availability of health services, attitudes and competencies of health providers, and the quality of services provided at the health facility. Therefore, much of SPRING/Haiti's work will be to strengthen health systems, build the capacity of health providers through training, provide job aids and other tools, and improve the quality of NACS services at the health facility.

**3.1 Conduct TOT and support cascade training for the National NACS package**

Following an implementation plan developed with the MSPP, and linking the package developed by FANTA, SPRING/Haiti will conduct two TOTs and support cascade trainings for the NACS curriculum in the 12 SPRING/Haiti target health facilities for FY14. The training manual is designed to train trainers and health care providers in NACS and strengthen the implementation of the protocol for the management of global acute malnutrition in Haiti, "*Protocole de la prise en charge de la malnutrition aigue globale en Haiti*" (MSPP 2010), the manual on care and nutrition support for people living with HIV, "*Guide sur les soins et le soutien nutritionnels pour les personnes vivant avec le VIH*" (MSPP 2009), the provisional protocol for nutritional assessment, counseling and support (NACS) for the health providers in the in Haiti, "*Protocole provisoire de l'évaluation, conseil et soutien en nutrition (NACS) pour les prestataires de services des établissements de santé en Haiti*" (draft-2013). The NACS training manual is designed to be used in conjunction with the On-the-Job Training for Health Workers in IYCF Counseling developed by SPRING/Haiti. The NACS training will be accompanied by FANTA's counseling tool "*Bonjan abitid nan manje ak liyjen*" developed with MSPP in 2010.

**3.2 Conduct TOT and support cascade training for the On-the-Job Training for Health Workers: Infant and Young Child Feeding (IYCF) Counseling**

Findings from the SPRING/Haiti-led NACS assessment conducted in 2012 showed that nutrition counseling in health facilities was one of the weakest components in the NACS approach. Nutrition counseling plays an important role in identifying barriers to behavior change and identifying solutions to overcome these barriers on an individualized basis. Nutrition counseling can also serve as an important platform for the client and health care provider to jointly develop a realistic course of action to facilitate lasting behavior change. In FY14, approximately 24 trainers from SPRING/Haiti's newly-supported health facilities will be trained as master trainers to provide cascade on-the-job training to various cadres of health providers, using both new and existing materials on nutrition assessment and counseling. This will improve competencies around counseling and assessment services without removing the health providers from the workplace.

In FY14, SPRING/Haiti will also continue to support and supervise the master trainers as they roll-out the cascade trainings, first in the five FY13 health facilities and later, in the seven FY14 health facilities. During the roll-out of the cascade training, SPRING/Haiti will support the master trainers in building the capacity of health providers using mechanisms such as coaching, supportive supervision, audits, and feedback sessions with providers. The master trainers will also work with health facility management to

create a pro-nutrition environment by ensuring that health providers have the time and space to counsel, and can participate in the organization and support of nutrition services.

### **3.3 Conduct Reinforcement Visits**

Following the cascade trainings, SPRING/Haiti will conduct RVs once every six months in each facility. The RV tools are based on FANTA's site quality checklist, the MSPP's supervision checklist, and the UNICEF IYCF supervision module, as well as SPRING's NACS facility assessment tools. The RVs themselves will be designed to encourage quality improvement of nutrition services. During the visits, the SPRING/Haiti team will support the roll-out of the trainings, collect data to monitor, and evaluate SPRING/Haiti's progress in improving the quality of nutrition services. The nutrition service providers observed during these visits will receive immediate feedback on their performance and will discuss corrective measures to improve service provision. SPRING/Haiti views the RV process and tools as a combination of supportive supervision and project monitoring. It is important to note that the RV tools will be adapted following the MSPP's validation of a comprehensive nutrition supportive supervision tool (see activity 1.3). In addition, SPRING/Haiti will consider providing funds for small changes that facility staff identify as ways to improve the service quality.

### **3.4 Contribute to design and roll out of NACS QI approach in partnership with MSPP, HEALTHQUAL and CDC**

In July 2013, SPRING/Haiti, HEALTHQUAL, and the CDC officially agreed to work in partnership to implement a nutrition QI process. Early in FY14, SPRING/Haiti and HEALTHQUAL will finalize a joint action plan that will outline activities and roles and responsibilities for implementing a nutrition QI process. It is anticipated that the projects will jointly conduct a site capacity assessment, that HEALTHQUAL will integrate agreed-upon indicators into the QI approach, and that new QI teams will be either be identified within pediatric and prenatal units or that existing HIV QI teams will be expanded to include staff from pediatric and prenatal units. Together with HEALTHQUAL, SPRING/Haiti will conduct periodic supervision/coaching visits to QI teams during RVs to provide guidance on nutrition, share national-level policies, and provide the infrastructure support necessary to improve the provision of and access to NACS services.

Whenever possible, SPRING/Haiti and the MSPP will meet with the QI teams. In addition, SPRING/Haiti will conduct coordination meetings with departmental-level stakeholders (see 1.2). Data will be shared and discussions will be held on how the data will be used for decision-making and quality improvement of NACS services.

### **3.5 Establish relationship with community-based support services**

As referenced in Section IV of this workplan, "Implementation Approach," SPRING/Haiti will establish relationships with community-based support services through partnership with NSP. NSP will align their community-level activities with the geographic scope of SPRING/Haiti, beginning with project implementation in the catchment areas of the five FY13 target health facilities and moving into catchment areas of additional FY14 target health facilities. This alignment of SPRING/Haiti and NSP activities will enhance SPRING/Haiti's work at the health facility level, and allow for complementarity of services at the health facility and community levels. Through NSP, SPRING/Haiti will establish linkages with community-based support services to further strengthen to impact of NACS services at the facility level.

### **3.6 Equip health facilities with NACS equipment and supplies**

SPRING/Haiti will work to ensure that the new target health facilities have the equipment and supplies necessary to implement NACS. As needed, SPRING/Haiti will procure nutrition equipment such as height and length boards, adult, infant and children weighing scales, and mid-upper arm circumference (MUAC) tapes for nutrition assessment. SPRING/Haiti will also coordinate with UNICEF and the WFP to ensure that health facilities have a continuous supply of ready-to-use therapeutic foods, such as Plumpy'nut<sup>®</sup> and other therapeutic foods, for children who are severely malnourished.

#### **Key outcomes include:**

- 28 master trainers and an additional 425<sup>7</sup> health providers trained in IYCF counseling
- 20 MSPP Nutrition Staff trained in NACS
- 10 Nutrition Focal Points and 30 Assistants trained in NACS
- 48 master trainers and an additional 300 health providers trained in NACS
- Improved health care provider skills in nutrition assessment and counseling
- Strengthened performance of nutrition care at facilities, including management practices.
- Strengthened supervisory capacity of department health teams
- Strengthened referral mechanisms for treatment of undernutrition from communities to health facilities via partner using new mechanisms
- Each service within prenatal, pediatric, and HIV units equipped with anthropometric equipment
- 24 quality reinforcement and performance monitoring and evaluation (M&E) visits (2 visits per site)

### **4. Expand evidence-based learning for designing, planning, and managing effective nutrition programs**

The following activities will contribute to evidence-based designing, planning, and management of nutrition programs.

#### **4.1 Conduct operational research on the on-the-job training approach to rolling out the IYCF Counseling package**

SPRING/Haiti will conduct a quantitative and qualitative research on approaches to rolling out trainings in Haiti to assess the comparative advantages and disadvantages of the on-the-job training methodology with a more typical approach involving the repetition of longer four- or five-day trainings. The study will include questions focused on *processes* and *outcomes*. The protocol is in development. This activity would be funded partially by SPRING Core funding and partially by SPRING/Haiti field support funding, and is dependent upon the availability of SPRING Core funding.

#### **Key outcomes include:**

- Evidence-based decision-making by facility and project staff

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<sup>7</sup> Please note that only seven HF trainers will be trained (5 were trained in FY13). Cascade training will take place in all 12 HFs.

## V. Monitoring & Evaluation

Strategic information is designed to encourage learning, track progress and achievement, and promote innovation. As utilized under SPRING/Haiti, strategic information encompasses three types of activities: 1) gathering data for performance M&E; 2) developing and implementing a learning agenda, including targeted implementation research to enhance the evidence base on what works and what doesn't; and 3) disseminating and sharing of lessons learned, best practices and promising approaches. The M&E processes described below take into consideration data quality, incorporating data checks into data management and analysis processes.

A key component of SPRING/Haiti's strategic information approach is the performance monitoring plan (PMP) that describes M&E processes and shows indicators, definitions, data sources, frequency of data collection, and targets. In close consultation with USAID and the GOH, SPRING/Haiti selected a set of robust and clearly defined output and outcome indicators appropriate for measuring SPRING/Haiti's progress, performance, and effectiveness. These indicators include those defined by PEPFAR's "Next Generation", FTF, the Haitian government, and other globally recognized indicators to allow for aggregation and comparison of results across programs and countries. Indicators will measure gender equity and, as appropriate, will be disaggregated by sex. In FY14, SPRING/Haiti will use the latest version of the PMP revised by SPRING/Haiti and reviewed by USAID/Haiti in July 2013. Targets will be reviewed after one year and updated if appropriate to ensure that they are both ambitious and realistic.

SPRING/Haiti, through its RVs and data tracking, will maintain a performance monitoring system that will allow for tracking of progress towards program results. SPRING/Haiti will work with the GOH counterparts to ensure that practical information is collected regularly in a cost-effective way and that the information is shared with decision-makers in a timely manner. In this way, SPRING/Haiti will ensure the comparability, relevance and value of the external evaluations that USAID will conduct.

In October and November 2013, SPRING/Haiti will conduct a streamlined rapid facility assessment in the new FY14 health facilities. This will serve as baseline information and help tailor capacity building and equipment needs. This new data will add valuable information to the extensive baseline assessment conducted in 2012.

In all SPRING/Haiti health facilities, data is routinely collected from the MSPP's HMIS. SPRING/Haiti will also collect routine data through observations and interviews during semi-annual RVs. SPRING/Haiti will work with the MSPP to ensure that useful information is collected during RVs. The team will also ensure that the information is shared with decision makers in a timely manner. Additional data will come from project administrative and training records, meeting reports, and pre- and post-training tests.

To facilitate the management, verification, analysis, reporting, dissemination, and use of data, the SPRING/Haiti team has developed a user-friendly progress tracking system. The database allows for quick and efficient access to data and enable the creation of dashboards and periodic reports, including tables, and charts for assessing and comparing progress against workplans. This information will serve as a basis for discussions with donors and stakeholders.

## **A. Learning & Research**

In addition to routine monitoring, SPRING/Haiti will implement research to assess and track “game changers” and “change drivers” at facility levels. Developing facility-based systems to ensure the integration and effectiveness of nutrition services is of particular interest to SPRING.

As noted in Activity 4.1, SPRING/Haiti will undertake an operations research study assessing the feasibility of the on-the-job approach being used by SPRING/Haiti to roll out the IYCF trainings in target facilities. The protocol for this currently is being drafted. In addition, as noted in Activity 1.3, SPRING/Haiti will pre-test the RV tools in collaboration with the MSPP, which may include interviews with stakeholders on their perceptions of the tools.

## **B. Dissemination & Sharing**

In FY14, the SPRING/Haiti team will focus on drafting reports and charts to be automatically generated by the database as well as planning internal project meetings and meetings with key stakeholders for data discussions. The team will regularly review targets, ensuring that they are met in a timely manner, and that newly identified needs are prioritized and added to workplans.

As the experience base grows, SPRING/Haiti will routinely share successes, failures and promising practices with colleagues through regular consultations with and among stakeholders. As formal evidence or analysis becomes available, this will also be shared.

## **VI. Sustainability**

SPRING/Haiti will undertake key steps integral to project strategies and activities that will ensure the project’s sustainability. These include:

1. *Close involvement of health facilities from the outset throughout the project cycle*- Active participation of health facility managers, MSPP and in the planning, management, and M&E of the program will be a central component of the project. Sustainability issues will be discussed from the onset and measures will be taken to ensure that key stakeholders are engaged in developing sustainability goals.
2. *Capacity building*- Capacity building will be key to the program’s success; it is a critical component of sustainability, as it ensures that knowledge, skills, and competencies are transferred to program managers. SPRING/Haiti will also focus on developing institutional sustainability at the health facility level.
3. *Monitoring and evaluation*- M&E is another key ingredient for sustainability. SPRING/Haiti will ensure that a PMP and other routinely collected data are used for CQI and decision-making. This will include involving health providers and managers in the data collection and review process. Regular meetings will be conducted to discuss the findings of the PMP and how the program can be strengthened or changed to improve the coverage and effectiveness of the program.
4. *Coordination*- Coordination meetings with Department Health Teams, UN agencies, NSP, FANTA, MSPP and other IPs will be organized throughout the lifecycle of the project to ensure that stakeholders and partners are fully engaged and develop a vision of sustainability for the project. During the coordination meetings both successes and constraints of the project will be discussed and guidance will be sought from national and district leaders to create an enabling environment for partners to join the implementation and scaling-up process.



## VII. Budget\*

This workplan presents a cohesive package of activities for strengthening NACS services at the health facility level in Haiti. The activities have been planned to work in tandem and complement each other in a strategic way to maximize the reach and sustainability of SPRING/Haiti's activities. SPRING/Haiti will continue to reach the five FY13 health facilities and an additional seven health facilities, 12 in total from the seventeen preselected health facilities from *Manman ak Timoun Ansante*, located in seven of the ten departments of Haiti. Additional funding will be required in FY15 to scale up NACS services in the remaining five facilities, to consolidate best practices, and share lessons learned with national and departmental stakeholders. See Appendix 2 for the summary budget.

\* For additional budgetary information, please reference the Budget Memo "Submission of Draft SPRING/Haiti FY14 Workplan (Oct. 1, 2013-Sep. 30, 2014)."

## Appendix 1: SPRING/Haiti Gantt Chart

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
<b><u>1. Strengthen policy, advocacy, and stewardship for nutrition</u></b>												
1.1 Provide leadership and advocacy in Nutrition Cluster meetings	X	X	X	X	X	X	X	X	X	X	X	X
1.2 Conduct coordination meetings of key stakeholders at the department level		X		X		X		X		X		X
1.3 Provide support to the MSPP in revising national guidelines	X	X										
1.4 Collaborate with MSPP and FANTA to finalize NACS tools and approach	X	X										
<b><u>2. Promote innovative and evidence-based communications approaches to social and behavioral change</u></b>												
2.1 Support national-level IYCN materials		X	X						X	X	X	
<b><u>3. Enhance systems and capacity for delivery of quality nutrition services</u></b>												
3.1 Conduct TOT and support cascade training for the National NACS package	X	X	X	X								
3.2 Conduct TOT and support cascade training for the On-the-Job Training for Health Workers: Infant and Young Child Feeding (IYCF) Counseling	X	X	X	X								
3.3 Conduct Reinforcement Visits		X	X	X	X	X	X	X	X	X	X	X

3.4 Contribute to design and roll out of NACS QI approach in partnership with MSPP, HEALTHQUAL and CDC	X	X	X	X	X	X	X	X	X	X	X	X	X
3.5 Establish relationship with community-based support services	X	X	X	X									
3.6 Equip health facilities with NACS equipment and supplies	X	X	X										
<b>4. Expand evidence-based learning for designing, planning, and managing effective nutrition programs</b>													
4.1 Conduct operational research on the on-the-job training approach to rolling out the IYCF Counseling package			X	X									
<b>Strategic Information</b>													
Conduct rapid assessment at the seven new health facilities	X	X	X										
Conduct reinforcement visits (see Activity 3.3)													
Complete progress tracking sheet	X	X	X	X	X	X	X	X	X	X	X	X	X
Conduct operational research on the on-the-job training approach to rolling out the IYCF Counseling package (see Activity 4.1)													

## Appendix 2: Summary Budget\*

The budget below represents the details by line item for the proposed activities for FY14. The budget is presented as a SPRING/Haiti fully burdened cost. Quarterly costs are given as average costs for illustrative purposes only.

LINE ITEM	Q1	Q2	Q3	Q4	Grand Total
<b>SALARIES</b>	\$138,186.94	\$138,186.94	\$138,186.94	\$138,186.94	\$552,747.75
<b>CONSULTANTS</b>	\$136.36	\$136.36	\$136.36	\$136.36	\$545.45
<b>TRAVEL</b>	\$41,704.12	\$41,704.12	\$41,704.12	\$41,704.12	\$166,816.48
<b>EQUIPMENT, MATERIALS AND SUPPLIES (EMS)</b>	\$8,906.36	\$8,906.36	\$8,906.36	\$8,906.36	\$35,625.45
<b>OTHER DIRECT COSTS (ODCs)</b>	\$33,499.04	\$33,499.04	\$33,499.04	\$33,499.04	\$133,996.16
<b>ALLOWANCES</b>	\$6,771.25	\$6,771.25	\$6,771.25	\$6,771.25	\$27,085.00
<b>TOTAL DIRECT COSTS</b>	\$229,204.07	\$229,204.07	\$229,204.07	\$229,204.07	\$916,816.30
<b>ALLOCABLE COST FACTOR (ACF)**</b>	\$22,920.41	\$22,920.41	\$22,920.41	\$22,920.41	\$91,681.63
<b>ESTIMATED CARRY OVER (FY13)</b>	-\$19,358.00	-\$19,358.00	-\$19,358.00	-\$19,358.00	-\$77,432.00
<b>GRAND TOTAL</b>	<b>\$232,766.48</b>	<b>\$232,766.48</b>	<b>\$232,766.48</b>	<b>\$232,766.48</b>	<b>\$931,065.93</b>

\* For additional budgetary information, please reference the Budget Memo "Submission of Draft SPRING/Haiti FY14 Workplan (Oct. 1, 2013-Sep. 30, 2014)."

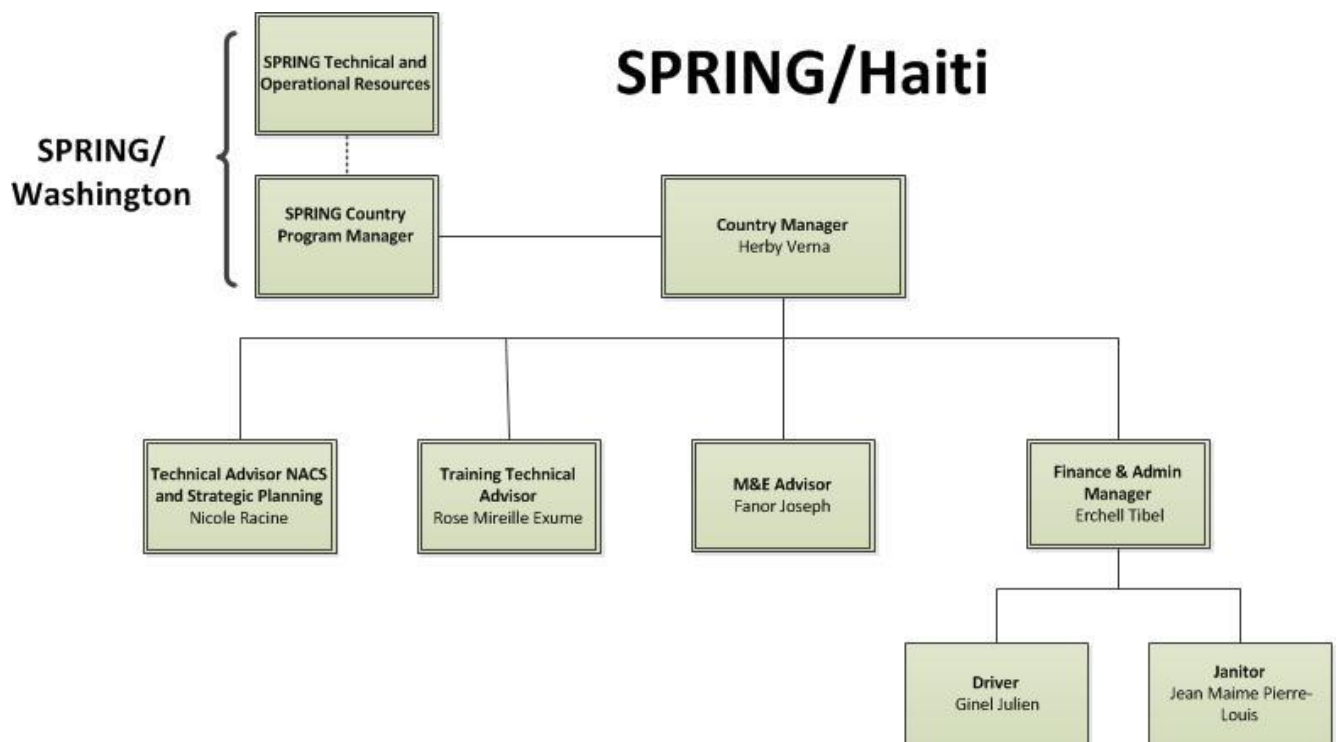
\*\* This a standard practice for USAID centrally funded projects to collect an ACF on field support and other funding sources to support the operations of the project at the home office.

## Appendix 3: Management, Operations & Communications

### STAFFING

In FY14, SPRING/Haiti will continue with the same FY13 staff structure to contribute to project activities and operations. The current staff structure includes the following seven positions: Country Manager, Finance and Administration Manager, Technical Advisor-NACS and Strategic Planning, Technical Training Advisor, M&E Advisor, Driver, and Janitor (see Figure 3).

Figure 3: SPRING/Haiti Organogram



The key positions of Country Manager, Finance and Administration Manager, Technical Advisor-NACS and Strategic Planning, Technical Training Advisor, and Monitoring and Evaluation Advisor will each have technical and administrative duties. The combination of technical and administrative duties for each of the key positions will help maximize results and efficiency of the project. The technical and administrative duties of each of the key positions are listed below in Table 2.

**Table 2: Staff Roles and Responsibilities**

Staff Member	Technical and Administrative Duties
<b>Herby Verna, Country Manager</b>	<ul style="list-style-type: none"> <li>• Lead the SPRING/Haiti Project</li> <li>• Facilitate the development of strategic direction for the Project</li> <li>• Ensure that project deliverables are completed according to schedule, comply with USAID rules and regulations, and are of high quality</li> <li>• Ensure timely reporting to USAID, MSPP and SPRING/Washington, and use of project monitoring data</li> <li>• Oversees budget and ensures overall good financial standing of the project</li> <li>• Serve as primary focal person for communications with USAID/Haiti</li> <li>• Manages partner relationships with MSPP, Partners of the Americas, and PEPFAR Partners</li> <li>• Serve as technical focal person for engagement with HEALTHQUAL and QI activities</li> <li>• Lead reinforcement visits (supportive supervision) at the target health facilities</li> <li>• Participate in Nutrition Cluster meetings</li> <li>• Facilitate training as needed</li> </ul>
<b>Erchell Tibel, Finance &amp; Administration Manager</b>	<ul style="list-style-type: none"> <li>• Ensure financial management systems are in place</li> <li>• Ensure that accounting practices and standards are adhered to in a timely and quality manner</li> <li>• Work with staff on administrative, financial, and budgetary issues</li> <li>• Manage the finance and logistics for a well-functioning office</li> <li>• Maintain overall budget control, and monitor cash flows and expenditures</li> <li>• Provide up-to-date analysis and required reports of the financial situation of the project</li> <li>• Maintain responsibility, transparency and accountability within finance and admin issues</li> </ul>
<b>Nicole Racine, Technical Advisor-NACS and Strategic Planning</b>	<ul style="list-style-type: none"> <li>• Oversee the roll-out of the NACS package, including facilitation of trainings</li> <li>• Conduct reinforcement visits (supportive supervision) at the target health facilities</li> <li>• Help ensure health facilities have adequate stock of nutrition equipment and supplies</li> <li>• Provide technical guidance to SPRING/Haiti towards accomplishing its country goals, objectives and targets</li> <li>• Established facility-community linkages</li> <li>• Support coordination with FANTA and Partners of the Americas</li> </ul>
<b>Rose Mireille Exumé, Training Technical Advisor</b>	<ul style="list-style-type: none"> <li>• Conduct reinforcement visits (supportive supervision) at the target health facilities</li> <li>• Oversee the roll-out of the IYCF package, including facilitating</li> </ul>

	<p>trainings</p> <ul style="list-style-type: none"> <li>• Ensure the training activities are completed according to schedule</li> <li>• Ensure technical contact for SPRING/Haiti training and SBCC activities and works in close collaboration with the Country Manager and other SPRING/Haiti country program technical and administrative members</li> <li>• Contribute to the development and/or adaptation of training, IYCF and/or SBCC tools and materials</li> <li>• Support operations research</li> </ul>
<p><b>Fanor Joseph, M&amp;E Advisor</b></p>	<ul style="list-style-type: none"> <li>• Conduct reinforcement visits (supportive supervision) at the target health facilities</li> <li>• Collect and analyze routine project monitoring data for dissemination</li> <li>• Produce the PTS</li> <li>• Participate in the Nutrition Cluster meeting at the national level</li> <li>• Develop and implement a learning agenda, including operations research to enhance the evidence base on training techniques (on-the-job vs. traditional training techniques)</li> <li>• Lead the planning, periodic review, implementation, monitoring and evaluation of the performance based monitoring system in SPRING to ensure targets are met, including the PMP</li> <li>• Contribute to timely reporting to USAID, MSPP and SPRING/Washington, and use of project monitoring data</li> <li>• Produce quantitative and narrative reports, including relevant information on lessons learnt, challenges encountered and opportunities identified for improvement in SPRING/Haiti</li> <li>• Support facility QI activities</li> </ul>

### **Communication**

SPRING/Haiti is committed to documenting project successes, and maintaining regular communication with USAID and the MSPP. The following four methods are designed to measure the project’s effectiveness, ‘tell its story,’ and ensure regular communication.

#### **1. Success stories:**

Both USAID/Haiti and SPRING/Haiti have made the visibility of both SPRING/Haiti’s in-country presence and the impact of its activities a priority. The Mission’s priority is being able to tell its story. Its main objectives are to increase public awareness and positive perception of USAID development in Haiti, to promote better understanding of assistance goals and achievements, to strengthen the USG image in Haiti, and to emphasize the cooperation between the USG and the Haitian government. To advance these goals, SPRING/Haiti will submit a success story following the USAID/Haiti template with every quarterly report.

## **2. Quarterly and Annual Reports**

In FY14, SPRING/Haiti will continue to submit quarterly reports to USAID. Quarterly reports will be submitted to USAID within four weeks following the end of the quarter, and annual reports will be submitted to USAID within six weeks following the end of the fiscal year.

## **3. Submitting biweekly reports to USAID**

Beginning in July 2013, SPRING/Haiti began to submit biweekly reports to USAID/Haiti to more effectively communicate and share its progress. SPRING/Haiti will continue to submit them throughout the life of the project.

## **4. Submitting monthly reports to MSPP**

SPRING/Haiti began submitting monthly progress reports to the MSPP Nutrition Directorate in July 2013. The reports are in addition to the monthly SPRING/Haiti activity progress shared with the MSPP and other IPs during MSPP's monthly Nutrition Cluster meetings. In FY14, SPRING/Haiti will continue to submit a monthly report to MSPP.