

## **LMG/Haiti: Program Year 1, Quarter 4 Progress Report July 1– September 30, 2013**

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November 4, 2013

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Leadership, Management and Governance, Haiti  
Management Sciences for Health  
784 Memorial Drive  
Cambridge, MA 02139  
Telephone: (617) 250-9500  
[www.msh.org](http://www.msh.org)



## Leadership, Management and Governance/Haiti

Program Year I, Quarter 4 Progress Report  
July 1– September 30, 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) 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> July 1, 2013 – September 30, 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 June 2013:</b> US \$2,891,825.95
<b>July-September 2013 Expenses:</b> US \$1,017,491.4
<b>Accrued Expenditures for Reporting Period:</b> US \$2,481,954.61
<b>Total Project Expenditures to Date:</b> US \$6,391,271.94
<b>Obligated Funds Remaining:</b> US \$862,975.06
<b>Estimated Expenditures for Next Reporting Period:</b> US \$1,573,729.00
<b>Report Submitted by:</b> Jean-Jacques Frère, Project Director
<b>Report Submission Date:</b> October 30, 2013

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

**Cover Photo:** Meeting at the Phaeton dispensary with members from the MSPP Contracting Unit, DSNE, LMG/Haiti staff, and World Bank representatives to identify the institutions to participate in the RBF program and conduct an assessment of the departmental health information system. Photo credit: Julia Perri.

## Acronyms

AECOM	Architecture, Engineering, Consulting, Operations, and Maintenance
AEDES	Agence Européenne pour le Développement et la Santé
AHPH	Association des Hôpitaux Privés Haïtiens
AICSH	Association des Institutions Chrétiennes en Santé en Haïti
CORDAID	Catholic Organization for Relief and Development Aid
DELR	Direction d'Épidémiologie et de Recherches
DDS	Direction Départementale de la Santé
DDO	Direction Départementale de l'Ouest
DOSS	Direction d'Organisation des Services de Santé
DRH	Direction des Ressources Humaines
DSE	Direction Sanitaire de l'Est
DSI	Direction des Soins Infirmiers
DSF	Direction de la Santé de la Famille
DSN	Direction Sanitaire de Nord
DSO	Direction Sanitaire de l'Ouest
HFG	Health Financing and Governance Project
HIS	Health Information System
HSS	Health Systems Strengthening
HUEH	Hôpital de l'Université d'État d'Haïti
LMG	Leadership, Management and Governance
MSH	Management Sciences for Health
MSPP	Ministère de la Santé Publique et de la Population
NGO	Non-governmental Organization
PAHO	Pan American Health Organization
PDI	Plan Départemental Intégré
PES	Paquet Essentiel de Services
PMP	Performance Monitoring Plan
PMS	Paquet Minimum de Services
PPP	Public Private Partnership
RBF	Results-Based Financing
SACQ	Service d'Accréditation et de Contrôle de Qualité
SDSH	Santé pour le Développement et la Stabilité d'Haïti
SIP	Strategic Information Project
TOR	Terms of Reference
TWG	Technical Working Group
UADS	Unité d'Appui à la Décentralisation Sanitaire
UAS	Unité d'Arrondissement de Santé
UEP	Unité d'Études et de Programmation
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

## Executive Summary

The USAID-funded Leadership, Management and Governance/Haiti (LMG/Haiti) field support project, in partnership with the World Bank and under Haitian Ministry of Public Health and Population (MSPP) guidance, has been working in Haiti since September 2012 to strengthen the health system to ensure greater government participation in achieving health results and strengthen good governance. The project's two objectives are to:

- Support the contracting function within the 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

During the fourth quarter of year one, LMG/Haiti carried out many activities in support of the above objectives. Crucial strategies for achieving results include close cooperation with the MSPP at the central and local levels as well as with the World Bank, and maintaining strong partnerships with local stakeholders. When working with the MSPP, LMG/Haiti emphasizes the transfer of the necessary skills and knowledge to improve their leadership, management, and governance capacity, ultimately improving access to priority health services.

This executive summary highlights progress made this quarter towards the implementation of functional referral networks in the United States Government (USG)-supported corridors and the contracting process within the MSPP. Key accomplishments and activities included the following:

- The MSPP and the World Bank officially approved the Results-Based Financing (RBF) manual and operational tools that will guide the implementation of the RBF strategy in Haiti. The World Bank confirmed the approval of the \$90 million dollar project from the World Bank to implement RBF projects in Haiti (\$70 million for RBF and \$20 million to fight cholera in Haiti).
- The MSPP and World Bank approved the three-year Contracting Unit budget and workplan developed with assistance from LMG/Haiti.
- Three new Contracting Unit staff at the MSPP signed their contracts; LMG/Haiti provided close technical assistance to assist in the launch of the unit's department and work.
- LMG/Haiti collaborated with the MSPP to revise the existing referral tools and develop counter-referral tools that were validated by the MSPP in August 2013.
- LMG/Haiti collaborated with USAID's Health Financing and Governance Project (HFG) and the Strategic Information Project (SIP) to develop a 2013-2014 joint workplan to improve coordination for health system strengthening activities.
- LMG/Haiti supported the MSPP Unite d'Etudes et de Programmation (UEP), in collaboration with HFG, to develop the results and actions framework for the Integrated Development Plan for the Health Sector (Plan de Développement Intégré, or PDI, du Secteur Santé) and individual medium-term PDIs for four departments (Artibonite, Nord, Nord-Ouest, and Ouest)

- LMG/Haiti supported the MSPP to develop three-month action plans for four Unité d'Arrondissement de Santé (UAS) in the Nord-Est department.
- LMG/Haiti staff conducted meetings with owners of private hospitals in the metropolitan area (around Hôpital de l'Université d'État d'Haïti - HUEH) on Public-Private-Partnerships (PPP) and submitted a proposal to the MSPP to guide this process.
- LMG/Haiti supported the Matheux UAS to develop a monitoring plan and conduct a stakeholders' review of the progress that has been made to increase service delivery and strengthen the capacity of leadership and governance within the UAS networks.
- The project completed an assessment of health equipment needs in 58 health institutions in four departments and initiated procurement for approximately \$2.2 million USD of health equipment that will be distributed to selected health facilities to improve service delivery.

## I. Project Performance

LMG/Haiti strengthened collaboration and communication with local leaders and partners such as the MSPP, USAID, World Bank, Catholic Organization for Relief and Development Aid (CORDAID), Agence Européenne pour le Développement et la Santé (AEDES), SIP, HFG, and Architecture, Engineering, Consulting, Operations, and Maintenance (AECOM) to achieve project results. In working towards the achievement of project results, LMG/Haiti has remained flexible and responded to client needs, adapting project activities where necessary.

During this reporting period, the project met or exceeded targets in its Performance Monitoring Plan (PMP) in the following areas (all quarter four results are included in Annex I in the updated PMP):

- **Indicator 8:** Number of units (UAS networks) supported in their planning and supervision by the MSPP and LMG/Haiti: **year 1 target: 3; actual: 5** (4 in the Nord-Est, 1 in the Ouest). LMG/Haiti supported the Matheux UAS and the Nord-Est department to develop supervision plans for 2013-2014; three-month action plans were developed for all 5 UAS.
- **Indicator 16:** Number of research study reports disseminated to MSPP: **target 1; actual: 1** (the “Health Facility Expenditure & Efficiency Study,” conducted with the World Bank and other partners, assessed a sample of representative health facilities in Haiti to: (i) estimate their annual expenditures; (ii) determine the sources and uses of funds and in-kind sources of funding at facility level; (iii) describe the procedures for approving the use of funds and financial management at facility level; (iv) estimate the efficiency of expenditures in easy-to-understand terms; and (v) analyze the variability in expenditures, efficiency, financial management procedures, and sources of funding. Results of the findings were shared with the MSPP in June 2013.

Despite the fact that progress in some areas was slower than anticipated when the year one workplan was developed, LMG/Haiti made progress towards achieving several additional PMP results during the quarter:

- **Indicator 3:** MSPP central directions that are able to formalize, regulate, and manage all functions related to the RBF process and guidelines. The RBF manual was approved and the World Bank confirmed the approval of the \$90 million dollar project to implement RBF projects in Haiti (\$70 million for RBF and \$20 million to fight cholera in Haiti). LMG/Haiti also supported the Contracting Unit to develop a three-year budget and workplan, approved by the MSPP and the World Bank.
- **Indicator 14:** Number of UAS networks having an annual action/implementation plan. LMG/Haiti supported the MSPP to develop a three-month action plan for four UAS in the Nord-Est department. Three-month action plans are preferred initially as the concept of the UAS is still new and undeveloped in the departments. Information for the development of annual action plans was collected in all four UAS in the Nord-Est; annual action plans for Matheux UAS (Ouest department) and the 4 UAS in the Nord-Est are expected in quarter one of year two; the plan for St. Michel UAS (Artibonite) is expected in quarter two.
- **Indicator 5:** Number of authorized health institutions and facilities. LMG/Haiti presented recommendations to revise the authorization procedures for health facilities to the MSPP.

- **Indicator 9:** Number of MSPP units and/or organizations providing recommended essential packages of care. LMG/Haiti supported 5 UAS to track health service data using dashboards in each health center. Data from the dashboards indicate the health services currently available and identifies gaps that must be addressed to ensure that the recommended essential packages of care are available.
- **Indicator 11:** Number of referral networks which are implementing the referral network norms and policies. LMG/Haiti collaborated with the MSPP to revise the existing referral and counter-referral tools, which were validated by MSPP in August 2013.

## II. Project Management

**Table 1: Management priorities addressed during this reporting period**

Key project activities	Status of accomplishment in the reporting period (completed, in progress, not started)	Comments
Conduct quarterly partner meetings with the MSPP, World Bank, USAID, and local partners to track progress according to the workplan	Completed	LMG/Haiti held weekly meetings with USAID and the Word Bank, and met regularly with other partners to coordinate project activities
Recruit capacity building advisors for supported USG departments, consultants, and other project staff to support activities at the central level	In progress	<p>Recruitment of a Capacity Building Advisor for the Artibonite department was finalized in July 2013; recruitment is ongoing for Capacity Building Advisors for the other departments.</p> <p>Quality improvement and organizational development consultants recruited to provide technical assistance to the MSPP.</p> <p>Recruitment for the Health Systems Strengthening (HSS) Specialist to assist the MSPP Director General's office was finalized and candidate started work in September 2013.</p>

Develop and finalize project year two workplan (October 2013 - September 2014) and submit to USAID for review and approval	Completed	The year two workplan and budget were submitted to USAID for approval on September 30, 2013.
Update PMP and harmonize with LMG global indicators	Completed	An updated PMP was submitted with the year two workplan to USAID on September 30, 2013.

### Management priorities for the next reporting period:

In the next reporting period, LMG/Haiti will continue to work with USAID, the MSPP, and other partners to ensure better coordination of planned activities, accelerate and improve the efficiency of project implementation, and identify and overcome challenges. To support the increasing volume of project activities at the departmental level, LMG/Haiti will continue to recruit Capacity Building Advisors so that each department has two advisors. LMG/Haiti will also recruit other consultants to address specific needs of the project, such as conducting a training on RBF for MSPP staff and providing technical assistance on the essential packages of care.

**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 progress according to the workplan	Staff time	These regular meetings aim to improve efficiency, coordination, and quality of project activities in the field.
Complete quarterly performance monitoring report	Staff time	Ongoing requirement as outlined in the project agreement.
Finalize procurement of equipment furniture for selected health centers <sup>1</sup>	Staff time and financial resources from USAID and LMG/Haiti	Finalization of procurement and distribution of all health equipment envisioned by the end of December 2013.

<sup>1</sup> LMG/Haiti does not have a standing procurement mandate in the project's contract, and is responding only to a one-time request from USAID based on client needs.

Recruit capacity building advisors for supported USG departments, consultants, and other project staff to support activities at the central level	Staff time	Preferred candidate identified for the Capacity Building Advisor for the Nord department; expected start date TBD. Additional recruitment on hold pending approval of the year two workplan.  Recruitment to be conducted for RBF and essential packages of care consultants.
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### III. Current Project Activities

Most activities planned for the fourth quarter have been completed, as summarized below in Table 3. LMG/Haiti has continued to work closely with the 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>		
Reactivate the technical working group (TWG) in partnership with MSPP, World Bank and USAID to support the Contracting Unit	In process	Supported the Contracting Unit to develop a new draft of the terms of reference (TOR) for the TWG. The TWG's purpose is to help develop a verification, validation, and audit system to support the contracting/RBF program.

<p>Technical assistance to the Contracting Unit and the TWG for sound management of the RBF process</p>	<p>In progress</p>	<p>Three new Contracting Unit staff signed their contracts and started work. LMG/Haiti provided temporary workspace at the project's office for this team for one month (September – October 2013) and also guided them in the development of the Contracting Unit's three-year workplan, budget and other planning documents (tools, contracts, etc.). The Contracting Unit now has a workspace within the Director General's office, but still uses the LMG/Haiti office for meetings.</p>
<p>Secure approval of RBF operational manual and conduct RBF training for trainers and MSPP managers</p>	<p>In progress</p>	<p>The RBF manual was approved by the MSPP and the World Bank during a meeting on September 4, 2013, with representatives from USAID, the MSPP, and the World Bank.</p> <p>LMG/Haiti conducted a workshop with 15 Direction Départementale de la Santé (DDS) staff (12 females, 3 males) in the Nord-Est department on the concept and relevance of RBF and the operational procedures for implementing RBF in Haiti. The RBF training for trainers, originally scheduled for September 2013, was postponed until the next quarter following the approval of the manual.</p>
<p>Provide technical assistance to the MSPP (Direction d'Organisation des Services de Santé - DOSS/ Unité d'Appui à la Décentralisation Sanitaire -UADS/UEP) to review and adapt norms and procedures for authorization, accreditation, and certification procedures for health facilities</p>	<p>In progress</p>	<p>LMG/Haiti's quality improvement consultant presented the revised recommendations to adopt new policies for authorization procedures for health facilities to the MSPP in July 2013; these recommendations are pending MSPP approval. In year two, LMG/Haiti will advocate for the official adoption of the new policies and support pilot tests in Nord-Est department.</p>
<p>Provide financial support to the UEP for the production and dissemination of technical documents produced by LMG/Haiti (or with the assistance of LMG/Haiti)</p>	<p>Not started</p>	<p>Progress on this activity depended on the finalization of the RBF manual, which was not finalized until the end of the quarter. LMG/Haiti postponed this activity to year two.</p>

<p>Provide technical assistance to the MSPP directorates to improve their capacity to plan and manage the public health sector, regulate the provision of health services, and improve access to good quality essential services</p>	<p>In progress</p>	<p>A Senior Technical Advisor was recruited in September 2013 to improve the management and analytical capacity of the MSPP Director General's office.</p> <p>LMG/Haiti's organizational development consultant was engaged to support the MSPP to implement the recommendations from the MSPP organizational assessment, finalized in June 2013, to establish an organizational development unit, document management processes, and revise the master plan to guide investments in the health sector. Ongoing assistance will be provided in year two to assist the MSPP in improving internal coordination and sector management processes.</p>
<p><b>Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care</b></p>		
<p>Review and update existing referral network norms and procedures</p>	<p>Completed</p>	<p>Tools for referrals and counter-referrals were validated by MSPP in August 2013 in a meeting with several MSPP directorates (DOSS, UEP, Direction des Soins Infirmiers - DSI, Direction des Ressources Humaines - DRH, UADS) and the World Health Organization/Pan American Health Organization (WHO/PAHO). LMG/Haiti proposed the institutional counter-referral tool that was missing from the original manual and provided technical input on the community level referral and counter-referral tools, adding information on the UAS structure and patient information.</p>
<p>Provide technical assistance to the MSPP to develop the training curriculum for the referral and counter-referral norms and procedures within the networks</p>	<p>Not started</p>	<p>Postponed to year two after the pilot test of the tools. LMG/Haiti will support the UEP to develop the content of the training curriculum and provide guidelines for the use of these tools.</p>

Map referral networks/launch discussions on public-private partnerships in the metropolitan area (Ouest department)	In progress	LMG/Haiti collected information on institutions in the areas of Bel-Air and Martissant to facilitate the mapping of the area around HUEH. However, the delineation of this zone needs to be clarified by the MSPP to enable further progress of this activity.
Officially launch the Nord-Est referral networks	In progress	LMG/Haiti encouraged the four UAS in the Nord-Est department to create coordination committees and facilitate coordination meetings with DDS and local UAS staff; DDS to facilitate donor coordination meeting to confirm partner engagement before the official launch of the 4 UAS, scheduled for year two, quarter one.
Develop annual workplans for the implementation of the referral networks in coordination with the UAS	Completed	<p>LMG/Haiti supported the MSPP to develop a three-month action plan for four UAS in the Nord-Est department (Vallières, Ouanaminthe, Fort-Liberté, Trou-du-Nord). Information for the development of annual action plans was also collected in all four UAS. The action plan for the Matheux UAS (Ouest department) was previously developed in quarter two.</p> <p>As previously mentioned, annual workplans for the Nord-Est, Matheux UAS, St. Michel UAS are expected in year two. LMG/Haiti will expand work with the other departments upon the onboarding of Capacity Building Advisors in these areas.</p>
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	MSPP approval of the criteria pending. In the next quarter, LMG/Haiti staff will reassess the criteria following the pilot testing of the referral and counter-referral tools.

<p>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)</p>	<p>Not started</p>	<p>See comment above</p>
<p>Develop the monitoring and evaluation (M&amp;E) system to gather, validate, and analyze the referral networks’ data in collaboration with the UEP</p>	<p>In progress</p>	<p>LMG/Haiti supported the Matheux UAS to develop a M&amp;E plan; UAS director and LMG/Haiti to incorporate recommendations from the UEP/ Direction d’Epidémiologie et de Recherches (DELR). A validation workshop with local partners is scheduled for the end of October 2013.</p> <p>The project continued to monitor and track health services data using dashboards in all institutions within the Matheux UAS and 4 UAS in the Nord-Est (Ouanaminthe, Vallières, Fort-Liberté and Trou-du-Nord). LMG/Haiti will eventually expand the usage of dashboards in the Nord, Ouest, and Artibonite departments with the additional onboarding of Capacity Building Advisors.</p>
<p>Conduct an assessment of the health infrastructure and health services needs</p>	<p>Completed</p>	<p>The needs assessment was completed in 58 health institutions in four health departments (Ouest, Artibonite, Nord, Nord-Est); institutions were selected in areas where LMS/Haiti intervenes and where possible, institutions that were already supported by Santé pour le Développement et la Stabilité d’Haïti (SDSH). A procurement was initiated for approximately \$2.2 million USD of health equipment for distribution to the health facilities to strengthen the functionality of the referral and counter-referral networks supported by LMG/Haiti.</p>

Conduct assessments of health services, human resources, health information system (HIS)	In progress	Assessments conducted in Nord-Est in previous quarters; assessment in the Nord and Artibonite departments (St-Michel and Cap-Haïtien) will be conducted next quarter, when Capacity Building Advisors are placed in these departments.
Technical and financial assistance to Nord-Est, Nord and Ouest departments and UADS to strengthen supervision	In progress	LMG/Haiti provided technical support to the Matheux UAS and the Nord-Est department to develop a three-month supervision plan.
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	In progress	LMG/Haiti developed a draft research agenda (ex. RBF impact study); to analyze its relevance with USAID, the World Bank, and the MSPP in year two.

**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**

**RBF manual and trainings**

The RBF manual was officially approved during a meeting on September 4, 2013, with representatives from USAID, the MSPP, and the World Bank. It was agreed that the final working document presented at the meeting would be considered the approved manual; the MSPP is responsible for printing and disseminating the manual to key partners. The World Bank Board also gave written commitment to the MSPP of the approval of the \$90 million dollar project from the World Bank to implement RBF projects in Haiti (\$70 million for RBF and \$20 million to fight cholera in Haiti).

The approval of the RBF operations manual was a key success of the project during the quarter as it will serve as the guide for the conceptualization and implementation of RBF projects in Haiti. The norms presented in the RBF manual, which separate the functions of the funder, regulator, and health services providers, enable strong MSPP leadership and better governance over future RBF and other contracting projects. LMG/Haiti's technical team, the MSPP, and the World Bank participated in the extensive rewriting and crafting of the manual, the list of indicators, and the annexes, including models of all the contracts to be included in the strategy; LMG/Haiti facilitated partner discussions to finalize the manual and the indicators. Validation of the manual was delayed due to partners' burdensome bureaucratic procedures; however, the additional time was necessary to ensure cohesiveness in the policies that will guide RBF projects.

LMG/Haiti conducted a workshop in the Nord-Est department with local MSPP staff on the relevance of RBF and referral networks as useful strategies to improve health service delivery. This workshop clarified the steps that the DDS must take to ensure sound management of RBF projects in the following four UAS, where planning for RBF implementation is underway: Trou du Nord, Fort-Liberté, Ouanaminthe, and Vallières. The project will work with the DDS in the Nord-Est to ensure the standardization of data collection tools, select baseline indicators, provide training in RBF, develop capacity building plans, and implement and monitor service delivery. LMG/Haiti and the MSPP Nord-Est department are currently working to develop a roadmap for RBF implementation projects in this department.

LMG/Haiti also presented the RBF manual at the “Forum des Directeurs Départementaux et Centraux,” a forum where MSPP partners have the opportunity to propose new ideas and initiative, in Les Cayes, on August 5, 2013. LMG/Haiti clarified the recommendations made in the RBF manual and the MSPP central and departmental directors made suggestions to ensure sound management of RBF projects in the future.

RBF implementation also depends on the local HIS. LMG/Haiti continued to promote improved data collection practices in the Matheux and Nord-Est UAS during the quarter. The project also initiated collaboration with other USAID-funded projects, mainly SIP, to strengthen the MSPP health information system. LMG/Haiti and SIP formulated a recommendation to create a specific unit under the UEP or DELR to help overcome bottlenecks such as shortages of forms and delays in transmitting available tools from the central and departmental MSPP offices to local health institutions; the recommendation will be presented to the MSPP in the next quarter.

### **Support to the Contracting Unit**

The project continued its technical and financial support to the Contracting Unit during the quarter. Specifically, starting in September 2013, LMG/Haiti provided temporary workspaces at LMG/Haiti’s office, donated laptops to staff, and assisted the Contracting Unit in finalizing a three-year budget and workplan. The Contracting Unit now has a workspace at the Director General’s office, but continues to use LMG/Haiti office space for meetings. LMG/Haiti also continued to support the Contracting Unit to prepare budget projections for health services and outline health center eligibility criteria for the RBF program.

The Contracting Unit will initially receive World Bank funding for the RBF program in the Nord-Est department, and therefore LMG/Haiti is focusing technical assistance there. During this reporting period, the project helped to determine the necessary prerequisites for RBF to take place. For example, SIS tools need to be standardized, available, and updated in a uniform manner. LMG/Haiti is supporting the Contracting Unit develop the baseline of health services in the Nord-Est using existing resources such as the results from the Service Provision Assessment and the completed LMG/Haiti assessment of the department. The baseline information will be used to inform the RBF pilot in the Nord-Est in year two.

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

Key achievements in quarter four include:

- **Supportive supervision:** LMG/Haiti supports the MSPP to supervise the referral networks to strengthen health service management and delivery. LMG/Haiti supported the Matheux UAS and the Nord-Est department to conduct supervision visits, provide coaching when necessary, and develop supervision plans for 2013-2014. The supervision plans will focus on strengthening the management of health services to achieve quality improvement in health service delivery. LMG/Haiti will support the operational costs associated with the implementation of these plans. Also during the quarter, LMG/Haiti mobilized local stakeholders and created five steering committees, one in Matheux UAS and one in each of the 4 Nord-Est UAS, to assist in the follow-up of action plans and to ensure the accessibility and availability of health services. The establishment of the steering committees will increase commitment from MSPP officers and promote accountability of expected results.
- **Establishment of technical committees:** In the Nord-Est department, LMG/Haiti worked with the four UAS to establish technical committees composed of members from health centers and local leaders, which meet regularly to discuss the best ways to overcome challenges and improve communication and quality of the services within the networks. These technical committees were created to support the local health department in establishing the referral networks. The project helped the committees to conduct a mapping of the health services in the four UAS in August 2013. Improvements within the department have been quantified since the establishment of the technical committees. The Fort-Liberté hospital, one of the referral centers in the Nord-Est, now serves an average of 150 to 200 patients daily, compared to 70 in February 2013. Collaboration between the Haitian and Cuban local health staff has also improved at Trou du Nord and Ouanaminthe; regular monthly meetings are now conducted to discuss results and challenges and recommendations for improvement.
- **Integrated Development Plan:** The MSPP is in the process of developing a PDI for each department. The PDI facilitates the coordination of priority programs, health sector activities, and financial management, and improves the management of health services throughout the country, thereby strengthening the MSPP's capacity to lead and govern the health sector. Previously, there was a lack of coordination in and direction of the health sector, as every partner had its own objectives. LMG/Haiti participated in this process at two levels: (1) development of the national conceptual framework for the plan, and (2) development of a PDI in four departments (Nord-Est, Ouest, Artibonite, Nord). In PY2, the project will work the UAS to ensure that PDI activities are implemented and monitored in the four departments mentioned above.

- Public-Private Partnerships:** LMG/Haiti continues to foster discussions with private associations to promote PPPs in the metropolitan area (around HUEH) of the Ouest department. The Association des Hôpitaux Privés Haïtiens (AHPH) and the Association des Institutions Chrétiennes en Santé en Haiti (AICSH) confirmed their willingness to be part of the PPP network; membership is conditional on the development of a strategy that promotes sustainability and contains contracting modalities that consider the constraints of the private sector. LMG/Haiti also continued to assist the MSPP to develop a PPP strategy to promote networking in the area. LMG/Haiti collected data on the services available at private hospitals and advocated for PPPs during meetings with hospitals. A proposal strategy that will be used as a guideline for the process was developed with the UEP and was submitted to the UEP in July 2013 for approval. Once the strategy is approved, LMG/Haiti will support a pilot to test the proposal. The PPP strategy will strengthen MSPP leadership in the metropolitan area, foster accountability within participating institutions, and facilitate an efficient use of available resources to improve health services delivery in the area.
- Health service monitoring:** LMG/Haiti supported 5 UAS (one in Matheux and four in the Nord-Est) to regularly monitor health services information through the systematic use of dashboards. LMG/Haiti also developed an electronic bulletin, a document that tracks and analyzes the improvements of health services over time, for all 5 UAS. Updated bulletins are available each quarter and will provide donors and stakeholders with evidences on strengths and weaknesses, where resources need to be invested to improve health services. To promote accountability, LMG/Haiti also assisted the Matheux UAS to conduct a workshop to analyze progress made since the implementation of dashboards in all health institutions within the network; the workshop took place August 1-2, 2013. Workshop participants agreed that the health service performance of institutions and the management of health information within the UAS network improved significantly over the past year. From October 2012 to June 2013, the number of deliveries increased by 243% (137 to 334); the number of children receiving all necessary vaccinations increased by 336% (130 to 437); antenatal consultations increased by 266% (225 to 600) for the first trimester and 232% (87 to 195) for the fourth visits; and the number people tested for HIV after informed consent increased by 780% (176 to 1,373). LMG/Haiti is also supporting the Matheux UAS to develop a map of provisional health services. Aligned with this support, MSPP officers from the central directorate involved in the National Immunization Program agreed to review the planning for the Matheux immunization campaign.
- The Matheux UAS, with LMG/Haiti's technical assistance and support from the UAS steering committee, developed an action plan to fight cholera after an outbreak in July 2013. The plan aims to decrease morbidity and mortality due to cholera, improve coordination among local stakeholders, and increase efficiency in initiatives to prevent cholera and control the outbreak.
- LMG/Haiti is collaborating with the Cooperation Tripartite (Brazil-Cuba-Haiti) in Croix-des-Bouquets to strengthen health management system in the network. In September 2013, LMG/Haiti met with the DOSS and the Brazilian Cooperation to discuss strategies for improving the essential package of services in the network. During the meeting, partners discussed the methodology for creating the paquet essentiel de services (PES) and determining the structural conditions necessary for the delivery of services. It was also decided that LMG/Haiti will provide technical assistance to develop the content of the PES, and the Brazilian Cooperation will develop the standard conditions.

- LMG/Haiti engaged an international consultant to provide organizational development technical assistance to the MSPP to implement the recommendations from the organizational assessment, finalized in June 2013. The consultant developed a schedule for the implementation of assessment recommendations, revised the previously developed management plan to include more strategic elements, and supported the MSPP in developing management tools. The LMG/Haiti consultant reported that there were many challenges in engaging the MSPP to take ownership of the recommendations and responsibility for ensuring that next steps are implemented, which affects the overall impact of the technical assistance. LMG/Haiti will explore ways to increase MSPP ownership of these activities in the next quarter.

#### **IV. Key Project Activities for the Next Reporting Period**

The year two workplan was submitted to USAID for approval on September 30, 2013. New objectives have been proposed based on the changing needs of the MSPP identified during year one. The proposed main goal of the project is to catalyze rapid improvements in health outcomes and accelerate health services through health systems strengthening approaches that will increase the Government of Haiti's ability to manage its funding sources and that link the Haitian population to functional referral networks.

The following activities are scheduled to take place during the next quarter, pending USAID approval of the year two workplan:

##### **Objective 1: Reinforce MSPP's capacity to manage all sources of funding (including USG's) and to contract and manage health services**

- Support the Contracting Unit to finalize the baseline of health service provision for institutions and establish the necessary contracting prerequisites in the Nord-Est, determine the initial obligation of funds (based on projections for health services and selected indicators) for each health center participating in the RBF program, and develop a sequenced financial disbursement plan for health centers in the RBF program.
- Develop a departmental roadmap for RBF implementation in the Nord-Est.
- Advocate for the official adoption of the new policies for authorization procedures for health facilities.
- Provide technical assistance to the MSPP to review and adapt the tools for the referral networks.
- Support the UAS in the Nord-Est department to develop monitoring plans to assess progress on improving health services within institutions in the referral networks.
- Conduct a management training, based on the hospital management curriculum from the Centre d'Information et de Formation en Administration de la Santé (CIFAS), for MSPP staff in the DDS/UAS.
- Support the Contracting Unit to develop management tools for RBF projects.
- Conduct a "training of trainers" for MSPP departmental directors, administrators in the departments, and central directors (30 participants, 3 trainers) on RBF implementation.

**Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to (1) rationalize allocation and use of resources, (2) improve access to quality health services, and (3) strengthen the continuum of care**

- Support the MSPP to formulate a medium-term DDS care plan based on identified needs and medium-term objectives of an essential package of services.
- Conduct a training on “supportive supervision” for MSPP local staff in the Matheux UAS, Nord-Est department, and Artibonite department to improve supervision capacity.
- Conduct a supervision training for clinicians (departments TBD). Priority will be given to clinicians working in tropical medicine and obstetric ultrasound based on the demand for these services.
- Conduct a training in fundamental biostatistics for staff in charge of monitoring at the DDS/UAS to strengthen monitoring and evaluation capacity (departments TBD).
- Provide financial and technical assistance to DDS/UAS to produce quarterly electronic bulletins to follow progress in improving health services, primarily in the areas of maternal and child health.
- Map and assess the health services at the St-Michel UAS and in the Nord department and develop an action plan for addressing identified gaps.
- Provide financial support to the UEP for the production and dissemination of documents such as the operational manual for RBF and clinical norms and guidelines for maternal and child health to the DOSS, DSF, DSE, DSN, UEP, and DDS.
- Provide technical assistance to the MSPP to develop a training curriculum and conduct training sessions for the referral and counter-referral norms and procedures within the networks.

## **V. Challenges and Lessons Learned**

Specific challenges and lessons learned during quarter four are as follows:

- **Contracting Unit:** The Director of the Contracting Unit left for another government post; the Assistant Director is currently serving as the Acting Director. The Contracting Unit also currently lacks a physical workspace. In the past, the Director General has not been involved in the work of the Contracting Unit, although she has been more involved since September. The process of hiring Contracting Unit members has been very slow, decreasing the motivation of the existing members to take ownership of the RBF process. This situation has improved with the onboarding of the three additional members. LMG/Haiti is currently housing the Contracting Unit as a temporary measure and will discuss possible solutions with USAID and the MSPP during the next quarter. Despite these challenges, progress is being made in the implementation of the RBF strategy. The MSPP and the World Bank approved the RBF manual and the Contracting Unit, with LMG/Haiti support, is currently developing the necessary management tools for RBF projects.
- **TWG and the National Piloting Committee:** In previous quarters, there has been a lack of consensus on whether the TWG and the National Piloting Committee should be established. The development of the draft TOR for the TWG and the onboarding of the three additional Contracting Unit staff increased support for these groups within the MSPP. A meeting between the Contracting Unit, the TWG, and the National Piloting Committee is expected in quarter one of year two.

- **UAS:** The guide for UAS implementation has not been validated by the MSPP, which hinders comprehension and support for the coordination structure in the departments. The Director General announced recently that a conceptual framework should be available during the next quarter. Despite this challenge, LMG/Haiti continued to establish and implement UAS functions, based on the guidance in the MSPP National Health Strategy July 2012, and facilitate discussions on the UAS structure (mission, operational and financial models, etc.) in four departments (Artibonite, Ouest, Nord and Nord-Est). Currently only one MSPP/UAS exists in Matheux (Artibonite). To accelerate the establishment of other UAS, LMG/Haiti supported the Nord-Est department to establish local committees to promote the UAS concept, raise awareness within the community on the relevance of the networks, and advocate for the establishment of UAS within the department.
- **PPP strategy:** Private sector institutions have individual mandates and objectives that are not always aligned with the MSPP indicators or priority areas. It is often a challenge to determine how to distribute funds to private institutions via public sector contracting mechanisms. LMG/Haiti works closely with private sector institutions to explain the benefits of participating in the health care network. Another challenge is that the physical boundaries of the metropolitan area are not clearly defined by the MSPP, and it is therefore unclear which health facilities fall within the referral network. LMG is currently working with UEP to confirm these boundaries. The capacity of the Direction Départementale de l'Ouest (DDO) to coordinate this network also remains a challenge. LMG/Haiti has taken steps to strengthen the DDO's capacity through the development and implementation of PDIs and by providing ongoing technical assistance in management and governance.
- **Maps of provisional health services:** Updated and MSPP-validated maps of provisional health services are necessary prerequisites when implementing health services activities, however, the 2013 map is not currently available. To overcome this challenge, LMG/Haiti worked with local health centers in the Matheux UAS and 4 UAS in the Nord-Est department to capture recent health service data. This activity was also a capacity building exercise that provided local health professionals with the skills to regularly collect and use data for planning and decision making.
- **Communication:** Communication with and within the central and departmental levels of the MSPP remains a challenge. For example, LMG/Haiti has not always informed DDS officials that consultants have been recruited to provide technical assistance in a timely manner, which hinders project implementation. During the next quarter, LMG/Haiti will develop a communications plan to improve communication among and with MSPP central directorates, DDS and UAS staff, facilitating more timely and clear communication around project activities, anticipated technical assistance, and consultant selection.

## VI. Annexes

### ANNEX A: PMP INDICATORS

Indicator Number	Performance Indicator	Baseline	Result Q4	Target Y1	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, technical assistance reports, RBF documentation	Delay in the Contracting Unit implementation process; first results are expected in year two
2	Number of Central Directorates or Districts (UAS) Offices audited by the Contracting Unit	0	0	0	7	12	Contracting Unit documents, audit reports, tender report, TWG meeting report	Indicator to be revised: "audited" is not the appropriate wording as the Contracting Unit does not legally have this mandate.
<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 for each central direction, MSPP documentation, technical assistance activity reports	First results were expected for the end of Q4; on hold until MSPP staff are trained in RBF contracting process.
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 were expected for the end of Q4; on hold until MSPP staff are trained in RBF contracting process.

5	Number of authorized (holding an “Authorisation de Fonctionnement”) health institutions and facilities	0	0	TBD	TBD	TBD	Authorization certification from MSPP	LMG/Haiti recommendation is to adopt new authorization; policies were presented to the MSPP; first results are expected for the second quarter of year two.
6	Number of accredited facilities	0	0	XXX (< indicator 5) accredited institutions	XXX (< indicator 5) accredited institutions	XXX (< indicator 5) accredited institutions	DOSS/SACQ (Service d’Accréditation et de Contrôle de Qualité) documents, authorization of operation certificates issued by DOSS.	The MSPP standards for accreditation are not achievable under the current LMG/Haiti mandate; indicator to be revised.
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	First results expected after implementation of RBF pilot projects.
8	Number of units (DDS, UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and the Contracting Unit 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)	8 units (3 DDS, 5 UAS)	12 unites (4DDS, 8 UAS)	Specific technical assistance reports, monitoring and supervision reports, budgets and planning reports	LMG/Haiti supported the Nord-Est DDS and Matheux UAS to develop supervision plans. Three-month action plans were developed for 5 UAS (4 UAS in the Nord-Est and Matheux UAS).
9	Number of MSPP units and/or organizations providing recommended essential packages of care	TBD based on current PMS (paquet minimum de services)	0	0	TBD	TBD	Updated PMS, technical assistance activity reports, supervision reports	Dashboards in place in 5 UAS to monitor health services; first results expected during the first quarter of year two.

<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	None	0	0	1 document approved and disseminated	1 document operational	Strategy/formal publication, donors (such as OMS, UN, UE, CIDA, etc.) and partners report on this matter	As the Contracting Unit is now in place, the MSPP will work on this strategy in year two.
<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	Tools for counter-referral are validated and MSPP will conduct a pilot test during the next quarter.
12	% of patients referred within the operational referral networks according to norms & policies, disaggregated by gender, health care services	TBD in year 1 (after evaluation of monitoring reports)	N/A	TBD	TBD	80%	Referral and counter-referral receipts/forms/ carbon copies of referral and counter-referrals	Monitoring plan is being implemented at Matheux UAS; to be developed in the Nord-Est in quarter one of year two.
<b>Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened</b>								
13	Number of UAS using a quality assurance tool to evaluate the quality of care within their institutions	TBD with DOSS	0	0	6	12	Supervision reports from MSPP (UAS, DDS, DOSS)	LMG/Haiti recommendation is to adopt new authorization policies presented to the MSPP, a first step towards achievement of this result.
14	Number of UAS having an annual action/ implementation plan	0	2	3	7	12	Project records, plans	Five, three-month plans finalized for Matheux and Nord-Est; LMG/Haiti proposed the PPP strategy for the Metropolitan area and submitted a proposal to the MSPP.

<b>Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened</b>								
15	Number of referral networks having at least 80% of health facilities which meet the top 10 criteria for functional referral networks	0	0	2	8	12	Project records	First results are expected in quarter two of PY2, using dashboards and electronic bulletins.
16	Number of best practices, or results reports, or implementation research study reports disseminated to MSPP	0	1	1	3	5	Project records, review meetings, copies of best practice reports, results reports, or implementation research study reports	Results of the “Health Facility Expenditure & Efficiency Study” shared with the MSPP.
<b>Expected Result 2.3: MSPP capacity and accountability to plan and implement health infrastructure projects supported to reinforce more functional referral networks</b>								
17	Number of infrastructure- related projects that are proposed by MSPP and submitted for funding to USAID or other donors	TBD	TBD	TBD	TBD	TBD	UEP/MSPP	An inventory tool is available; awaiting validation from DOSS. LMG/Haiti has supported the MSPP and USAID/Haiti to draft implementation letters. Exact results will be provided in year two; targets will be discussed with USAID/Haiti.
18	% of infrastructure projects accepted by DOSS and funded by USAID/donors which are managed and monitored by the DOSS in line with the contract and budget, within the 12 referral networks.	0	0	TBD	TBD	TBD	Supervision report from DOSS and DDS, final and formal approvals from DOSS and DDS to contractors, reports generated by the system managed by DOSS.	An inventory tool is available; awaiting validation by the DOSS.

# SUCCESS STORY

## Improving coordination for greater health impact in Matheux

**Supported by LMG/Haiti, UAS Matheux effectively coordinated a vaccination campaign that reached 93.5% of the population.**



Photo: Management Sciences for Health

*Matheux health center staff taking inventory of a vaccination shipment.*

***“There is better external coordination within the UAS. All partners now work with the UAS to implement their activities.”***

*Anathalie Simpreux,  
responsible for the child health  
program in the UAS Matheux.*

In complex health environments, coordination is the key to delivering services effectively and efficiently. Without strong coordination mechanisms, services are frequently duplicated in some areas yet nonexistent in others--issues that may be compounded by the addition of donor resources. This has often been the case in Haiti, which has been buffeted by natural disasters, flooded with donor funding, and is struggling to build an adequately trained and supported workforce.

This was the situation when the USAID-funded Leadership, Management and Governance Project (LMG) began its activities in Haiti. LMG/Haiti is working to build the capacity of local institutions, specifically the health coordination units known as Unité d'Arrondissement de Santé (UAS), which are responsible for the supervision, coordination, and management of health service networks to strengthen the continuum of care. The Matheux UAS, in Haiti's Ouest department, has benefitted from the technical and financial support of LMG/Haiti since November 2012, through the supply of coordination tools, regular coaching, and other targeted support. As a result, this UAS is now demonstrating a strong capacity to coordinate partners and provide health information for better health results.

In August 2013, there was an outbreak of cholera in the Matheux district. The French Red Cross came to Montrouis, a village within the Matheux UAS network, to respond to the outbreak. However, after consulting the health information gathered by the UAS, the organization realized that this area was already well covered by other organizations, and was therefore not a priority for its intervention. The Red Cross was then able to turn its attention to the Cabaret district, where cholera response needs were more critical.

In September, the MSPP's Direction du Programme Elargi de Vaccination (DPEV) arrived in Matheux to coordinate an evidence-based vaccination campaign, based on information gathered at the MSPP central level. Staff from the Matheux UAS initiated coordination with the DPEV and explained the vaccination needs within the network, based on data it had collected. As a result, the DPEV modified its target list and followed the recommendations of the UAS to better serve the population with the most need. With this UAS intervention, the DPEV was able to vaccinate 93.5% of the target population during the campaign.

Anathalie Simpreux, who is responsible for the child health program in the UAS Matheux network, stated, “There is better external coordination within the UAS. All partners now work with the UAS to implement their activities, respond positively to invitations from the UAS, and respect the authority of the UAS.”