

LMG/Haiti: Program Year 1, Quarter 3 Progress Report April 1– June 30, 2013

November 4, 2013

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Leadership, Management and Governance/Haiti

Program Year I, Quarter 3 Progress Report
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PROJECT ACTIVITY SUMMARY FORM

Project Name: Leadership, Management and Governance/Haiti (LMG/Haiti)
Project Objectives: LMG/Haiti supports two objectives for this project: (1) develop the contracting function within the MSPP with the capacity to manage all sources of funding (including U.S. government sources of funding) and to contract and manage health services; and (2) to support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care.
Implementing Partner(s): Management Sciences for Health
Agreement/Contract No: AID-OAA-A-11-00015 (Field Support)
Life of Project (start and end dates): August 1, 2012 – September 30, 2015
Reporting Period (start and end dates): April 1, 2013 – June 30, 2013
Total Estimated Contract/Agreement Amount: US \$20,299,247
Obligations to Date: US \$7,254,247
Project Expenditures through March 2013: US \$1,368,843
April –June 2013 Expenses: US \$1,178,706
Accrued Expenditures for Reporting Period: US \$513,602
Total Project Expenditures To Date: US \$3,061,151
Obligated Funds Remaining: US \$4,193,099
Estimated Expenditures for Next Reporting Period: US \$1,500,000
Report Submitted by: Paolo Operti, Acting Project Director (Deputy Director, HSS)
Report Submission Date: July 29, 2013

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Cover Photo: Official opening of Cazal Health Center in Matheux Unité d'Arrondissement de Santé (UAS) under the MSPP leadership with technical support from LMG/Haiti (June 2013)

ACRONYMS

AECOM	Architecture, Engineering, Consulting, Operations, and Maintenance
AEDES	Agence Européenne pour le Développement et la Santé
AICS	Association des Institutions Chrétiennes de Santé d’Haïti
CBA	Capacity Building Advisor
CORDAID	Catholic Organization for Relief and Development Aid
CU	Contracting Unit
DELR	Direction d’Epidémiologie et de Recherches
DDS	Direction Départementale de la Santé
DOSS	Direction d’Organisation des Services de Santé
DSO	Direction Sanitaire de l’Ouest
FAES	Fonds d’Assistance Economique et Sociale
HFG	Health Financing and Governance Project
HSS	Health Systems Strengthening
HUEH	Hôpital de l’Université d’État d’Haïti
HUP	Hôpital Universitaire La Paix
LMG	Leadership, Management and Governance
MSH	Management Sciences for Health
MSP	Ministère de la Santé Publique et de la Population
NGO	Non-governmental Organization
PAI	Plan Annuel Intégré
PDI	Plan Départemental Intégré
PES	Paquet Essentiel de Services
PMS	Paquet Minimum de Services
PPP	Public Private Partnership
QA/QI	Quality Assurance/Quality Improvement
RBF	Results-Based Financing
SADA	Service and Development Agency
SDSH	Santé pour le Développement et la Stabilité d’Haïti
SIP	Strategic Information Project
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
UADS	Unité d’Appui à la Décentralisation Sanitaire
UAS	Unité d’Arrondissement de Santé
UPE	Unité de Planification et d’Evaluation
USAID	United States Agency for International Development
USG	United States Government

EXECUTIVE SUMMARY

In partnership with the World Bank and under the Haitian Ministry of Public Health and Population (MSPP) guidance, the USAID-funded Leadership, Management and Governance/Haiti (LMG/Haiti) field support project has been working in Haiti since September 2012 to strengthen the health system to ensure greater government participation 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 third quarter, LMG/Haiti carried out many activities in order to achieve the above objectives. Close cooperation with the MSPP and other local partners was crucial to achieving these results. Beyond the technical assistance provided to the MSPP, LMG/Haiti staff forged strong relationships with MSPP officers at the local and central level in order to continue to develop the leadership, management, and governance capacity of members of the MSPP, ultimately improving access to priority health services.

This executive summary outlines the major points of progress towards the implementation of functional referral networks in the USG supported corridors and the contracting process within the MSPP. Significant progress was made towards implementation of functional referral networks and relevant data is now available to guide results-based financing (RBF) pilot projects. The main accomplishments and activities include the following:

- The LMG/Haiti project helped establish the contracting team within the MSPP and assisted in developing its workplan and budget.
- LMG/Haiti and the World Bank completed a study on the cost of providing health services by level of facility, and on health worker motivation in three health departments (Nord-Est, Plateau Central and Nord-Ouest) to give the MSPP and other stakeholders a better understanding on financial management within the Haitian health system and to provide input for upcoming contractualization and results-based financing initiatives.
- LMG/Haiti developed an advanced draft of the RBF operations manual for the MSPP, with extensive input from the MSPP and partners.
- The project has completed an assessment of current authorization, accreditation and certification procedures for health facilities and has submitted recommendations to the MSPP based on the results of assessment.
- In the Nord-Est department, annual workplans are now available for three UAS.
- Technical assistance provided by LMG/Haiti capacity building advisors helped improve data collection within the Matheux UAS.
- The MSPP approved referral and counter-referral tools designed by LMG/Haiti capacity building staff.
- LMG/Haiti conducted a workshop on “team building capacity” to strengthen referral networks in the Nord-Est.

- LMG/Haiti is currently working on a joint workplan with the Health Financing and Governance Project (HFG) and Strategic Information Project (SIP) to improve coordination among field activities.
- An assessment of health infrastructures was completed for the Ouest and Nord-Est departments and necessary equipment will be donated by LMG/Haiti project in the next quarter.
- Research topics for the LMG/Haiti project have been identified and a conceptual framework for research is now available.
- LMG/Haiti assisted in strengthening monitoring activities at Matheux UAS and in the Nord-Est department by promoting data collection culture through sensitization of local health officers. Data collection and reporting improved significantly in Matheux UAS.
- LMG/Haiti worked with the Santé pour le Développement et la Stabilité d’Haïti (SDSH) project to provide technical and financial assistance to the Direction Sanitaire de l’Ouest DSO and Matheux UAS to reopen the Cazal Health care facility after over 10 years of closure.

I. PROJECT PERFORMANCE

LMG/Haiti has completed approximately 85% of the activities planned for the third quarter. Two new senior staff members, a Deputy Director for Health Systems Strengthening and a RBF Principal Technical Advisor, joined the team after revision of the project’s organizational structure. An international consultant in quality improvement assisted in analyzing norms for authorization, accreditation and certification procedures for health institutions. The project also hosted another international consultant who wrote a monitoring and evaluation activity plan for the project and provided technical input on the project’s indicators for the remaining two years. Some of the project’s milestones during this quarter include the following:

- An advanced draft of the RBF operational manual finalized
- An advanced draft of the Contracting Unit’s first year workplan and budget finalized and submitted to the Minister of Health for her feedback
- Monitoring & evaluation (M&E) plan for referral networks completed
- Conceptual framework for research within the LMG/Haiti project developed
- Needs assessment for procurement of equipment in specific health facilities completed.
- Joint workplan with two other USAID-funded projects to strengthen the Haitian health system developed
- Health center costs study for health services and health worker motivation survey results are available to inform the RBF program. The MSPP will implement the RBF program with technical assistance from partners in three Directions Départementales de la Santé (DDS). With support from and in collaboration with LMG/Haiti, the study’s Principal Investigator presented the results to the three departmental directors, UPE and UC staff from the MSPP, and USAID. The results were disseminated via email to stakeholders and DDS staff.
- Discussions with the MSPP regarding an urban referral network model for the Metropolitan area network launched
- “Team building capacity” workshops to strengthen the performance and sustainability of the referral networks organized

- Tools for referral and counter-referral networks developed and validated with the MSPP

During this quarter, as in the past, LMG/Haiti worked very closely with central and local MSPP officers, and also collaborated with local leaders and institutions. Regular technical meetings have also been held with USAID, World Bank, the MSPP, CORDAID, AEDES and other partners such as SIP, HFG, and AECOM.

Some of the planned activities were postponed due to specific constraints related to scheduling conflicts or unavailability of all stakeholders for participation in key decision-making meetings. RBF training for trainers, for example, is now planned for September 2013 after the MSPP requested to postpone it due to tropical storm Chantal. However, in the beginning of July, LMG/Haiti supported a training on RBF for partners including Fonds d'assistance économique et sociale (FAES), HFG, the World Bank, CORDAID, AEDES, USAID and LMG/Haiti staff to better provide technical assistance to the MSPP and implement projects. The training on tools for referrals and counter-referrals will be held after validation of these tools by the MSPP.

II. PROJECT MANAGEMENT

Table 1: Management priorities addressed during this reporting period

Key project activities planned for the reporting period	Status of accomplishment in the reporting period (completed, in progress, not started)	Comments
Conduct quarterly partner meetings with the MSPP, USAID, and local partners as needed to coordinate project activities and track progress according to the LMG/Haiti approved workplan	Completed	
Finalize plans for delivering “embedded” technical assistance (TA) to the MSPP	Completed	The project’s TA plan was finalized during Q1 but needs to be adapted during the next quarter to meet MSPP priorities for year 2.
Recruitment of short-term technical assistance (STTA) and capacity building advisors for additional support to USG corridors	Ongoing	LMG/Haiti recruited an RBF specialist who is embedded at the MSPP. LMG/Haiti is also in the process of recruiting two capacity building advisors for the St Michel and Nord corridors. LMG/Haiti also hired an international consultant to assist the Direction d’Organisation des Services de Santé (DOSS)

		in the review of current policies for authorization, accreditation, and certification. An M&E specialist assisted in reviewing the LMG/Haiti monitoring and evaluation plan. Health Systems Strengthening (HSS) specialists have been identified, and one of the applicants will be recruited and assigned to the MSPP Director General's office.
PMP tracking update and harmonization with LMG global indicators	In progress	The LMG/Haiti team is currently working on updating the PMP and harmonizing it with LMG global indicators.
Assessment of medical equipment and furniture needs and procurement for selected health facilities	In progress	USAID made this request in March 2013 to reduce the gaps in medical equipment for select health institution. This assessment is being conducted jointly with MSPP staff, and discussion with USAID is ongoing regarding the relevance of procuring specific equipment items such as ambulances.

Management priorities for the next reporting period:

In the next reporting period, LMG/Haiti will continue to work closely with USAID, the MSPP, and other partners to ensure better coordination of planned activities and discuss the progress, challenges, and strategies of project implementation. LMG/Haiti will finalize the recruitment of embedded technical assistants for the MSPP while securing an agreement with counterparts about operations support. Better coordination with the World Bank, USAID, and LMG is necessary to ensure that, even with uncertainties in the World Bank's scope of work and accomplishments, LMG/Haiti can continue to produce results and contribute meaningfully the project's objectives in contractualization capacity building. LMG/Haiti will work with key local and international partners to discuss and analyze various types of strategies that partners are considering implementing in Haiti. LMG staff provided technical assistance to the Contracting Unit to create a draft workplan and budget, after having preliminarily assessed what is needed to make the CU fully functional. LMG

will also assist in defining benchmarks to monitor the MSPP's leadership and managerial capacity to manage, track, and monitor donors' contribution.

LMG/Haiti will continue assessing equipment needs and finalize procurement for selected health centers under MSPP guidance.

Two new networks, St Michel and Cap-Haïtien, will benefit from LMG/Haiti technical assistance through two capacity building advisors who will provide an in-depth analysis of the gaps in technical assistance, human, material and financial resources that should be addressed by the LMG/Haiti project and its partners in order to help the MSPP to establish fully functional referral networks in these two areas. The official launch, which was delayed in the Nord-Est, will be held in the next quarter. The MSPP will pilot referral and counter-referral tools developed with LMG/Haiti technical assistance and develop an evaluation tool to determine the efficacy and appropriateness of the new tools. These tools will contribute to monitoring the referred patients within a referral network and evaluate the continuum of care within an area.

The LMG/Haiti project will provide technical assistance to the Director General's office to improve management at this level. LMG/Haiti will also assist the Contracting Unit at the MSPP to monitor the management of RBF projects that will be implemented by other partners in Haiti.

During the next quarter, the LMG/Haiti will develop a strategic workplan with active participation of USAID for the second year of the project (2013-2014). The project team will also review the PMP indicators and finalize their harmonization with LMG global indicators.

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	
Assessment of equipment furniture needs and donation to selected health facilities	Staff time and financial resources from USAID and LMG/Haiti	The needs assessment is scheduled to be completed in the next quarter.
Strengthen the health equipment management capacity of the MSPP	Staff time	Training of departmental MSPP officials in using the MSPP assets/management software and other equipment management trainings are planned for year 2.
Recruit consultants and capacity building advisors for other supported USG corridors	Staff time	Finalize recruitment of two capacity building advisors for Nord and St-Michel corridors in addition to a specialist in health systems

		strengthening to assist the MSPP Director General's office and a Technical Advisor at the UADS to strengthen the supervision capacity of the MSPP.
Develop and finalize PY2 workplan for October 2013-September 2014 for submission to USAID for review and approval	Staff time	Workplanning workshops are scheduled for July 15-26 to revise and adapt the PY2 workplan. Several home office staff members will assist LMG/Haiti local staff in this process.
Update PMP and harmonize with LMG global indicators	Staff time	The PMP tracking and harmonization process will be finalized by LMG/Haiti team in the next quarter while the PY2 workplan is finalized.
Conduct needs assessment of St-Michel and Nord referral networks	Staff time	This needs assessment will be completed by the two new capacity building advisors once hired.
Official launch of the Nord-Est referral networks	Staff time	The official launch, to be held in September 2013, will enable the capacity building advisors to sensitize local authorities on referral networks.

III. CURRENT PROJECT ACTIVITIES

Most activities planned for the third 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
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		
Reactivate the technical working group (TWG) in partnership with	The TWG is still not in place	The TWG is not yet operational, although its terms of reference have

MSPP, World Bank and USAID		been shared with the MSPP with a proposal for its composition. The MSPP has not facilitated the development of this consultation and guidance structure, as some MSPP leaders felt that its tasks duplicated those of the Contracting Unit (CU) and MSPP. However, there is high-level support for the TWG at the MSPP, and after discussions with the MSPP, it remains in the operations manual as a key part of RBF implementation in Haiti.
Discussions with the MSPP and World Bank on the establishment of a TWG to work on the development of a verification, validation, and audit system to support the contracting/RBF scheme	In progress	After discussing with the MSPP, a successful outcome is envisaged with the finalization of the RBF operational manual, which finally recognizes the TWG as a technical assistance structure supporting the CU, helping the MSPP to implement the RBF strategy.
Technical assistance to the contracting unit and the TWG for sound management of the RBF process	In progress	The CU is being set up. LMG/Haiti developed a workplan and budget with the CU which was submitted for MSPP approval and funding by donors, including the World Bank.
Finalize RBF operational manual and conduct training for “RBF trainers and MSPP managers”	In progress	LMG/Haiti held a training of trainers (ToT)/managers during the second week of July (from 9 to 13). The attendees did not include the MSPP staff due to tropical storm Chantal. Another ToT training will likely be held in September 2013. On July 19, 2013, LMG/Haiti held a meeting with the MSPP and other partners in order to finalize the manual. This meeting highlighted some differences in understanding of RBF, which will be clarified for our MSPP counterparts when they attend more rigorous RBF training, the lack of which to date is one source of ongoing issues (including lack of clarity on the need for technical groups such as the TWG and the Departmental Pilot Committees, lack of understanding of autonomy, lack of understanding of the need for independent verification of data,

		without oversight of data by the DDS). This working session was, however, a breakthrough that allowed LMG/Haiti to negotiate submission of the final draft manual to the MSPP on August 4, 2013, so that the final validation can occur before August 15, 2013.
Provide technical assistance to MSPP (DOSS/UADS/UPE) to review and adapt norms and procedures for authorization, accreditation and certification procedures for health facilities	In progress	LMG/Haiti, with the support of an international consultant, has conducted with the MSPP a review of the “authorization, accreditation, and certification” procedures for health facilities. Recommendations and next steps have been agreed on with the MSPP, and LMG/Haiti will support the MSPP in revising its policy, procedures and tools in the next quarters.
Provide financial support to the UPE for the production and dissemination of technical documents produced by LMG/Haiti (or with the assistance of LMG/Haiti)	Planning not yet started	The UPE will receive financial support to disseminate the RBF operations manual and the relevant tools in the manual’s annexes in the next quarter, once validated by the MSPP.
Complete the health financing study with the Word Bank in the three targeted health departments (Nord-Est, Plateau Central and Nord-Ouest)	Completed	LMG/Haiti and the World Bank finalized this study on Health Facility Expenditure Analysis. Results are available to guide the RBF process implementation. An MSPP/UPE staff member participated in this field activity.
In collaboration with USAID, develop and present to MSPP a six-month HSS workplan with the HFG project and SIP	Completed	LMG/Haiti, HFG, and SIP have prepared a joint plan responding to a request made by the MSPP.
Objective 2: Support the MSPP institutions responsible for the supervision, coordination, and management of referral networks to strengthen the continuum of care		
Conduct an inventory of the existing norms and procedures for referral networks with the MSPP/DOSS	Completed	LMG/Haiti completed this inventory and helped the MSPP design institutional referral/counter-referral tools in the second quarter but is still awaiting validation by the MSPP. Validation is expected in the next quarter.
Review and update existing referral networks norms and procedures	In progress	The process was delayed, but LMG/Haiti is currently working with the DOSS/MSPP to finalize this process and will transfer ownership of

		tools for referrals and counter-referrals to the DDS once completed.
Map referral networks/launch discussions on public-private partnership in metropolitan area (Ouest corridor)	In progress	The mapping of referral networks was finalized for Matheux corridor in the Ouest Department and for the Nord-Est during the second quarter. During this quarter, LMG/Haiti launched the discussion on “public-private partnerships” in the metropolitan area (around HUEH) and is currently assisting the MSPP to build and strengthen referral networks in the metropolitan area (around HUEH).
Hold workshops and meetings to establish partners’ roles and assess the services provided in the areas of the referral/counter referral networks	In progress	Workshops have been held in the Nord-Est department for staff at Fort-Liberté Hospital and also for health officers working in the dispensaries.
Develop annual workplans for the implementation of the referral networks in coordination with the Unité d’Arrondissement de Santé (UAS)	In progress	Although the MSPP has not yet put in place the UAS, three new workplans are available for Ouanaminthe, Trou-du-Nord and Fort-Liberté in the Nord-Est department.
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	LMG/Haiti shared a checklist with MSPP and is currently working with DOSS on this tool.
Using the “10 criteria for a functional referral network,” LMG/Haiti’s capacity building advisors will provide supervision and coaching of the health care referral networks service providers (with DOSS and UAS)	In progress	LMG/Haiti helped improving coordination by promoting the practical use of these criteria to improve governance. In Matheux, for example, data reporting increased by 40% percent and a dashboard demonstrates how many cases are seen in the health centers for the main reasons for medical consultations on a monthly basis.
Develop the M&E system to gather, validate, and analyze the referral networks’ data in collaboration with the UPE	In progress	A draft of the M&E system is currently being discussed by the MSPP central and local officers at the Matheux UAS. A workshop will be held in Matheux under the guidance of MSPP/Unité de Planification et des Etudes (UPE) and Direction Epidémiologie, Laboratoire et Recherches (DELR) for review and validation in the next quarter. An

		international consultant assisted LMG/Haiti staff.
Conduct an assessment of the health infrastructure needs	In progress	Completed for Ouest including Matheux and Nord-Est departments. A needs assessment will be conducted for the Nord and St-Michel during the next quarter.
Provide technical assistance to the MSPP to develop the training curriculum for the referral and counter-referral norms and procedures within the networks	Planning not yet started	Technical assistance will be provided after validation of referral and counter-referral tools by the DOSS/MSPP, which is expected for the next quarter.
Develop annual action plans in collaboration with MSPP/DDO for the Metropolitan area networks	In progress	Plans for institutional strengthening action plans are available for Aurore du Bel-Air and Bethanie health centers. They will be submitted to the Direction Départementale de l'Ouest (DDO) for revision and validation during the next quarter.
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	Completed	A draft is available, but LMG/Haiti should analyze its relevance with USAID and MSPP and include the main activities in the 2013-2014 workplan.

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

- The CU was established within the MSPP. The director and his assistant as well as a manager for field operations are in place. LMG/Haiti assisted this unit in developing a workplan and budget to be submitted to the World Bank for funding.
- LMG/Haiti and a World Bank consultant completed a study on the cost of providing health services by level of facility in the Nord-Ouest and Plateau Central. The principal investigator presented the results to the departmental directors, the UPE, the UC, USAID and LMG, and LMG/Haiti will make individual presentations for the departments during the next quarter. The results of this study will assist in determining the tariffs that will be set for the indicators in the package of services that the RBF financiers will “buy.”
- An advanced draft of the RBF operations manual prepared by LMG/Haiti was circulated. MSPP comments were received in July and integrated and sent back to the MSPP, USAID, and partners for a final review. The recommended model promotes a clear separation of the functions of funder, regulator and health service providers. Once validated by the MSPP, the operations manual will guide any RBF contracting process in the future.
- LMG/Haiti carried out an in-depth analysis of MSPP authorization and accreditation tools for health institutions and found that they were not tailored for the Haitian context. LMG/Haiti proposed revised criteria to the DOSS, to accelerate the process and increase

the number of health institutions which apply and receive authorization to function. LMG/Haiti conducted jointly with local and central MSPP level a sensitization workshop in Matheux for 14 public and private health facilities on the importance of obtaining authorization from the MSPP to function. This is the first phase of a pilot strategy that the DOSS is implementing to accelerate the authorization to function process within the referral networks.

- LMG/Haiti, under USAID guidance, has prepared a joint action plan with HFG and SIP. This addresses a request made by the Minister who wanted to reduce the possibility of confusion and duplication among the three HSS projects. This also reflects the need to present a more efficient and more global framework for HSS activities supported by USAID. It is also expected that the three projects will collaborate closely and in a complementary manner to achieve their respective objectives and goals.

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

Key activities and accomplishments are as follows:

- LMG/Haiti supported the MSPP in elaborating four institutional capacity plans: two in the area around HUEH (Hôpital de l'Université d'Etat d'Haïti) for the Centre Aurore de Bel-Air and Centre de Santé de Bethanie; and two in the Nord-Est for the Fort-Liberté and Ouanaminthe hospitals. These plans were developed with local MSPP staff to strengthen the functional capacity of the facilities that will play an important role within the referral networks. The local MSPP staff identified the strength and weaknesses of their facilities as well as corrective actions that need to take place.
- LMG/Haiti also supported the Matheux UAS technically and financially, in collaboration with the SDSH Project, to reopen the Casal Health Center, a health facility which had been closed for 10 years in a remote area where no public health centers or hospital existed.
- LMG/Haiti took the first step towards the implementation of a monitoring and evaluation plan for the corridors of the project. Data reporting increased from 23% in October 2012 to 83% in May 2013 in Matheux UAS after the LMG/Haiti capacity building advisor discussed the draft of the monitoring and evaluation plan with the MSPP's UAS coordinator and recommended the use of specific tools, such as dashboards, to monitor activities. LMG's M&E Advisor conducted a workshop to promote data collection for 20 health workers in Matheux UAS on June 13, 2013, and 68 in the Nord-Est department on June 19-20, 2013.
- LMG/Haiti reviewed the indicators of its Performance Management Plan in order to make them more responsive to sector changes directly linked to the project (one of the key recommendations is to have regular meetings between M&E advisors of the MSH projects on strategies to strengthen the Haitian health information system and avoid putting too high of a burden on local staff in order to improve efficiency).
- Counter-referral tools designed by LMG/Haiti for DOSS/MSPP were reviewed by the MSPP. Training on these tools, norms and procedures will be held during the next quarter in the Matheux and Northern corridors of the project.
- LMG/Haiti organized workshops on "team building capacity" for health workers in order to improve performance and make referral networks sustainable. Two workshops were held on May 29 and 30, 2013, on the advantages of referral networks for health workers from Ouanaminthe and Fort-Liberté, two key cities in the Nord-Est department. Thirty-four local

health officers participated and understood clearly that better communication and coordination will save patients' lives and can improve quality, efficacy, and efficiency of health services. Both groups agreed to work together to strengthen referral and counter-referral networks in their own community. LMG/Haiti planned a similar workshop in Matheux during the next quarter.

- Capacity building and coaching became routine activities for our advisors in Matheux and Northeast corridors. LMG/Haiti introduced dashboards that are currently being used to collect and monitor aggregated data, and more ownership is being fostered by LMG/Haiti to ensure sustainability at the end of the project.
- For the Metropolitan area (Port-au-Prince and its surroundings), LMG/Haiti is currently assisting the MSPP to develop public-private partnerships (PPP). This strategy will facilitate the establishment of the referral networks where private facilities are predominant and strengthen the regulatory function of the MSPP in the country. Currently, private hospitals can choose to offer any type of service, and the MSPP has no legal authority to define the kind of services they should provide; this is the case for HUEH, for example. Developing the contracting capacity of the MSPP in the Metropolitan area will increase its regulatory function and help improve health services accessibility and quality, and work towards reducing gaps in health services.

IV. KEY PROJECT ACTIVITIES FOR THE NEXT REPORTING PERIOD

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

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

- Conduct a training workshop on RBF for MSPP central and departmental staff.
- Reestablish the scope of work for the Technical Working Group and the Comité National de Pilotage (CNP), and support the MSPP to restart their meetings.
- Assess the specific training needs and provide technical assistance to the CU to develop different output-based financing scenarios and other contracting mechanisms.
- Provide technical assistance to the CU for sound management of the RBF process to guarantee that the health institutions under contracts will respect the established rules and procedures.
- 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.

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

- Map and assess the St-Michel and Nord corridors and develop an action plan for strengthening.

- Provide financial support to the UPE for the production and dissemination of documents such as the operational manual for RBF and clinical norms and guidelines for maternal and child health, for distribution to the DOSS, DSF, DSE, DSN, UPE and DDS.
- Distribute the referral and counter-referral tool within the established referral networks.
- 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.
- Continue to support the MSPP in the revision of QA/QI policies and procedures and provide technical assistance to the MSPP (DOSS) on the Paquet essentiel de services (PES).
- Continue to develop synergies with the two other USAID-funded projects (HFG and SIPS) on health system strengthening.
- Develop a tool to assist the MSPP/DOSS to evaluate the criteria for functionality of the referral networks.

During the next quarter, LMG/Haiti will also develop its work plan for October 2013-September 2014 and will finalize the M&E plan for referral networks in collaboration with the units with which the project is working (UAS/UPE/Direction d’Epidémiologie et de Recherches (DELR) and DDS). The year 2 workplan will specifically address challenges identified during year 1 and will support the MSPP even more effectively and efficiently. A conceptual framework for research within the LMG/Haiti project and research topics relevant to strengthening the referral networks will be discussed with USAID and the MSPP. The annual evaluation of the implementation process of the referral networks is scheduled to begin in October 2013 and be completed in November 2013.

CHALLENGES AND LESSONS LEARNED

During the third quarter, the LMG/Haiti project continued to work closely with the MSPP, USAID and other partners to carry out most of the project’s planned activities. Progress is being made for referral networks implementation in Nord-Est and Matheux UAS. The LMG/Haiti project started assisting the UAS in implementing monitoring activities through the use of dashboards to follow health data flow and sensitization on the relevance of data collection. In the Matheux UAS, for example, reporting increased from 23 to 83% from October 2012 to May 2013 and decisions are expected to be data-driven in the future. Electronic bulletins with update information on services, human resources and diseases should be available for Matheux UAS and the Nord-Est Department on a quarterly basis beginning the end of this quarter. In the Nord-Est, LMG training on team capacity building reduced drastically the delay for patients to see primary caregivers.

The CU was established at the MSPP during this quarter and the staff recruited. The members of the CU have not signed their employment contracts, and only the director is working at this time. The pre-grant from the World Bank which provides their salaries is available, and the PEPFAR-funded Unité de Gestion de Projets is available to start issuing their salary checks. However, the MSPP has not determined their salary amounts with the World Bank and the CU, and their contracts have not yet been drawn up by the CU and the Unité Juridique. However, two members have already left, which causes further delays in the contracting process. In such a difficult context, the LMG/Haiti project will include in its year 2 workplan (2013-2014) specific strategies to strengthen this unit to make RBF more sustainable in the Haitian context.

The metropolitan area (around HUEH) of the Ouest department presents unique challenges. Ninety percent of the institutions are private and compete with each other, which contradicts the concept of networking. To overcome this challenge, LMG/Haiti is assisting the MSPP in discussions on “public-private partnerships” (PPP) that seem to offer the best approach to building networking in this area. A key association with 30 hospitals in the country and 16 in the environs of Port-au-Prince, the Association des Institutions Chrétiennes de Santé d’Haiti (AICS), agreed to support and become involved in building a referral network in the metropolitan area. The MSPP has developed a PPP strategic plan to guide any PPP process, and the UPE is ready to support a pilot project. LMG/Haiti will provide identified technical assistance to contribute to the success of this endeavor.

Specific challenges include the following:

- Operational constraints faced by MSPP counterparts: Local MSPP staff are unable to conduct supervision visits due to lack of vehicles and financial resources. LMG/Haiti will advocate with partners to discuss this challenge and suggest the best strategies to solve it in the next quarterly meeting.
- MSPP institutional limitations: MSPP decision-making processes remain extremely centralized. Communication is not always effective between the central and peripheral levels (departments). DDS reports are not systematically submitted to the central level, and key information is not always correctly disseminated from the central level to the DDS. Stronger commitment from partners in terms of financial and technical assistance is necessary to fill this gap. LMG/Haiti will assess in depth the communication gaps within the MSPP before proposing specific technical assistance in year two.
- The routine work of sector administration is highly demanding on high-level MSPP officials, so there is limited or fragmented time that these high-level officials can devote to comprehensive strategic thinking and policy dialogue. In year 2, LMG/Haiti will strategically embed technical assistance providers both at the central and departmental levels to facilitate the MSPP’s ability to carry out routine high-level tasks, such as institutional capacity building, any required reorganization, and strategy planning sessions.
- UAS: The UAS remain largely a virtual administrative concept and level, as very few of them function (no operating budget) or even exist: the MSPP administrative coordination units for the UAS are in place only in the Matheux corridor, one of the twelve networks supported by the LMG/Haiti project. Local LMG/Haiti advisors therefore have no technical counterparts. LMG/Haiti will suggest to the MSPP to at least designate MSPP focal points in every UAS. Moreover, the revised MSPP organic law which includes the creation of the UAS has not yet been approved by the Haitian parliament.
- Partner coordination: At the local level, each partner has its own priorities; conflicting schedules do not facilitate coordination. Although LMG/Haiti works closely with all the stakeholders and supports local MSPP leadership to advocate for better planning, not all partners respect their commitments. Therefore, the MSPP UAS, with LMG/Haiti’s technical support, has taken the responsibility to improve coordination and will conduct quarterly evaluation and coordination meetings with partners to review progress made in implementing the referral networks development plan in order to encourage them to respect their commitments.
- MSPP policies: Policies, particularly those related to contracting and RBF, have yet to be fully understood by a broad range of stakeholders, including central-level MSPP staff and

health providers. LMG staff are planning training and sensitization sessions for them during the second year of the project. Once the operational manual for RBF is validated, LMG will have more leeway to promote and disseminate the manual and the RBF strategy, especially in the department in which the first phase will take place.

- The LMG contracting team faces two major challenges at present. First, there is the inertia within the MSPP to make decisions related to the operationalization of the new CU, such as office location and final salary amounts, so the contracts can be drafted and signed with the new staff that remain. In addition, the MSPP has yet to make the final decisions on the indicators that will be supported by the RBF project. Due to World Bank and MSPP constraints, there has been a lack of clear decision-making regarding the departments and specific geographical areas within the departments to cover. In addition, the reluctance of the World Bank to clarify their final institutional design and RBF indicators to buy are further constraints which delay the start of RBF in Haiti. These challenges should be resolved by August 31, 2013, based on recent commitments made by partners, donors and MSPP to make the CU fully operational and have a final set of indicators for any RBF project implementation.
- As part of LMG's technical support provided to the MSPP, a draft of the manual was finalized and submitted to the Ministry of Health in May 2013, and the annexes, including model contracts, draft indicators lists, and draft quality scorecards were sent to the MSPP, USAID, and partners in July 2013. The LMG team accompanied the CU to create an annual workplan and an operating budget, which was sent to the Minister of Health for her approval before the budget is negotiated with the World Bank. As the LMG contribution to this workplan and budget is purely technical, it is the role of the World Bank to provide the financial means to the MSPP for operationalization of the RBF project. LMG/Haiti may propose to USAID to fill the gap by covering basic operating costs (salaries excluded) while the World Bank funding is made available to the UC. Once the manual is validated, and other World Bank prerequisites are met by the MSPP, the MSPP and the World Bank will be closer to finalizing the funding grant which will fund the RBF strategy in Haiti for 3 departments. As of now, the MSPP has signed the pre-grant for the RBF project, the majority of which is designated for the Service Provision Assessment (SPA) and not RBF and the CU staff.

While LMG/Haiti faces many difficulties due to the Haitian context with its cultural, political and social specificities, LMG learned that strong commitment from decision-makers can assist in solving problems at the community level and mobilize local leaders and catalyze energy towards a specific target. At Casal, a remote and rural community of Cabaret City in Matheux UAS, the LMG/Haiti project and other partners, such as SDSH, with the involvement of community leaders, assisted in reopening a MSPP Health center that was closed for 10 years. In the next quarter, more progress is expected as LMG/Haiti's continued presence in the field (regional capacity building advisors) and in the MSPP (through embedded medium-term and short-term advisors) will facilitate the achievement of the expected results of the project.

VI. ANNEXES

ANNEX A: PMP INDICATORS

Indicator Number	Performance Indicator	Baseline	Result Q3	Target Yr1	Target Y2	Target Y3	Data source	Comments
Objective 1: Support the contracting function within the MSPP with the capacity to manage all sources of funding (including USG's) and to contract and manage health services								
Expected Result 1.1: Transparent, efficient and sustainable platform to contract and measure performance of, manage, and coordinate essential health services developed using GoH systems								
1	% of transactions and operations of the contracting function which are fully managed by the MSPP without technical assistance and which meet the contracting management norms	0	0%	20%	50%	50%	Project records, TA reports. Contracts/RBF documentation	The contracting unit is in place now, but two staff members left due to too much delay in the salary payment process by the WB.
2	Number of Central Directorates or Districts (UAS) Offices audited by the UC	0	0	0	7	12	UC documents, audit reports, Tender report, TWG meeting report	This indicator will be revised as "audited" is not the appropriate wording since the UC does not legally have such a mandate. "Monitoring reports" is more appropriate.
Expected Result 1.2: Essential regulatory and managerial functions of the MSPP in support of the contracting/RBF scheme reinforced								
3	Number of MSPP central directions able to formalize and regulate all functions related to the RBF process and guidelines	0	0	6	11	11	RBF guidelines adjusted to each central direction MSPP documentation TA activity reports	First results were expected for the end of Q4, but the process will be delayed until MSPP staff is 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 expected for the end of Q4. The process will be delayed until implementation of RBF projects.
5	Number of authorized (holding an "Authorisation de Fonctionnement") health institutions and facilities	0	0 Authorized institutions	XXX authorized institutions	XXX authorized institutions	XXX authorized institutions	Authorization certification from MSPP	LMG/Haiti and the MSPP are still reviewing the norms for authorization and accreditation. This process is delayed, and the first results are expected for the first quarter of Year 2.
6	Number of accredited facilities	0	0	XXX (< to indicator 5) accredited institutions	XXX (< to indicator 5) accredited institutions	XXX (< to indicator 5) accredited institutions	DOSS/SACQ (Service d'Accréditation et de Contrôle de Qualité) documents. Authorization of Operation certificates issued by DOSS. TA activity reports.	As it seems that no institution can be accredited under the current norms, LMG/Haiti advocates that the MSPP focus on authorization tools only.
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 are expected after RBF pilot projects implemented.

8	Number of units (DDS, UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit)	Current system of supervision of departmental and communal administrative levels	0	3 units (1 DDS, 2 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit)	8 units (3 DDS, 5 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit). XXX (Matheux, St Michel, Fort Liberté) units/orgs providing essential packages of care	12 units (4 DDS, 8 UAS) that are monitored and supported in their planning, budgeting and supervisory functions by central departments and UC according to the established supervision and support system (disaggregated by unit)	Specific TA assignment reports Monitoring and supervision reports Budgets and planning reports	The first results are expected after trainings of MSPP staff.
9	Number of MSPP units and/or organizations providing recommended essential packages of care	TBD based on current PMS (paquet minimum de services)	–	–	XXX (Matheux, St Michel, Fort Liberté) units/orgs providing essential packages of care	XXX (12 networks) units/orgs providing essential packages of care	Updated PMS TA activity reports Specific supervision TA reports	Dashboards to track and monitor activities are currently being implemented in LMG/Haiti intervention areas. First results are expected during the first quarter of year 2, when electronic bulletins will be available.
Expected Result 1.3: Mechanisms to harmonize, formalize and track donor contributions to contracting initiative developed and implemented								
10	Existence of an operational and legally approved MSPP strategy for health financing, which is known by all donors	None	–	–	Approved and disseminated	Operational	Strategy/ formal publication Existing tools. Donors (such as OMS, UN, UE, CIDA, etc.) and partners reports on this matter	LMG/Haiti will work in year 2 with the MSPP on developing a roadmap framing the steps towards this goal.

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

Expected Result 2.1: National norms/policy on referral networks developed, disseminated, and implemented

11	Number of referral networks which are implementing the referral network norms and policies	0%	0%	4 referral networks are implementing the referral network norms and policies	8 referral networks are implementing the referral network norms and policies	12 referral networks are implementing the referral network norms and policies	MoUs, mapping, communication and transportation systems policies, supervision visit reports. Tools reviewed and updated	Tools for counter-referral are currently in the process of validation
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	“TBD” will be defined after a monitoring plan is implemented in the networks. First results are expected for Q2/year 2.

Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened

13	Number of UAS using a quality assurance tool to evaluate the quality of care within their institutions	TBD with DOSS	0	0	6 UAS	12 UAS	Supervision reports from MSPP (UAS, DDS, DOSS)	An international consultant is currently working on this.
14	Number of UAS having an annual action/ implementation plan	None	2	3	7	12	Project records, plans	Plan already available for Matheux and Nord-Est. Another plan is currently being developed for the Metropolitan area.

Expected Result 2.2: MSPP capacity to establish, monitor, and evaluate referral networks in USG priority areas accelerated and broadened								
15	Number of referral networks having at least 80% of health facilities which meet the top 10 criteria for functional referral networks*	0	0	2 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	8 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	12 referral networks have at least 80% of health facilities reporting use of top 10 criteria for functional referral networks	Project records	First results are expected when electronic bulletins will be available for UAS/Q1 of year 2.
16	Number of best practices, or results reports, or implementation research study reports disseminated to MSPP	0	0	1 best practice, or results report, or implementation research study report disseminated to MSPP	3 best practices, or results reports, or implementation research study reports disseminated to MSPP	5 best practices, or results reports, or implementation research study reports disseminated to MSPP	Project records, Review meetings, Copies of best practice reports, results reports, or implementation research study reports	1 shared on “aide basée sur la résultats” (OBA) with CBA to be shared with local MSPP officers.
Expected Result 2.3: MSPP capacity and accountability to plan and implement health infrastructure projects supported to reinforce more functional referral networks								
17	Number of infrastructure-related projects that are proposed by MSPP and submitted for funding to USAID or other donors	TBD	TBD	TBD	TBD	TBD	UPE/MSPP	An inventory tool is available and waits for validation from DOSS. LMG/Haiti has supported the MSPP and USAID/Haiti in drafting Implementation Letters. Exact numbers will be provided in Q4 and 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 and waits for validation by the DOSS.
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SUCCESS STORY

Building a more effective Health Information System in the Matheux Health District, Haiti

Assuring better management of health interventions by providing accurate and reliable data



Photo: Management Sciences for Health

During a workshop in the Matheux health district in April 2013, Dr. Francisco Noel, Coordinator, and Ms. Jenny Dasny, M&E Officer, demonstrate how to use a dashboard tool to monitor results based on services available at network facilities.

In order to make informed decisions and effectively serve patients, health care providers depend on reliable data, information and knowledge. In Haiti, many USG-funded partners leading reconstruction projects lack critical information that they need to efficiently allocate resources. Within the Matheux health district, only 4 of the 17 health facilities submitted reports to the coordinating office after the network's launch in November 2012. In the annual operations plan, strengthening the health information system was defined as a priority action item. The Leadership, Management and Governance (LMG/Haiti) project, financed by USAID, has helped the Matheux health district overcome this challenge by providing technical support to reinforce data collection activities, clearly define health objectives, and finalize the annual operations plan.

In March 2013, the LMG/Haiti staff held trainings in the Matheux health district to stress the importance of data collection and regular monthly reporting for service providers. To ensure that reporting tools were being used and filled out correctly by service providers, LMG/Haiti carried out supervision visits in partnership with the Monitoring and Evaluation Officer and Coordinator for the Matheux health district. In April 2013, two dashboards were developed to track the submission of monthly reports and to monitor results based on the services available at each facility.

The coordination of information within the Matheux health district encourages better management of health interventions by providing accurate and reliable data to share with Ministry of Public Health and Population (MSPP) partners. LMG/Haiti support has helped to increase the total amount of data reported within the network tenfold, from a rate of 23% in October 2012 to 83% in May 2013.

According to Ms. Jenny Dasny, the Monitoring and Evaluation Officer, "the dashboard tools provide more clarity and precision by simplifying longer monthly reports into a single dashboard, displaying the necessary indicators. The dashboard is a must to achieve success in line with our objectives and strategy." Moving forward, extending the approach piloted in the Matheux health district to the 11 other networks with LMG/Haiti will be a crucial step in strengthening Haiti's health information system.