



**USAID** | **HAITI**  
FROM THE AMERICAN PEOPLE

# QUARTERLY REPORT

## SUPPORT OF GOVERNMENT OF HAITI STRATEGIC INFORMATION SYSTEMS

### **JULY - SEPTEMBER 2013**

This publication was produced for review by the United States Agency for International Development. It was prepared by: Futures Group Support of Government of Haiti Strategic Information Systems Project.

The Support of Government of Haiti Strategic Information Systems Project is a four-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-521-C-13-00005, beginning March 30, 2013. It is implemented by Futures Group, in collaboration with Transversal and GSIS Haitian subcontractors, USAID and CDC Partners.

The information provided in this document is not official U.S. government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

# QUARTERLY REPORT

SUPPORT OF GOVERNMENT OF HAITI STRATEGIC  
INFORMATION SYSTEMS

**JULY - SEPTEMBER 2013**

# CONTENTS

- CONTENTS ..... III
- LIST OF ABBREVIATIONS ..... IV
- HIS HAITI QUATERLY ..... I
  - CONTACT INFORMATION ..... I
  - OBJECTIVE 1 ..... 2
  - OBJECTIVE 2 ..... 2
  - OBJECTIVE 3 ..... 3
  - OBJECTIVE 4 ..... 4
- PLANNED ACTIVITIES FOR NEXT QUARTER ..... 6
- TABLE AGREEMENT ..... 7

# LIST OF ABBREVIATIONS

CDC	Centers for Disease Control
DHIS	Department Health Information System
GOH	Government of Haiti
GSIS	Groupe de Support en Informatique et en Statistiques
WHO	World Health Organization
HFG	Health Finance and Governance
HIS	Haitian Interdenominational Shelter
HIV/AIDS	Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome
HSIS	Health Statistical Information System
LMG	Leadership, Management & Governance Project
MESI	Monitoring, Evaluation, and Surveillance Interface
MOH	Ministry of Health
PIH	Partners in Health
SSQH	Services de Santé de Qualité pour Haiti
UPE	Unite de Planification et d'Evaluation
USAID	United States Agency for International Development
USG	United States Geological Survey

# HIS HAITI QUARTERLY REPORT

PERIOD COVERED: JULY - SEPTEMBER 2013

## Contact Information:

**Chief of Party:** Mario Cyr, [Mcyr@futuresgroup.com](mailto:Mcyr@futuresgroup.com)

**Project Director:** Donna Medeiros, [DMedeiros@futuresgroup.com](mailto:DMedeiros@futuresgroup.com)

**Contracts Officer:** Albert Merkel, [AMerkel@futuresgroup.com](mailto:AMerkel@futuresgroup.com)

## Primary Objectives

This project supports USG efforts to build strengthened and sustainable health information systems within Haiti, allowing for the Haitian government to effectively manage and monitor program resources (both host-country and donor) and monitor patient outcomes, as well as to ensure effective, routinized information use throughout the health sector. The project supports the Government of Haiti (GOH) strategic health information systems, focusing on four key objectives:

**OBJECTIVE 1:** Build the capacity of the Ministry of Health (MOH) in Strategic Information Systems

**OBJECTIVE 2:** Develop an expanded and comprehensive Carte Sanitaire platform for the Planning and Evaluation Unit (Unite de Planification et d’Evaluation – UPE)

**OBJECTIVE 3:** Support the implementation of a comprehensive HMIS

**OBJECTIVE 4:** Improve data quality and applied data use within GOH data reporting chains

## Main Achievements

Since the last project report period of March to June 2013, Futures Group completed 90% of hiring for the Haiti project team located in Port au Prince. Additional staff hired included:

- Emmanuel Willer Charles, Programmer II
- Kénold Rendel, Programmer II
- Marie-Manushca Duracin, Administrative and Training Support Assistant
- Peterson Abnis I Faure, Training Specialist
- Dr. Fredick, Data Demand and Use Manager

In the support of the smart card effort, Futures Group initiated a partnership with Partners in Health (PIH) at the University Hospital in Mirebalais and will work toward completing their network and examining the feasibility of introducing a Health Smart Card for University Hospital patients. This initiative is considered the first phase in the development of a National Health Card in Haiti.

Two USAID meetings with Services de Santé de Qualité pour Haiti (SSQH) were held to iron out whom aspects of assisting in reporting on the SSQH 160 institutions' activities across the 10 MoH departments. A Memorandum of Understanding will be completed in November to formalize this collaboration.

Efforts to launch a national DHIS2 Platform made significant progress. A plan to transfer all HSIS MOH data from 2006 to 2013 to the DHIS2 was discussed and will take shape in a formal workplan in October.

Futures Group worked on constructing and consolidating the three national institution lists at the MOH. The next step will be to build a MOH central data base which will serve as the national registry for institutions and the public and private sectors.

## **OBJECTIVE 1:**

### **Build the capacity of the MOH to effectively manage strategic Information systems**

The following Objective 1 activities were performed during the reporting period:

Following our last quarterly report, Futures Group staff analyzed different platforms that could meet the challenging task of building a comprehensive data warehouse that will offer the capacity, flexibility, customization and interoperability to meet the needs of the MOH. The MOH HIS system is paper based and electronic where each software application is standalone with no integrated reporting tools at the central level. The CDC had developed a platform called MESI for the reporting of HIV/AIDS incidence. This platform does not have capacity, the data validation mechanism nor the architecture to be considered a central platform to process data and populate a dash board. This is one reason why the owner of the application presented an RFP during the month of September to enhance the application to respond to HIV/AIDS standards.

We have recommended to the MOH an open source platform, DHIS2, which is used in over 30 countries. The platform is customizable, reliable, flexible, and complies with the international standard of interoperability. The DHIS2 (Department Health Information System), developed at the University of Oslo, is a web-based application which can be centrally installed. It will offer access to the 10 departments without the requirement for a physical server in each department and allows for instant report availability once the data are validated in the platform. This is quite a change compared to actual data processing for which managers had to wait more than four to five months before the data were treated for decision use.

The introduction of this platform requires customization to the Haiti MOH structure, data stream and operational processes. The MOH has three institutions listings from which we had to reconcile and create a Master Facility list. For the next quarter, we will present the platform to the central and departmental levels to receive their buy in. Initially the roll-out to the first institution is projected for the end of December.

Work continued with a small UPE committee during the last three months. Impacting the work, the leader of the statistics unit and two technicians were transitioned to other departments or took educational leave. This has left only one consultant and a technician as a working committee, which is not sufficient to assist in capacity building and performing the large scale of work.

Plans are moving forward to hold a workshop on indicators for January.

A nurse informatics position was created within the team as well as a 6 month consultancy in Policy and Standards. It is anticipated both positions will be filled by December. The nurse Informatics position assist in completing collection data tools analysis and work on a fast track with SSQH.

## **OBJECTIVE 2:**

### **Develop an expanded and comprehensive Carte Sanitaire platform for UPE**

The following Objective 2 activities were performed during the reporting period:

The Minister of Health (DG) previously expressed the desire to have a Carte Sanitaire at a glance display: a) where health services are provided throughout the country; b) the total population of the departments and, c) major health indicators on a screen in real time.

In this regard, the project team developed a new user interface template of the Carte Sanitaire. As part of the joint work plan with the MOH, a workshop was discussed at the central level to develop the vision and the content of this new tool, which will provide complete information outside the data presented in the data warehouse at the central level (DHIS2). This workshop will be planned in the coming months.

Acknowledging the Carte Sanitaire is a value added to the DHIS2 and not the central data warehouse, the original expectations (2010-2011) of the MOH have changed since the beginning of the project. The MOH has a better understanding of the DHIS2 and its capacity to meet their needs in health activities. The Carte Sanitaire is no longer the depot for health indicators, but a complementary tool which will offer more management information and a mapping process for specific activities. We anticipate that the Carte Sanitaire will become the go-to planning tool.

Futures Group technical staff Ed Robinson (South Africa) and Vincent Yahuma (Kenya) traveled to Haiti and provided the team with expertise in national level implementation for this and also DHIS2 in support of the project.

### **OBJECTIVE 3:**

#### **Support the implementation of a comprehensive HIS**

The following Objective 3 activities were performed during the reporting period:

1. To align the project work plan with the evolving scope of the MOH vision of its HMIS, Futures Group consulted previously established documentation on the MOH vision since 2008 and conducted interviews to assist in designing a HMIS for the government of Haiti. A comprehensive model of the HMIS and the programmatic phases to meet the goals was presented to the Minister's office in September. Executive Director expressed her vision for the project and expectations. She mandated the UPE address their recommendations and adjust accordingly to the new environment. This effort is a work in progress.

#### **2. Collection tools, paper and electronic**

It is generally acknowledged the availability of collection tools at the institutional level has been problematic for numerous years. In an effort to understand and solve this problem, the project team during this reporting period worked with UPE to diagram the flow of the collection tools. Recommend the building of a management unit to deal with this major logistical task.

Futures Group agreed to finance up to \$60,000 of the printing costs for essential collection tools to cover the UPE's needs for the next three months. We outlined procedures the project must follow to procure and pay for printing including obtaining competitive quotes for the printing work. While this activity is seen as urgent by all parties, the MOH has not yet proceeded.

#### **3. Other major activities for this quarter include:**

##### **a. Management Unit for the Formularies**

The UPE has not yet put the management unit in place though recommended in April 2013. This action item has been moved to the HIS TWG work plan with results anticipated within the next one to two quarters.

## **b. Health Indicators Workshop**

The UPE previously held the responsibility of convening an indicators workshop with software application providers. However this responsibility was moved to the central level with two workshops now planned for January and February 2014.

## **4. Health Systems Database Assessment on Data Quality and Interoperability**

This activity, while highly important for HIS development, was postponed by the UPE on the understanding that this activity can be a shared experience amongst the application providers themselves.

Futures Group performed an assessment on two databases, HSIS and the Carte Sanitaire. We began assessing the OpenMRS application and we shall proceed with the other seven applications if the MOH allows us to do so. In the meantime, the project has developed a strong relationship with a USAID partner which is linked to the central database for all HIV/AIDS applications. There is an established strong quality process on data collection from the four application providers. The project will utilize their expertise to build the data exchange between their central database and the DHIS2 in the next quarter.

We began the process of hiring a Policy and Data Standards Expert with a projected start date of December. The contractor will develop the policies and procedures manuals for the DHIS2 on data ownership, confidentiality and data access at the central level over the next six months and may also be involved in other various national level standards efforts.

### **OBJECTIVE 4:**

#### **Improve data quality and applied data use within GOH data reporting chains**

The following Objective 4 activities were performed during the reporting period:

Data quality is a key factor and considered high risk for managers making decisions based on health information systems. We have recruited highly qualified and experienced staff to work on these activities as data quality assurance and control are fundamental in the development of a HIS. We have been working with software applications partners, the Centers for Disease Control (CDC) and the World Health Organization (WHO) to build on lessons learned and past experiences in Haiti and other developing countries in order to strengthen the MOH and improve information. We have developed strategies to convert into success the training and coaching elements that can mobilize care givers and administration staff to become quality leaders including assisting in a step by step approach. The capacity building team is assisting in the preparation of the upcoming workshop at central level health indicators.

The capacity building team began activities with SSQH partners' on the reporting processes and planning training on quality assurance and control at central and departmental level for the next 12 months.

#### **Project Coordination with Partners:**

We are working with USAID partners on activities in support of the Minister of Health's work plan. Coordination activities are held once a month under the leadership of USAID and include LMG, HFG, HIS and others.

#### **Technical Products Completed:**

None this period

#### **Indicator Targets Achieved:**

Office set-up and staff recruitment

### **Challenges, Solutions and Actions Taken:**

Implementing the approved workplan has proven very challenging, especially Objective 1 building the capacity of UPE. The MOH focal point is often unavailable and UPE does not currently have qualified staff required for capacity building in health information systems strengthening. We anticipate as the project focuses on MOH at the department level, work will progress more as planned at non central level as we work with the more than 40 staff working in epidemiology, statistics and supervision. The creation of a Technical Working Group in October will allow other MOH specialists outside the UPE to participate and lead different tasks of the construction of a joint work plan. This initiative shall alleviate issues encountered during the first phase of the project and initiate other directorates on the necessity for the MOH to build a robust HIS.

Another significant challenge is to support the SSQH partners in their reporting activities as soon as December. This is a highly significant challenge as the reporting tools are not the ones in used as the routine services activities. A redesign will be needed to the reporting central formulary to be more accurate on the essential indicators and friendlier use for the care providers. This new data entry template of the DHIS2 will have to be reprogrammed. For the user acceptance side, we have adopted a strategy to ease their work (efficiency) with a more convivial data collection tool.

Additionally, the timing of activities in the workplan has changed based on evolving needs and priorities. A change in the timing of system assessments, capacity building at department level focus and the introduction of new activities including DHIS2 and smartcard took place during the reporting period. While we whole heartedly accept these as necessary and highly beneficial project activities, we must respectfully acknowledge such changes entail a rework of the previously accepted workplan and shift in project staff effort.

# PLANNED ACTIVITIES FOR NEXT QUARTER

**JULY - SEPTEMBER 2013**

## Objective 1:

- Support the production and dissemination of the collection tools materials to institutions
- Assist UPE to lead the first central workshop on health indicators
- Complete the assessment tools development and organize a training seminar on the mobile technology assessment process (January 2014)
- Realize gap assessment for the central directorates and departmental level
- Develop a training plan on data quality and control at the department level with SSQH partners

## Objective 2:

- Develop a user experience interface prototype of the carte sanitaire.
- Organize the first group discussion on the carte sanitaire vision.

## Objective 3:

- Development and acceptance of the joint work plan by the Executive Director of the MOH
- Develop policy and procedures manual for the DHIS2
- Support the UPE in developing a national facility ID code to be implemented across all health systems
- Assist SSQH partners in their reporting processes via the DHIS2

## Objective 4:

- Develop guidelines on data quality standards.
- Train the first group on data quality and use in three departments.

## Collaboration and Partnership Development

- The project will continue active participation via USAID and CDC partners meetings through collaboration.

## AGREEMENT N°: AID-521-C-13-00005

Partner: Futures Group

Start Date: 02/26/13

End Date: 02/26/17

### Haiti Strategic Information Systems Pro

Quarter Ending: Jul 2013 - Sept 2013

	Obligation FY13	Obligation FY14	Obligation FY15	Obligation FY16			QUARTER SPENDING		
Funding Type:	Feb 26, 2013 to Feb 25, 2014	Feb 26, 2014 to Feb 25, 2015	Feb 26, 2014 to Feb 25, 2016	Feb 26, 2014 to Feb 25, 2017	TOTAL OBLIGATIONS	Cumulative Disburse- ment through PREVIOUS Quarter	CURRENT Quarter Dis- bursements: Jul 2013 to Sept 2013	Cumulative Disburse- ments	Balance Begin- ning NEXT Quarter
<b>Objective 1</b>	\$ 531 125,00	\$ 490 369,96	\$ 470 240,33	\$ 458 694,32	\$1 950 429,61	\$ 89,848.43	\$ 98,629.16	\$ 188,477.59	\$ 342,647.41
<b>Objective 2</b>	\$ 892 281,00	\$ 784 591,94	\$ 752 384,52	\$ 733 910,92	\$3 163 168,38	\$ 143 757,48	\$ 157,806.66	\$ 301,564.14	\$ 590,716.86
<b>Objective 3</b>	\$ 488 631,00	\$ 490 369,96	\$ 470 240,33	\$ 458 694,32	\$1 907 935,61	\$ 89 848,43	\$ 98,629.16	\$ 188,477.59	\$ 300,153.41
<b>Objective 4</b>	\$ 212 445,00	\$ 196 147,99	\$ 188 096,13	\$ 183 477,73	\$ 780 166,84	\$ 35 939,37	\$ 39,451.67	\$ 75,391.04	\$ 137,053.96
<b>TOTAL</b>	\$2 124 482,00	\$1 961 479,85	\$1 880 961,30	\$1 834 777,29	\$7 801 700,44	\$ 359 393,71	\$ 394,516.65	\$ 753,910.36	\$1,370,571.64

For more information, contact:

**Mario Cyr, Chief of Party**

**HIS Haiti Project**

**Futures Group**

125 Rue Faubert

Petion Ville, Haiti

Tel: (509) 3859-2980

**Email: [Mcyr@futuresgroup.com](mailto:Mcyr@futuresgroup.com)**