

Extension Report: August – November 15, 2013

January 15, 2014

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Santé pour le Développement et la Stabilité d'Haïti
(SDSH II)

Extension Report
August – November 15, 2013



Crossing the Grand Boucan

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List of Acronyms

| | |
|---------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| AMSTL | Active management of the third stage of labor |
| ANC | Antenatal care |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| CHW | Community health worker |
| COE | Centers of Excellence |
| CP | Child protection |
| CYP | Couple years protection |
| FP | Family planning |
| GBV | Gender-based violence |
| HIV | Human immunodeficiency virus |
| KMC | Kangaroo mother care |
| LMS | Leadership, Management, and Sustainability Program |
| LNSP | Laboratoire National de Santé Publique |
| MOU | Memorandum of understanding |
| MSH | Management Sciences for Health |
| MSPP | <i>Ministère de la Santé Publique et de la Population</i> (Ministry of Public Health and Population) |
| ORS | Oral rehydration salts |
| OVC | Orphans and vulnerable children |
| PIMA | Point of Care CD4 |
| PMTCT | Prevention of mother-to-child transmission |
| RH | Reproductive health |
| SCMS | Supply Chain Management System |
| SDSH II | <i>Santé pour le Développement et la Stabilité d'Haïti II</i> |
| SONUB | <i>Soins néonataux d'urgence de base</i> |
| SONUC | <i>Soins obstétricaux et néonataux d'urgence complets</i> |
| TB | Tuberculosis |
| TBA | Traditional birth attendant |
| UCL | <i>Unité de Contrôle des Laboratoires</i> |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, sanitation, and hygiene |

Executive Summary

The United States Agency for International Development (USAID) awarded a two-month extension to the *Santé pour le Développement et la Stabilité d'Haïti II* (SDSH II) project for August and September 2013; at a later date, the project was further extended through November 15, 2013. Throughout the extension period, SDSH II continued to improve access to and the quality of Haiti's basic package of health services. The project worked closely with the departmental-level *Ministère de la Santé Publique et de la Population* (MSPP, Ministry of Public Health and Population) to strengthen the government's capacity to manage and monitor the delivery of health services.

During the extension period, SDSH II continued to support the 164 health facilities through 26 nongovernmental organizations working in 65 sites, as well as 99 public, MSPP-supported service delivery points within the 41 *zones ciblées* (target zones) across 10 of Haiti's departments through performance-based contracts and memorandums of understanding. However, during the extension period the project functioned on a reduced budget that allowed only funding and support to the PBF sub grant; all other non-routine activities such as training were eliminated from the work plan for this limited period.

The project built on the momentum of the *Coup de Poing* efforts initiated in July, and closed the project on an upward trajectory. SDSH II achieved 85 percent of its targets at 80 percent or above during this reporting period and met or exceeded the goals for 65 percent of the targets, despite decreased resources and targets that remained consistent. *(It is important to note that though the targets originally set for the indicators took into account services provided through November 15, 2013, the project did not collect data past October 31, 2013, as was agreed upon in the contract. To give the most accurate view of the project's accomplishments, the data presented in this report cover the period of August 1 to October 31, 2013.)* Notable achievements included:

- Number of births attended by skilled birth attendants (midwives, nurses, doctors) in USG-assisted programs: Achieved 103 percent of target
 - The project had struggled to reach its targets for this indicator in previous quarters, but due to increased outreach and education of pregnant women and close monitoring of clinical supplies, SDSH II was successful in increasing the number of women who gave birth in facilities during the extension period.
- The percent of children under one fully vaccinated in USG supported programs: Target, 92 percent, achieved 97 percent
 - In previous quarters, stock outs and national vaccination campaigns, which occupied staff away from project-oriented activities, prevented SDSH II from achieving its vaccination targets. Between August and October of 2013 SDSH II increased its efforts to sensitize communities on the necessity of vaccinations and in concert with adequate stock of vaccines, was able to surpass its immunization targets.
- The number of couple-years protection provided in USG-supported programs: Achieved 117 percent of target
 - Through community-based distribution and strengthening integration and referrals for family planning from other services such as HIV, SDSH II consistently exceeded its monthly targets for couple years protection throughout 2013 and greatly exceeded both the extension and life-of-project targets.

Throughout the extension period, SDSH II continued to focus on capacity building of health facility and MSPP staff through supportive supervision and ongoing technical assistance, both virtual and in person. The eight Centers of Excellence continued to benefit from the improvement collaborative approach, which provided a platform for sharing best practices and information for nurses and physicians to guide them in decision making.

SDSH II continued to support the MSPP's capacity at the departmental level to ensure leadership through an increased focus on supervision and the use of the supervisory checklist developed by the project. The project specifically emphasized coordination of services in addition to supervision.

Introduction

The United States Agency for International Development (USAID) awarded a two-month extension to the *Santé pour le Développement et la Stabilité d'Haïti II* (SDSH II) project for August and September 2013; at a later date, the project was further extended through November 15, 2013. Throughout the extension period, SDSH II continued to improve access to and the quality of Haiti's basic package of health services. The project worked closely with the departmental-level *Ministère de la Santé Publique et de la Population* (MSPP, Ministry of Public Health and Population) to strengthen the government's capacity to manage and monitor the delivery of health services.



Project purpose and objectives

The overall purpose of these three-month extension was to continue, and in some instances expand, the provision of the Government of Haiti's basic package of primary health care services to people served by SDSH II, and to continue targeted assistance to the departmental level MSPP to support service delivery. SDSH II implementation was guided by the following objectives:

- 1. Improve access to and quality of the Government of Haiti's defined basic package of services.** Support the delivery of a basic package of services and targeted infectious disease prevention, including HIV/AIDS, tuberculosis (TB), maternal and child health, water, sanitation and hygiene (WASH) and nutrition, and family planning (FP). Further emphasis will be placed on gender-based violence (GBV) and child protection.
- 2. Strengthen departmental-level MSPP capacity to manage and monitor the delivery of health services.** Help to rebuild and reform the management of public health services and increase support to the MSPP in strengthening systems and governance at the departmental level.

During the extension period, SDSH II focused on providing access to Haiti's basic package of health services and supporting the MSPP at the departmental level. Through fixed-priced sub-contracting mechanisms and memorandums of understanding (MOUs), SDSH II's extension empowered both private and public facilities to continue improving the quality of care. The extension contract stipulated that SDSH II could not undertake any new training or technical assistance. All essential training, including family planning compliance training, was completed by July 31, 2013. Activities were limited solely to those that ensured continuity of services, including regular supervision and oversight of site-level activities.

It is important to note that though the targets originally set for the indicators took into account services provided through November 15, 2013, the project did not collect data past October 31, 2013, as was agreed upon in the contract. As a result, the data presented in this report refer to the period of August 1 to October 31, 2013.

Though SDSH II ended on a positive note, the project was not without its challenges. Despite concerted effort, some indicators, such as the number of TB patients tested for HIV, the percent of

antiretroviral (ARV) patients known to be alive and well 12 months from initiation of therapy, and the percent of service outlets offering five FP methods, including two long-acting or permanent methods still lagged considerably.

During this three-month extension, SDSH II continued to assist the departmental directorates to implement priority activities through MOUs with all ten departments. These MOUs (officially referred to as Integrated Departmental Plans, or *Plans Départemental Intégré* in French) were agreed on according to specific work plans and budgets developed in collaboration with SDSH II’s field teams in each department and key staff from the Port au Prince office. This collaboration also built the capacity of departmental level staff in planning, monitoring and evaluation, and financial management.

Objective 1: Improve access to and quality of basic health services

This objective was the primary focus of activities and funding for SDSH II. Technical and financial support was provided to 164 health facilities throughout Haiti’s ten administrative departments to deliver quality services in the MSPP priority areas of maternal, newborn, and child health (including nutrition and WASH), reproductive health (RH) and FP, and the detection, care, prevention, and treatment of HIV/AIDS and TB. SDSH II-supported facilities also provided medical services and referrals to vulnerable children and ensured the provision of health services to survivors of GBV and referrals for legal assistance, psychological support, and educational opportunities.

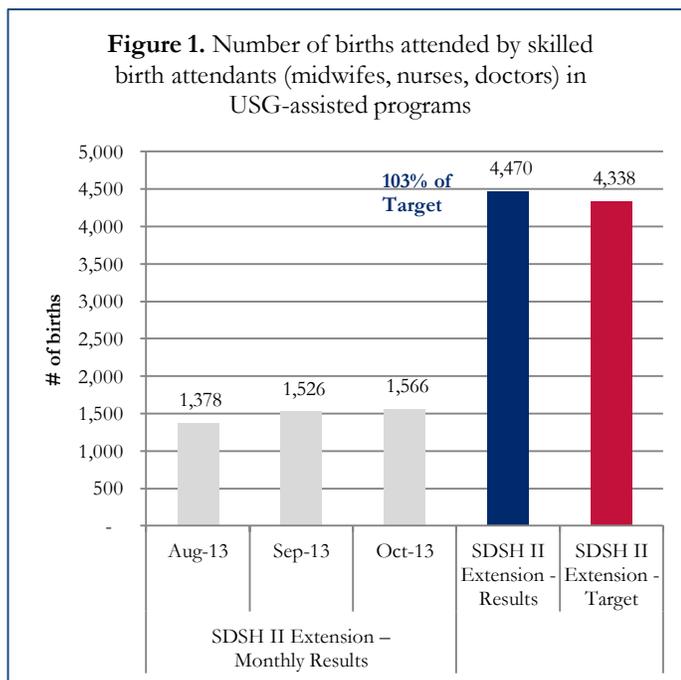
Result 1.1: Maternal, Newborn, and Child Health services including WASH and nutrition strengthened

Result 1.1 (a): Maternal and Neonatal Health

Number and percentage of births attended by skilled birth attendants (doctors, midwives, nurses): Target, 4,338 (14%)

SDSH II implemented the following strategies to increase the number of deliveries at the institutional level:

- The project helped sites manage logistics to ensure regular supplies of commodities from MSPP and other partners
- Central Technical Advisors continued to support the Departmental Advisors through close monitoring of the results, identification of gaps, and problem solving to address performance issues. Departmental Advisors provided supportive



supervision to facilities, who in turn oversaw and supported the work of community health workers (CHWs).

- CHWs, matrones, and community support groups continued to encourage pregnant women to choose institutional deliveries instead of home deliveries.
- Both community and facility-based health workers made referrals in and out of the SDSH II network in case of obstetric and maternal complications.
- The project provided guidance on the correct use of norms, protocols, and guidelines related to maternal, neonatal, and child health to 43 sites with capacity to offer maternity services. During the extension, the project also provided incentives such as hygiene kits, transportation fees for both traditional birth attendants (TBAs) and pregnant women, and food supplements in a few sites.
- Intensive educational activities with mothers' clubs and other community meetings promoted institutional deliveries and emphasized the recognition of danger signs and the importance of early referrals to prevent life-threatening obstetric complications.

In addition, SDSH II supported the improvement of maternity services at CS Maïssade, Savanette, Marmont Health Center in the Centre, and Grand Boucan in the Nippes, through minor repairs that ensure women's privacy during labor. This has contributed to increased use and improved quality of services in these facilities. Marmont Health Center recruited three auxiliary-midwives to ensure the availability of maternity services 24/7.

Project sites supported 4,470 deliveries by skilled birth attendants during the extension period, which represents 103 percent of the target set for this period. The project reached its target of 14 percent of births attended by skilled birth attendants. This drastic increase over the previous year's achievement (having met 51 percent of the indicator), is largely attributable to increased technical assistance provided by SDSH II staff in the field.

Number of deliveries with a trained traditional birth attendant (TBA): No Target

In addition to institutional delivery services, the project continued to support meetings and supervision of TBAs to ensure safe home deliveries. No targets were set for home deliveries. The following activities were conducted:

- On-going training for TBAs in service delivery and referral techniques during monthly supervisory sessions with their institutions. These meetings strengthened TBAs' capacities and the facilities provided TBA kits for safe delivery.
- Selected supervisory visits by auxiliaries during TBA-assisted births, when feasible.
- Monitoring of TBAs' activities based on their monthly reports.

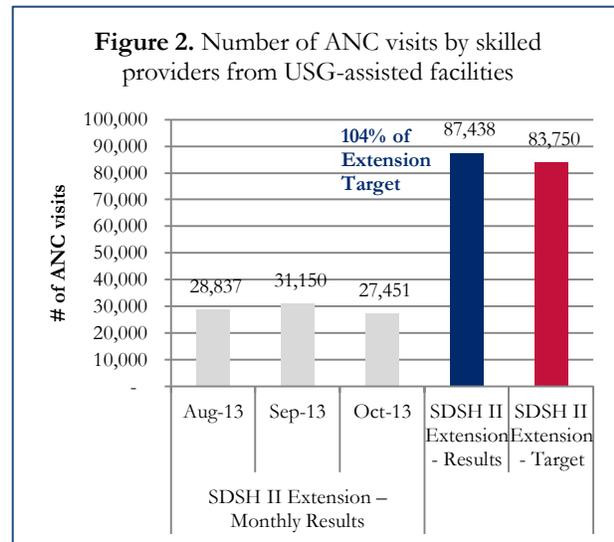
As a result, trained TBAs attended 14,524 home deliveries during this period. The project continues to emphasize that mothers should deliver at health centers with trained midwives. However, due to persistent issues of access, we continue to reinforce the community of TBAs and train them on effective referrals for high-risk mothers.

Number of antenatal care (ANC) visits by skilled providers: Target, 83,750

Percentage of pregnant women with three ANC visits: Target, 51%

SDSH II emphasized prenatal surveillance and encouraged pregnant women to attend at least three prenatal visits before delivery. To this end, the project carried out the following activities:

- The project provided technical and financial support to institutions to carry out mobile clinics. These clinics allowed the project to reach women in remote areas and those who missed their appointments at static facilities. CHWs and TBAs played a crucial role in finding these women using a list provided by the facility-based nurses.
- Regular social mobilization sessions created demand for ANC and disseminated educational messages.
- Mothers' clubs and maternal mortality surveillance committee meetings provided opportunities to educate communities on safe motherhood (recognition of danger signs and follow-up), at-risk pregnancies, obstetric emergencies, and the benefits of antenatal care. These meetings also strengthened information sharing between CHWs and midwives.
- Continuous coordination with other partners ensured that vaccines, essential drugs, and laboratory materials were always available to pregnant women at all sites.
- As part of the improvement collaborative approach, SDSH II-supported sites continued to implement quality improvement measures aimed at motivating pregnant women to respect their appointments. These included changes in waiting times, the welcoming environment, the availability of drinking water, and other service delivery elements.
- New prenatal registers were distributed in some sites that offer HIV services.



These efforts made it possible to provide 87,438 prenatal visits by skilled personnel, which represents 104 percent of the expected results. Fifty-five percent of pregnant women received three prenatal visits, according to MSPP norms, exceeding the target of 51 percent. These achievements were a continuation of the momentum gained during July's *Coup de Poing* efforts. From the beginning of the extension project through June 2013, SDSH II struggled to meet this indicator, but the increased availability of mobile clinics, tracking of pregnant women, and distribution of prenatal kits, aided in the improvements seen in this indicator.

Percentage of births delivered by Caesarean section: Target, 15%

According to MSPP norms, caesarian sections must be medically indicated. To this end, training was provided to physicians and nurses through the improvement collaborative on the importance of using partograms to follow labor phases and pinpoint clear and timely indications for Caesarian sections. Four Centers of Excellence (COE) – referral centers– tracked the percent of births

delivered by Caesarian section: *Hôpital Claire Heureuse, Hôpital Bienfaisance de Pignon/CBP, Beraca, and Hôpital Fort Liberté.*

SDSH II conducted supervision activities on quality case management of OB-GYN emergencies and complications.

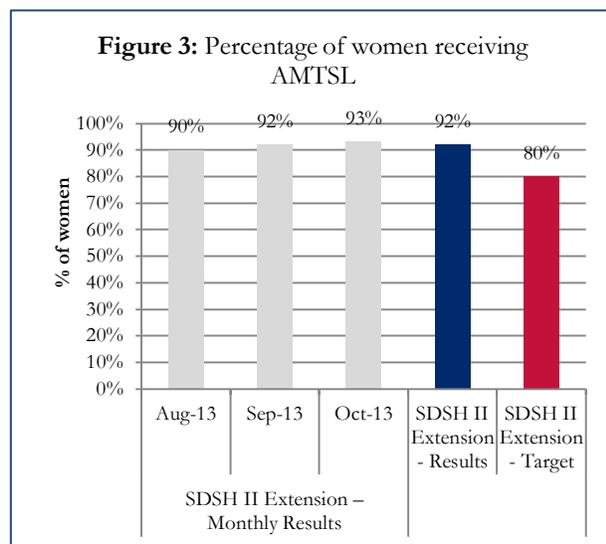
The COE registered 767 deliveries during this reporting period. Of these, 146 were made by Caesarian section, which represents 19 percent of all deliveries. As referral centers, the COE receive cases both from in and out-of their catchment areas and, by their nature, receive more difficult cases, which results in a higher percentage of Caesarian sections than expected (10 to 15 percent) in the general population.

Percentage of women receiving active management of the third stage of labor: Target, 80%

One essential element in quality obstetric care is the active management of the third stage of labor (AMTSL). This service is offered in the SDSH II-supported maternity units. The eight COE placed a special emphasis on AMTSL following the improvement collaborative training.

As a result, the project conducted the following activities:

- Ensuring availability of commodities and management tools in the eight COE delivery rooms based on the MSPP standards for safe deliveries and for basic emergency obstetric services (SONUB/ SONUC).
- Monitoring by providers to ensure that all AMSTL-related actions during deliveries are performed according to MSPP norms at all 43 maternity sites.



Ninety-two percent of all deliveries at the COE received AMTSL to successfully prevent postpartum hemorrhage, exceeding the target of 80 percent.

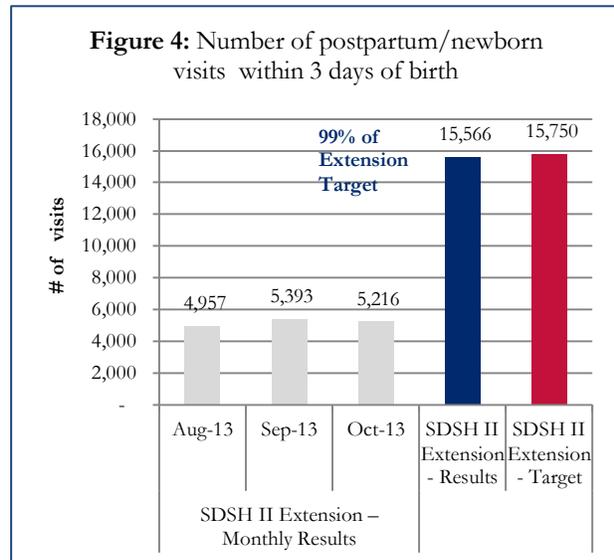
Number of postnatal/newborn visits within three days of birth: Target, 15,750

In accordance with MSPP norms, the project developed community strategies to promote early postnatal visits by women who delivered at home to ensure timely detection of life-threatening complications for both mothers and newborn babies. During this period, SDSH II implemented the following activities:

- Social mobilization activities organized by CHWs encouraged pregnant women to deliver in facilities, or if they delivered at home, to bring the babies to the facility within 72 hours.

- The project supported CHWs and TBAs to conduct home visits for postpartum women focusing on resuscitation of the newborn and the requirements and indications for Kangaroo Mother Care.
- Provision of the necessary equipment and supplies for resuscitation of the newborn (ambu-bags).
- Supervision of CHW and TBA activities by facility staff to ensure proper utilization of a checklist developed to monitor home visits.

As a result 15,566 newborns and mothers received postnatal visits within three days of birth, which represents 99 percent of the target.



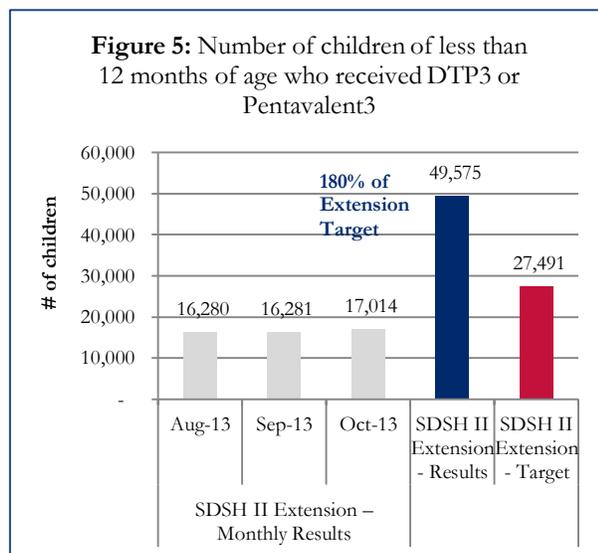
Result 1.1 (b): Child Health

During the extension period, the project continued to reinforce the promotion and coordination of services with MSPP, UNICEF, and other partners to ensure availability of vaccines and appropriate commodities, such as Vitamin A, Zinc, and Albendazole, to support the delivery of child health services at the institutional and community levels.

Percentage of children fully vaccinated in USG supported programs: Target, 92%
Number of children less than one year having received DTP3 or Pentavalent 3: Target, 27,491

To reach the expected results, the project implemented the following activities:

- Support to the Departmental Directorates to organize planning meetings to evaluate the vaccine commodity needs for each institution.
- Support to the departments through Integrated Departmental Plans and technical assistance to ensure conformity to MSPP norms and standards.
- Continuous support to sub-contracting partners in the implementation of appropriate communication and educational activities about vaccination.



Once again, the project built on the momentum gained in July and exceeded its immunization targets during this reporting period. SDSH II provided DTP3 or Pentavalent3 to 49,575 children less than one year of age (180 percent of target). Ninety-seven percent of the expected children for this period have been fully vaccinated.

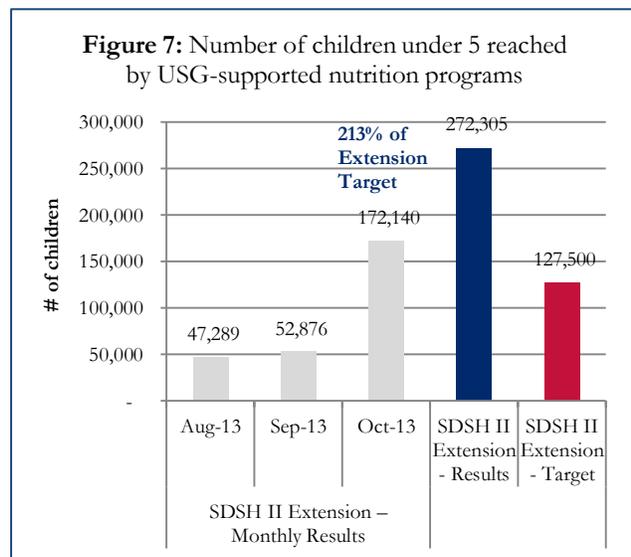
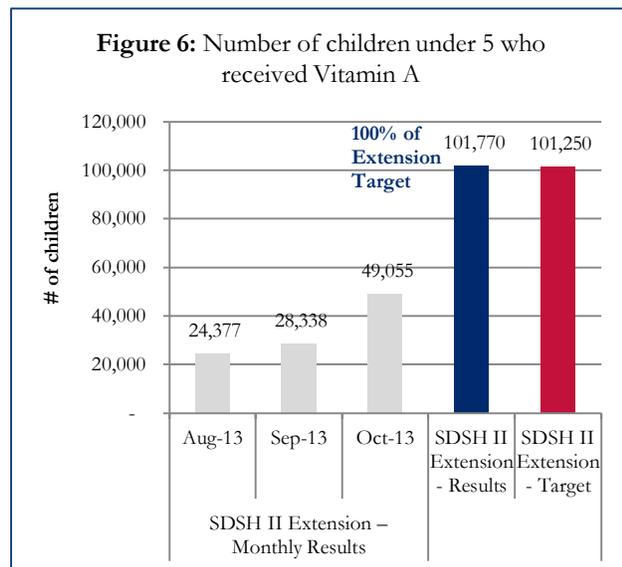
Result 1.1 (c): Nutrition and WASH

Number of children under five reached by USG-supported nutrition programs: Target, 127,500

Number of children under five who received Vitamin A supplementation: Target, 101,250

To reach these objectives, the project undertook the following activities:

- CHWs assessed children’s nutritional status using the measurement of the upper arm circumference at rally posts and made referrals, as appropriate, to the institutional level for evaluation and confirmation according to the national guidelines.
- Facility-level staff provided nutritional counseling, weighing, and measurement of children’s heights. Since very few sites offer management of acute malnutrition services, health workers referred detected cases to other organizations for management.
- With MSPP support, the project conducted systematic deworming of all children at SDSH II sites.
- The project continued to disseminate promotional WASH materials at service delivery sites.
- SDSH II provided continuous reinforcement of our partners’ community networks. The project trained mothers and caretakers on diarrheal management, safe water, hygiene, exclusive breastfeeding, and FP using the “*Gid pou fòmasyon Club Manman*” (Guide for Mothers’ Clubs Training) developed by the project.



During this period, 272,305 children were reached with nutrition services, exceeding the target of 127,500. This result is due to the performance realized during the month of October, when children are usually sought out and

registered to have their first weighing for the year. Likewise, 101,770 children from 0 to 5 years received Vitamin A, of whom 48 percent were seen in October.

Diarrhea Management

The project promoted prevention of diarrheic dehydration at the institutional and community levels through the use of oral rehydration solution (ORS) packages and zinc tablets for early and immediate management of diarrhea. To this end, SDSH II organized the following activities on a continuous basis:

- Dissemination of promotional and demonstration materials at all service sites (hand washing items, ORS demonstration kits, clean water products, etc.);
- Follow up with mothers' clubs to ensure the use of the promotional and demonstration materials in the field;
- Promotion of systematic use of zinc in the management of diarrhea (through mothers' clubs); and
- Coordination with MSPP and UNICEF to increase availability of ORS and Zinc tablets at health facilities.

SDSH II-supported facilities and health workers identified and treated 7,371 cases of diarrhea during this reporting period.

Percentage of pregnant women who are anemic: Target, 30%

During the extension period, the project continued to support routine interventions to prevent and reduce anemia among pregnant women. SDSH II emphasized the following activities:

- Coordination with partners (MSPP and UNICEF) to assure availability of micronutrients (iron folate tablets).
- Nutrition education at the institutional and community levels

Twenty-four percent of the 28,416 pregnant women who attended their first prenatal consultation were found to be anemic. They received iron folate tablets and providers referred them to nutrition supplementation programs within or outside of the SDSH II network for case management.

Result 1.2: Increase Access and Integration of Family Planning and Reproductive Health Services

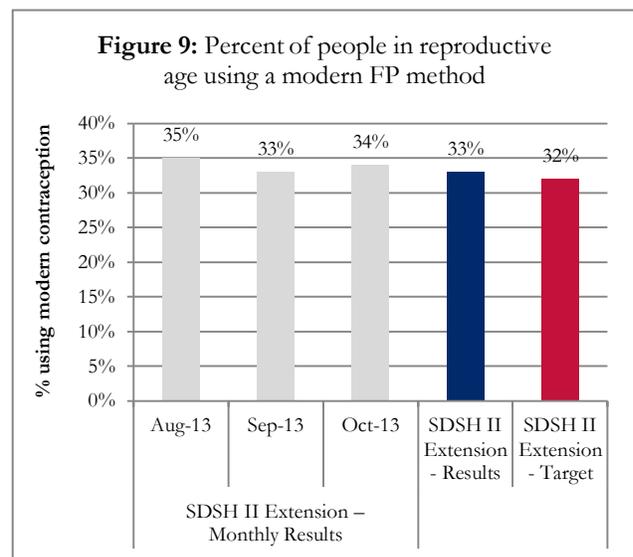
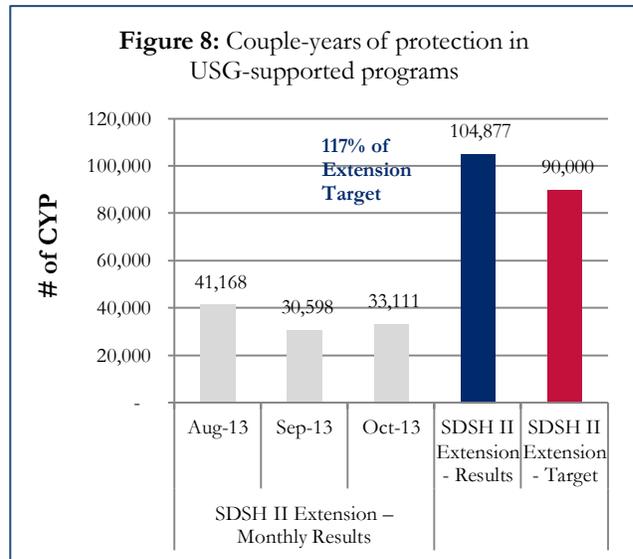
SDSH-supported facilities continued to provide quality FP/RH services while strengthening linkages with other health services.

Couple-years of protection (CYP) in USG-supported programs: Target, 90,000
Percent of people of reproductive age using a modern FP method in USAID geographic targeted areas (Custom): Target, 32%

To reach these targets, SDSH II emphasized improving service quality and availability of FP commodities at the facility and community levels. We conducted the following activities:

- Distribution of flyers to all SDSH II institutions on the various FP methods available, side effects, and appropriate management;
- Supervision of CHWs to strengthen community-based distribution of contraceptives;
- Continuous monitoring of compliance with USG FP policies and regulations, through spot checks at facilities and in the community; and
- Coordination with the Leadership, Management, and Sustainability (LMS) Program to ensure availability of FP commodities in all network sites.

These efforts contributed to the project exceeding the FP targets. SDSH II provided 104,877 couple years of protection during this reporting period and 33 percent of persons of reproductive age were using a modern method of FP.



Result 1.3: Support Detection, Care, Prevention, and Treatment of Infectious Diseases including HIV/AIDS and Tuberculosis (TB).

Result 1.3 (a): Reduced Transmission and Improved Treatment of HIV/AIDS

Number of adults and children with advanced HIV infection newly enrolled on antiretroviral therapy (ART) (by age and gender and pregnancy status): Target, 525

Activities:

• **Pre-enrolment:**

To support providers to enroll eligible patients for ARV treatment, SDSH II implemented a continuous technical assistance program, according to MSPP norms. Close follow-up was realized through support groups to better assess their evolution. For patients in outpatient palliative care, health centers ordered CD4 tests to determine their eligibility for enrolment.

• **CD4 testing:**

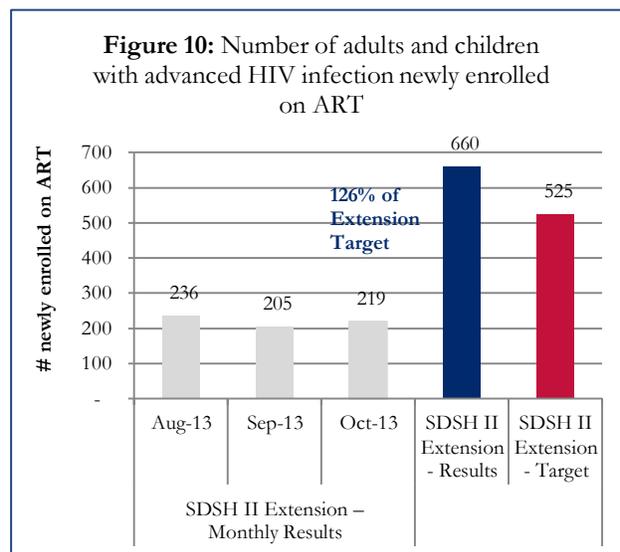
- SDSH II followed-up with sites where PIMA (Point of Care CD4) machines were installed to ensure the smooth launch of rapid CD4 testing.
- Follow-up with Unité de Contrôle des Laboratoires (UCL) and LNSP (Laboratoire National de Santé Publique) regarding launch of a transport network for CD4 testing.

- **Supply of lab registers:** ITECH and SDSH II technical advisors provided MSPP lab registers at sites where they were reported missing.

- **Lab commodities:** SDSH II coordinated with the Supply Chain Management System (SCMS) project to provide necessary supplies of ARVs, drugs to treat opportunistic infections, and lab commodities to health facilities centers in appropriate quantities. As a result, there were no stock outs during the extension period.

- **Strengthening collaboration with MSPP/LNSP:** SDSH II participated in several meetings with LNSP and national partners, at MSPP's request, to contribute in the redefinition and expansion of the roles of Departmental Medical Technologists (LNSP) and Lab Specialists and in the development of supervision documents and tools. The redefined and expanded roles emphasize quality assurance.

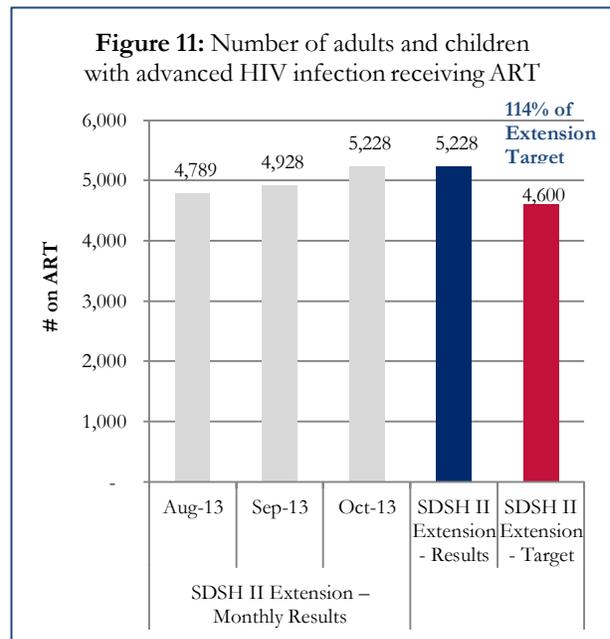
As a result of these efforts, 660 new patients with advanced HIV infections enrolled in ART care, exceeding the target of 525.



Number of adults and children with advanced HIV infection receiving antiretroviral therapy: Target, 4,600

Activities:

- SDSH II provided continuous technical assistance by email and phone to local partners and social workers. This support helped the health workers identify patients enrolled in palliative care who are at risk and track them through home visits.
- The health workers also activated support groups to prevent patients' discontinuation of therapy.
- At the institutional level, SDSH II emphasized examination of registers to identify patients already lost-to-follow-up and launch recovery efforts.
- During site visits, the project implemented additional controls to ensure routine application of national norms for HIV care and treatment.
- The project maintained close contact with SCMS staff to coordinate field activities and ensure availability of ARVs, lab reagents, and drugs used in the treatment of opportunistic infections.
- SDSH II also provided technical assistance to Maïssade Health Center on the correct use of pre-ARV and ARV registers, and paid particular attention to the recovery of patients lost to follow-up.



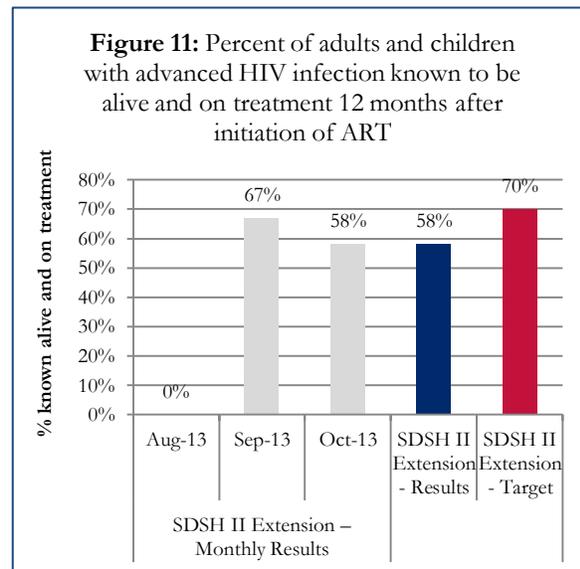
As a result, SDSH II-supported sites provided 5,228 adults and children with ARV drugs during the extension period, exceeding the target of 4,600.

Percent of adults and children with advanced HIV infection known to be alive and on treatment 12 months after initiation of antiretroviral therapy: Target, 70%

Activities:

To reach this target, SDSH II:

- Provided continuous support to site-level social workers to increase palliative care at 21 sites.
- Activated support groups, and organized more home visits to identify eligible patients and start early ARV treatment.
- Social workers increased the attention they paid to patients' adherence to treatment.
- SDSH II strengthened labs' capacity to perform CD4 testing, making it and other necessary tests more widely available.



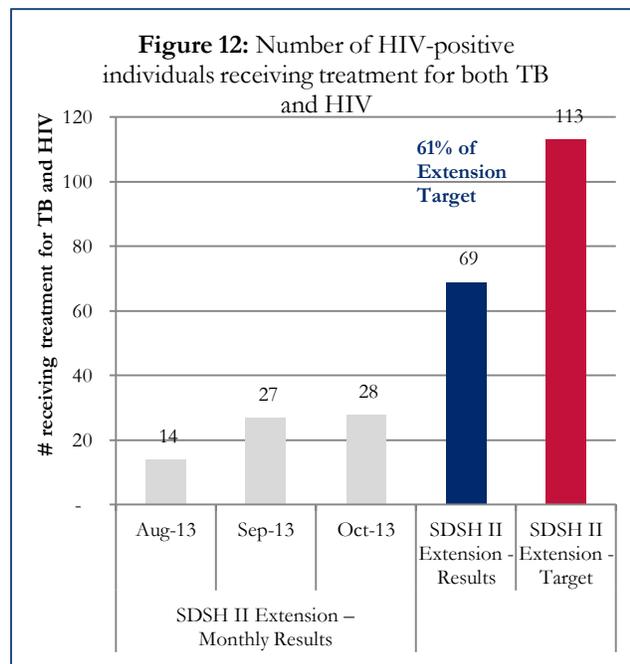
During this quarter, the project found 58 percent of patients alive and on treatment 12 months after initiation of therapy, which represents 83 percent of the target.

Number of HIV-positive individuals receiving treatment for both TB and HIV: Target, 113.

Percent of all registered TB patients who are tested for HIV or HIV patients who are tested for TB: Target, 90%

Activities:

- During this reporting period, the project placed particular emphasis on the active detection of TB among all HIV-positive patients, and of HIV among TB patients.
- SDSH II staff used the supervision checklists during site visits in the Nippes Department, at Petit-Trou de Nippes Health Center, Hospital Jules Fleury, L'Azile HCR, to Tovar and Bethesda in the North to ensure that health services are provided according to MSPP norms, and correct any weaknesses observed. They provided immediate feedback to providers using the predetermined guidelines.
- MSPP and PNLT organized three



training sessions in August and September 2013, where 27 SDSH II-supported health providers, invited by MSPP, received additional training in TB and HIV screening and testing. Every SDSH II TB provider has now been trained to test all TB patients for HIV.

Among the sites offering both, 69 HIV-positive patients received treatment for TB and HIV, which represents 61 percent of the target. Part of the challenge in reaching this target was that not all SDSH II ARV sites provided TB treatment. Patients who tested positive in facilities without TB treatment capabilities were referred outside of the network for care.

Project-supported facilities detected 517 TB/TPM+ (*Tuberculose Pulmonaire à Mycobacterium* – positive) cases and 543 TB/TPM+ patients have been screened for HIV, which represents 105 percent of the target. The result is greater than 100 percent due to the addition of cases diagnosed for TB during previous reporting periods or TB patients tested elsewhere who were referred for HIV testing.

Number of pregnant women with known HIV status (includes women who were tested and received their results): Target, 19,605

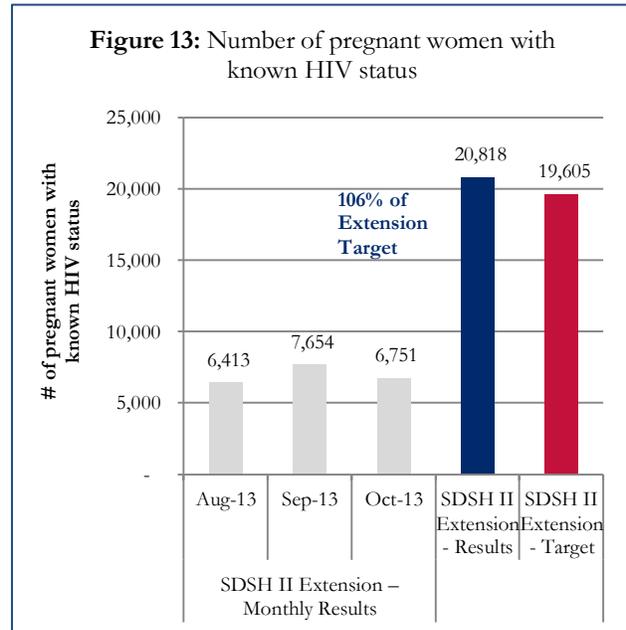
Activities:

According to the MSPP national norms, all pregnant women should be tested for HIV. Therefore, SDSH II intensified testing activities through mobile clinics and during Communal Saint Patrons’ Days. The project coordinated with SCMS to ensure availability of additional lab reagents and adequate supplies required for these activities. There were no stock outs during the extension period.

In the West Department, the project provided incentives to TBAs to encourage referrals to health institutions or mobile clinics. In Grand’Anse and in the South Departments, SDSH II provided technical assistance to some health centers to strengthen mobile clinics that provided screening activities for pregnant women.

SDSH II provided logistical and financial support to the staff of some institutions in the North Department for the organization of Open Days, during which there were intensified screening and counseling activities at all the health facilities. The number of pregnant women tested increased accordingly.

These activities made it possible for 20,818 pregnant women to be tested and counseled for HIV, and receive their results, exceeding the target of 19,605.



Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child transmission (PMTCT): Target, 297

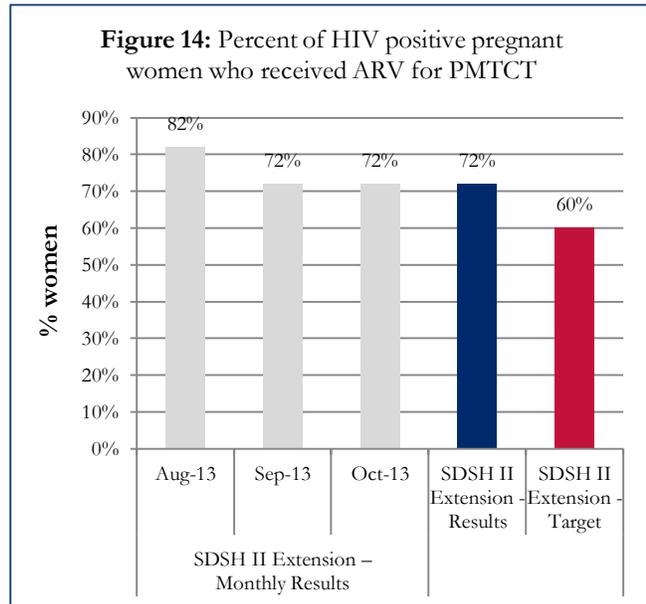
Percentage of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission: Target, 60%

Activities:

To support the PMTCT component, the project:

- Emphasized scaling-up Option B+ at all sites;
- Provided technical assistance to PMTCT sites to support the correct application of MSPP norms; and
- Coordinated with SCMS to ensure availability of ARVs, drugs to treat opportunistic infections, and appropriate commodities.

As a result, 75 percent of HIV-positive pregnant women received ARVs during this reporting period, which exceeded the target of 60 percent. Project-supported sites provided 254 HIV-positive pregnant women with ARVs during the extension period, 85 percent of the target. SDSH II continues to coordinate with the CARIS Foundation for DNA polymerase chain reaction tests for early identification of HIV in infants.



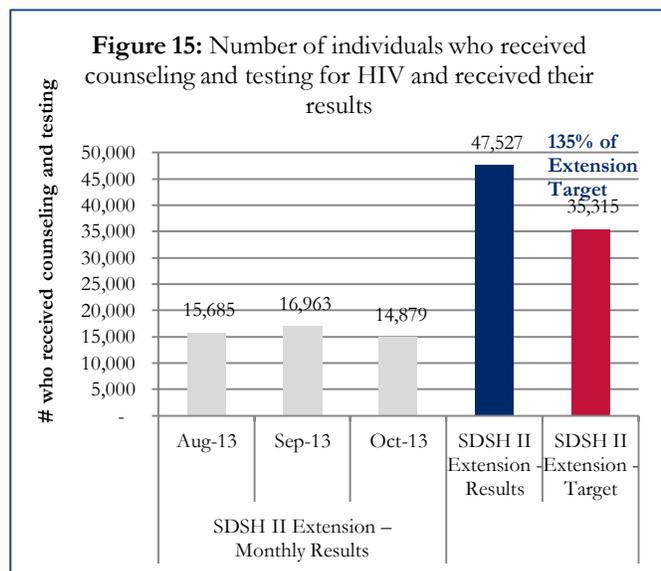
Number of individuals who received counseling and testing for HIV and received their results (by gender and age): Target, 35,315

Activities:

Following the *Coup de Poing* efforts in July, SDSH II has maintained the intensity of its HIV activities in all ten departments.

- The project supported an increase in mobile clinics, provided transportation allowances to pregnant women, and provided technical assistance for monitoring MSPP norms.

As a result, 47,527 people have been tested, counseled, and received their tests results, exceeding the target of 35,315.

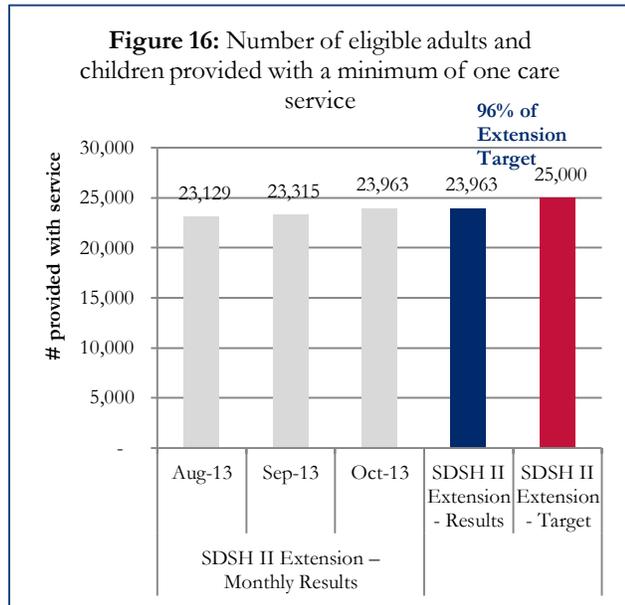


Number of eligible adults and children provided with a minimum of one care service (by sex): Target, 25,000

Activities:

SDSH II helped institutions that displayed deficiencies in palliative care, such as some sites in La Tortue, Anse-à-Foleur, improve case management and structure their referral and counter-referral systems. During supervision visits, SDSH II staff reviewed medical records to ensure patients received the services they needed and provided suggestions for better care when necessary. The project collaborated with CDC and ITECH to support implementation and use of electronic medical records at the COE, ART sites, and some PMTCT sites.

SDSH II helped strengthen laboratories and disseminated norms for clinical case management of adults and adolescents with HIV. As a result, 23,963 adults and children received a minimum of one care service, which represents 96 percent of the target.

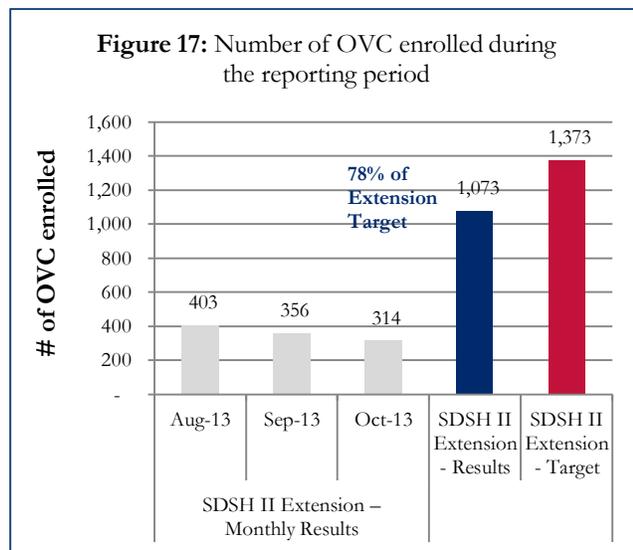


Number of orphans and vulnerable children (OVC) enrolled during the reporting period: Target, 1,373

Activities:

During the extension period, SDSH II focused on sites where the enrolment of OVC needed improvement. The project provided support to the sites' personnel to strengthen the identification, tracking, and enrolment of OVC.

Project-supported sites enrolled 1,073 OVC during this time period, reaching 78 percent of the target.

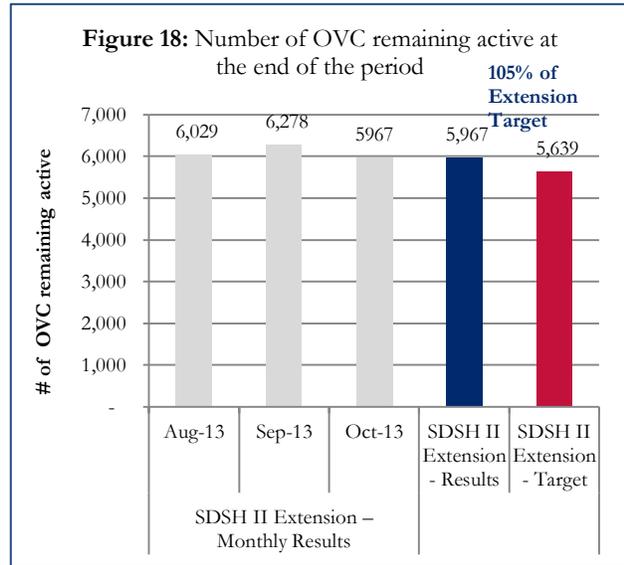


Number of OVC having received at least one OVC service: Target, 6,266
Number of OVC remaining active at the end of the period: Target, 5,639

Activities:

SDSH II intensified community palliative care efforts and assistance to OVC by:

- Emphasizing tracking and follow-up of beneficiaries through home visits, rally posts, and other community activities. To facilitate the intensification of OVC interventions, the project provided additional financial support to network sites. Services offered included clinical case management, psychosocial support, referrals, and all related preventive services, such as immunization and nutritional surveillance.
- The project engaged in a short term collaboration with University Research Corporation to help sites develop their standards for case management of OVC with the support of IBESR (*Institut du Bien-Etre Social et de Recherches*).



During the three-month extension, 5,412 OVC received at least one OVC service, which represents 86 percent of the target; 5,967 remained active at the end of the period, exceeding the target of 5,639.

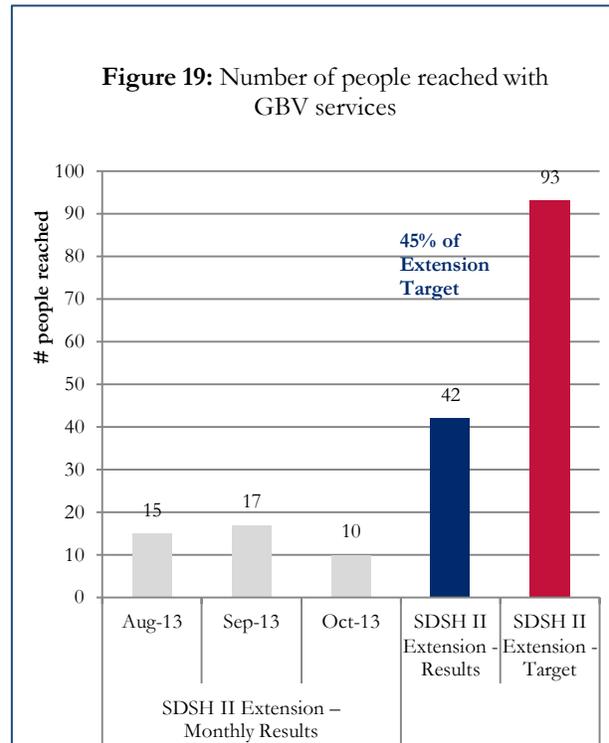
Result 1.4: Support to Expanded Services of Protection Cases in Selected Sites

Number of sites in USG-targeted areas providing clinical assistance to survivors of GBV: Target, 31

Number of people reached by a USG-funded intervention providing GBV services: Target, 93

During this reporting period, SDSH II focused on improving treatment, referrals, and reporting of GBV and child protection (CP) cases at the 28 sites providing GBV and CP services. To ensure effective and integrated provision of GBV services through the selected sites, SDSH II undertook the following activities:

- The project held follow-up meetings and provided technical support to healthcare providers.
- The SDSH II central staff provided close technical assistance to guide the implementation of GBV and CP services.
- SDSH II staff conducted routine information sessions on recognition of GBV cases in most of the 28 sites.
- All sites received informational and communication materials, referral tools, forms for legal, psychosocial, and juridical agencies, reporting tools, and standard medical certificate templates.



Within the extension period, 42 survivors of GBV received services. Most of the cases seen were the result of sexual violence. The Haitian population is not yet well informed of the need to refer certain types of behaviors (verbal aggression, psychological abuse, financial blackmail) as GBV.

Result 1.5: Waste Management and Infection Prevention

The project distributed brochures and posters on waste management protocols and waste disposal norms and recommendations to all health facilities within the network. The project conducted a refresher session on waste sorting and disposal for the staff directly involved in waste management. The guide for waste management and infection prevention is still under revision by the Ministry of Health so the project put a hold on the planned dissemination.

SDSH II conducted supervision visits to 95 sites to monitor compliance to the current waste management and infection prevention guidelines. These visits showed progress in the collection, handling, and sorting of waste at the facility level, but concerns remain regarding the disposal and elimination of waste. SDSH II observed that the infection prevention and waste management plans developed by facility staff had not been implemented in most sites. The project observed that the lack of space or specific mechanisms for final disposal of waste and the absence of incinerators in most sites remained crucial issues within the network. The visits did show progresses in the collection, handling, and sorting of waste at the facility level.

The project held several meetings with Departmental Directors to discuss appropriate solutions to improve this serious matter. MSPP, at the highest level, decided to enroll the support of other ministries and of DINEPA (*Direction Nationale d'Eau Potable et d'Assainissement*) to address waste management at the national level in the health institutions.

Objective 2: Strengthen MSPP Capacity to Manage and Monitor Decentralized Health Services

Result 2.1: Departmental-level governance and leadership strengthened

SDSH II continued to reinforce the MSPP departmental capacity to efficiently provide health services through the Integrated Departmental Plans. The project supported the Departmental Directorate staff to carry out integrated supervision of health facilities. In addition, in collaboration with MSPP staff at the departmental level, the technical staff visited 75 sites in the *zones ciblées* to ensure that facilities adhere to norms, quality standards, and protocols.

During the visits, the SDSH II team worked with the health facilities' staff to review the project objectives and current results, discuss current challenges, and revisit USAID's FP compliance protocols.

During the extension period, SDSH II provided technical and financial support to the Nippes Department of the Ministry of Health for the upgrade and official launching of the Grand Boucan health facility in September 2013. SDSH II funded the provision of materials, equipment and additional technical staff essential for service delivery in this facility. This isolated dispensary, located on the "*Presqu' Ile des Baradères*" and accessible only by sea, originally offered only basic institutional and community services, but has now been technically strengthened to operate 24 hours a day and provides a wide range of services including institutional deliveries and hospitalization.

The SDSH II project supported the MSPP at the central level for the development and reproduction of FP and neonatal and maternal health informational and communication materials (such as posters, flyers, and flip charts). On September 12th, 2013, an official ceremony was organized to deliver these materials to the Director General of MSPP for their national dissemination.

Other Activities

During the extension period, the project staff collaborated with the partners to develop the necessary documentation for the implementation of SDSH II's follow-on project, *Services de Santé de Qualité pour Haïti* (SSQH). The project prepared the following documents for submission to USAID:

- Reports for each of the 164 supported sites, describing their institutional and community capacities, the package of services offered, their strengths and weaknesses, the GPS coordinates with precise localization of each site, and email addresses and telephone numbers for key contacts;
- A global list of sites and services provided, as well as the institutional and community personnel by site; and
- Financial reports for each of the 164 sites, showing budgetary allocations disaggregated by line items for each site.

SDSH II also prepared a presentation for the new implementers, which emphasizes the scope of work, the main strategies and interventions, accomplishments, lessons learned and results achieved. This was presented to Pathfinder and URC representatives at the USAID Port au Prince office.

A series of meetings has been held with the two projects' representatives to share SDSH II work experiences, challenges, and successes.

Conclusion

During the three-month extension period, the majority of planned interventions were carried out and allowed for the continuation of services in all 164 delivery sites, and the orderly project closure. SDSH II achieved significant results in a number of areas, due to an intensification of community level activities in particular. The project ended on a high note, though it was not without its struggles. SDSH and SDSH II left Haiti with sustainable financing system in place and health facilities who understand the essential mechanisms of performance-based contracting and managing for results.

The community health workers trained by SDSH II will continue to provide community-based distribution of contraception, education for pregnant women, and referrals to all community members to facilities when further care is needed. The COE will continue to provide the highest quality obstetric care available in Haiti and the improvement collaborative will allow for continued information exchange between the centers. SDSH and SDSH II leave behind qualified service delivery staff at all levels as well as a populace more educated about the importance of seeking quality health care.

Continued attention to community-based services, including mobile health clinics will bring further success. SDSH II saw these services as key to reaching pregnant women for antenatal care and women and men of reproductive age with family planning services. Mobile HIV testing services will continue to be an important aspect of health care in Haiti as well.

Annexes

Annex A: Statistical Results Table

| Indicator Number | Performance Indicator | Unit of Measure | Targets August 2013 – October 2013 | Results August 2013 – October 2013 | Assessment of Results | Comments / Recommendations |
|------------------|---|-----------------|------------------------------------|------------------------------------|-----------------------|---|
| I.1.1 | Number of births attended by skilled birth attendants (midwives, nurses, doctors) in USG-assisted programs | Number | 4,338 | 4,470 | Target reached | |
| I.1.1a | Percent of births attended by skilled birth attendants (midwives, nurses, doctors) in USG-assisted programs (Custom) | Percent | 14% | 14% | Target reached | Numerator: 4470 (number of deliveries by trained personnel) Denominator: 31851 (number of deliveries expected for the reporting period) |
| I.1.2 | Number of antenatal care (ANC) visits by skilled providers from USG-assisted facilities (3.1.6-4) | Number | 83,750 | 87,438 | Target exceeded | |
| I.1.3 | Percentage of pregnant women who have at least three (3) prenatal visits in USAID supported program (Custom) | Percent | 51% | 55% | Target exceeded | Numerator: 17571 (number of pregnant women having benefited from (3) three prenatal visits) Denominator: 31851 (number of pregnant women expected for the reporting period). |
| I.1.4 | Percentage of births delivered by caesarean section (Hôpital Claire Heureuse, Beraca, Hôpital Bienfaisance/Pignon) and Fort Liberté | Percent | 15% | 19% | Target exceeded | Numerator: 146 (number of deliveries by caesarean section) Denominator: 767 (number of institutional births) |

| Indicator Number | Performance Indicator | Unit of Measure | Targets August 2013 – October 2013 | Results August 2013 – October 2013 | Assessment of Results | Comments / Recommendations |
|------------------|--|-----------------|------------------------------------|------------------------------------|----------------------------|---|
| I.1.5 | Percentage of women having received active management of third stage of labor (AMTSL) through COE USG supported programs | Percent | 80% | 92% | Target exceeded | Data comes from 8 Centers Of Excellence (CEO) Numerator : 1479 (number of deliveries receiving third phase active management) Denominator : 1611 (number of deliveries registered in the 8 COE). |
| I.1.6 | Number of postpartum/ newborn visits within three (3) days of birth in USG-assisted programs (3.1.6-30) | Number | 15,750 | 15,566 | Achieved 99% of the target | |
| I.1.10 | Percent of children under one fully vaccinated in USG supported programs (Custom) | Percent | 92% | 97% | Target exceeded | Numerator : 29856 (number of infants under one year completely vaccinated) Denominator : 30711 (number of infants under one year expected for the reporting period) Stock-outs registered for all vaccines during the reporting period negatively impacted results. |
| I.1.11 | Number of children of less than 12 months of age who received DTP3 or Pentavalent3 from USG-supported programs (Custom) | Number | 27,491 | 49,575 | Target exceeded | |
| I.1.12 | Number of children under 5 who received Vitamin A from USG-supported programs (3.1.9.2-3) | Number | 101,250 | 101,770 | Target exceeded | |
| I.1.12a | Number of children under 5 reached by | Number | 127,500 | 272,305 | Target | |

| Indicator Number | Performance Indicator | Unit of Measure | Targets August 2013 – October 2013 | Results August 2013 – October 2013 | Assessment of Results | Comments / Recommendations |
|------------------|--|-----------------|------------------------------------|------------------------------------|----------------------------|--|
| | USG-supported nutrition programs (3.1.9-15) | | | | exceeded | |
| I.1.13 | Number of USG assisted service delivery sites with the capacity to rapidly establish cholera treatment centers/units | Number | 35 | 32 | Achieved 91% of the target | |
| I.1.17 | Number of cases of child diarrhea treated in USAID-assisted programs | Number | --- | 7,371 | | No target set for this period, data were collected and reported |
| I.1.18 | Percentage of pregnant women who are anemic | Percent | 30% | 24% | Target exceeded | Numerator: 6872 (Number of pregnant women with anemia). Denominator: 28416 (number of pregnant women seen for first prenatal visit). |
| I.2.1 | Couple-years of protection (CYP) in USG-supported programs (3.1.7.1-1) | Number | 90,000 | 104,877 | Target exceeded | |
| I.2.2 | Percent of service outlets offering at least 5 FP methods including 2 long acting and permanent methods | Percent | 40% | 16% | Achieved 40% of the target | Numerator: 25 (number of PPS offering 5 methods of family planning including three long term methods). Denominator: 157 (number of PPS offering FP services) Note that the operational definition used in the past has been changed. |
| I.2.4 | Percent of people in reproductive age using a modern family planning method in USAID geographic targeted areas (Custom) | Percent | 32% | 33% | Target exceeded | Numerator: 367702 (number of FP users) Denominator: 1,110,198 (expected number of women aged 15-49) |
| I.2.6 | Number of functional community health workers | Number | 1,600 | 1,752 | Target exceeded | |

| Indicator Number | Performance Indicator | Unit of Measure | Targets August 2013 – October 2013 | Results August 2013 – October 2013 | Assessment of Results | Comments / Recommendations |
|------------------|--|-----------------|------------------------------------|------------------------------------|----------------------------|---|
| I.3.1 | Number of adults and children with advanced HIV infection <u>newly</u> enrolled on ART (3.1.1-6) | Number | 525 | 660 | Target exceeded | |
| I.3.2 | Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) (3.1.1-10) at the end of the reporting period. | Number | 4,600 | 5,228 | Target exceeded | |
| I.3.3 | Percent of adults and children with advanced HIV infection known to be alive and on treatment 12 months after initiation of antiretroviral therapy (Custom) | Percent | 70% | 58% | Achieved 83% of the target | Numerator : 53 (number of HIV patients newly enrolled on ART in October 2012 known to be alive and on treatment after 12 months) Denominator : 92 (number of HIV patients newly enrolled on ART in October 2012) |
| I.3.4 | Number of HIV-positive individuals receiving treatment for both TB and HIV (Custom) | Number | 113 | 69 | Achieved 61% of the target | |
| I.3.5 | Number of pregnant women with known HIV status (includes women who were tested and received their results) | Number | 19,605 | 20,818 | Target exceeded | |
| I.3.6 | Number of HIV positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (3.1.1-39) | Number | 297 | 254 | Achieved 85% of the target | |
| I.3.6a | Percent of HIV positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission (Custom) | Percent | 60% | 75% | Target exceeded | Numerator : 254 (number of tested HIV+ Pregnant Women under ARV prophylaxis). Denominator : 339 (number of pregnant women tested, HIV +) |

| Indicator Number | Performance Indicator | Unit of Measure | Targets August 2013 – October 2013 | Results August 2013 – October 2013 | Assessment of Results | Comments / Recommendations |
|------------------|--|-----------------|------------------------------------|------------------------------------|----------------------------|--|
| | | | | | | |
| I.3.7 | Number of individuals who received counseling and testing for HIV and received their results | Number | 35,315 | 47,527 | Target exceeded | |
| I.3.8 | Number of eligible adults and children provided with a minimum of one care service (Custom) | Number | 25,000 | 23,963 | Achieved 96% of the target | |
| I.3.10 | Number of OVC enrolled during the reporting period | Number | 1,373 | 1,073 | Achieved 78% of the target | |
| I.3.11 | Number of OVC having received at least one OVC service | Number | 6,266 | 5,412 | Achieved 86% of the target | |
| I.3.12 | Number of OVC remaining active at the end of the period | Number | 5,639 | 5,967 | Target exceeded | |
| I.3.18 | Percent of all registered TB patients who are tested for HIV through USG-supported programs (3.1.2-28) | Percent | 90% | 105% | Target exceeded | Numerator: 543 (number of cases of TB / TPM + tested for HIV) Denominator: 517 (number of cases of TB / TPM + detected) |
| I.4.1 | Number of sites in USG targeted areas providing clinical assistance to survivors of gender-based violence | Number | 31 | 28 | Achieved 90% of the target | |
| I.4.2 | Number of people reached by a USG-funded intervention providing gender-based violence services (GND-6) | Number | 93 | 42 | Achieved 45% of the target | |
| I.4.3 | Number of USG supported sites providing clinical assistance and referrals of child protection cases to appropriate legal and social services | Number | 31 | 28 | Achieved 45% of the target | |

