

Improving Health in Haiti

July 2007 – November 15, 2013

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Santé pour le Développement et la Stabilité d'Haiti (SDSH)
Management Sciences for Health
200 Rivers Edge Drive
Medford, MA 02155
Telephone: (617) 250-9500
www.msh.org



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Improving
HEALTH *in* **HAITI**

SANTÉ POUR LE DÉVELOPPEMENT ET LA STABILITÉ D'HAÏTI
JULY 2007–NOVEMBER 15, 2013

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

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pour le
DÉVELOPPEMENT
et la
STABILITÉ D'HAÏTI

MSH Haiti dedicates this report—and our ongoing work—to the people of Haiti who continue to persevere and find joy amidst hardship.



SNAPSHOT	HAITI	LAC	WORLD
Infant mortality rate (per 1,000 births)	59	19	44
Maternal mortality (per 100,000 live births)	350	85	260
Life expectancy at birth (in years), both sexes	62	74	70
Population living below US\$2 per day	72%	13%	48%
HIV prevalence among people ages 15–49	1.9%	n/a	0.8%

Sources: UNICEF At A Glance Haiti (maternal mortality) and PRB 2011 World Population Data Sheet (remaining data).

SDSH has helped over one million people receive HIV tests and learn their status. Every year SDSH made it possible for over 13,000 women to deliver their child with assistance from a facility-based, skilled provider, and has reached more than half a million children each year with nutrition services.



Photo ©2011 by DOMINIC CHAVEZ

OVER THE PAST SIX YEARS, Haiti has endured some of the greatest catastrophes in its history. Even before the social and political unrest, hurricanes, mudslides, the devastating January 2010 earthquake, and the cholera outbreak that followed, Haiti was staggeringly poor and had discouraging health indicators—particularly in relation to its neighbors in the Latin America and the Caribbean (LAC) region.

From July 2007 to November 15, 2013, Management Sciences for Health (MSH) implemented the USAID-funded *Santé pour le Développement et la Stabilité d’Haïti* (SDSH) project in Haiti, helping to better the lives of the country’s most vulnerable citizens. Through innovative performance-based financing agreements, technical assistance, and health care services rooted in the community, **SDSH provided access to essential health services to 4,460,896 people living in each of the country’s ten administrative departments.**

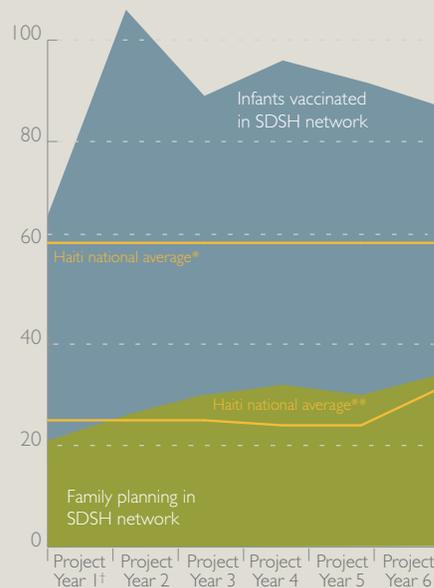


Figure 1.
Health impact under SDSH

Percentage of children 0–11 months, fully vaccinated

* National immunization data for Haiti is based on children younger than one year who received DPT3 (a common proxy for full vaccination). Data not available after 2012. Data for 2013 was deduced from previous years.

Percentage of people of reproductive age using modern methods of contraception for family planning

** Haiti national average is based on percentage of married women 15–49 using contraception, modern methods.

Sources: Data on Haiti's national contraception use from PRB World Population Data Sheets for 2008, 2009, 2010, 2011, and 2012, respectively. Data on Haiti's national immunization, 2008–2010, from WHO Global Health Observatory Data Repository; <http://apps.who.int/ghodata/>. Data for 2013 was deduced from previous years.

† Project years are Oct–Sept beginning 2007. Year 6 is Oct 2012–Oct 2013.

Figure 2.
MSH:
A long-time partner in Haiti

- **1995–2005:** In two phases, HS-2004 expanded access to quality health services through a network of 32 NGOs and faith-based organizations to more than 3 million people.
- **2000–2008:** Through the Rational Pharmaceutical Management (RPM) Plus Program, MSH helped improve the availability and appropriate use of safe, effective health medicines and health commodities.
- **2004–2007:** Haiti Health Systems 2007 (HS-2007) worked with the public sector and local nongovernmental (NGO) and faith-based organizations (FBO) to target underserved areas with an integrated package of health services.
- **2005–PRESENT:** The Leadership, Management and Sustainability (LMS) Program develops managers and leaders who achieve results in the areas of reproductive health, HIV & AIDS, infectious disease, and maternal and child health. In Haiti, LMS also managed family planning commodities.

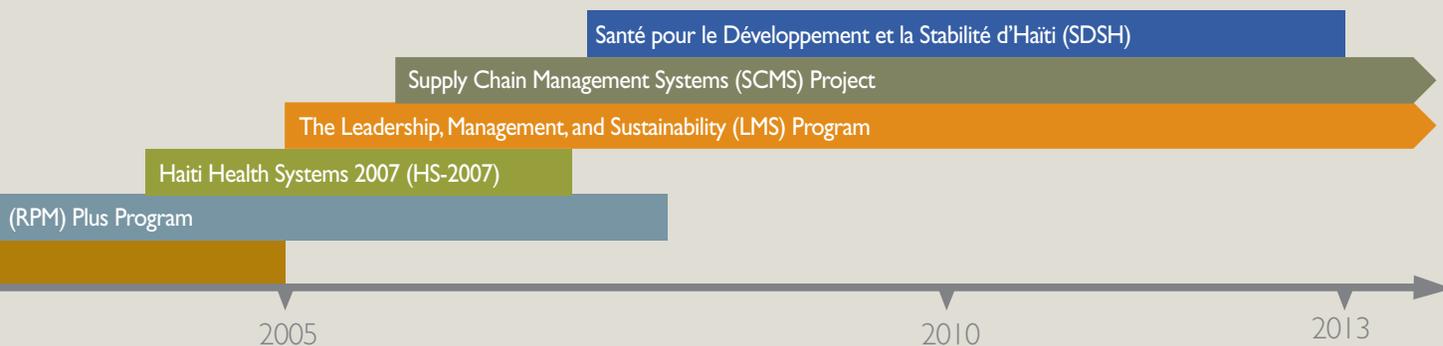


The project helped over one million people receive HIV tests and learn their status. Every year SDSH made it possible for over 13,000 women to deliver their child with assistance from a facility-based, skilled provider, and reached more than half a million children each year with nutrition services.

SDSH, its predecessor projects, and the health facility network they created were critical to Haiti's steady and lasting improvements in health statistics. By the end of the project, SDSH worked in 164 health care facilities managed by either Haiti's Ministry of Public Health and Population (known by its French acronym, MSPP) or private, nongovernmental organizations (NGOs). The network—which began under Haiti Health Systems 2004 (HS-2004) and continued under Haiti Health Systems 2007 (HS-2007)—delivered services to some of Haiti's most vulnerable people, virtually uninterrupted by the countless challenges the country has faced.

To help decentralize health care services and better manage health sector resources, SDSH strengthened the MSPP's capacity at the central and departmental levels to perform critical functions such as strategic and work planning, financial management, and clinical supervision. The project mobilized strategic private partners to provide more than

- **2006–PRESENT:** Supply Chain Management System (SCMS) Project helped deliver an uninterrupted supply of high-quality, affordable products for HIV & AIDS services including antiretroviral drugs, drugs to treat opportunistic infections such as tuberculosis, supplies for palliative and home-based care, HIV rapid test kits, and laboratory equipment.
- **2007–2013:** SDSH gave 4.5 million Haitians—nearly half the population—access to basic health care services in each of Haiti's ten administrative departments.



Instead of providing services directly, SDSH nurtured a network of existing health care facilities run by NGOs or the MSPP. The project provided technical assistance and used performance-based financing (PBF) contracts so that the partners could expand their reach, providing more patients access to integrated priority health care services.

10 out of 10

The number of Haiti's administrative departments where SDSH operates

65

The number of NGO-managed health facilities supported by SDSH

26

The number of NGOs benefitting from SDSH issued performance-based contracts

99

The number of MSPP-managed health facilities supported by SDSH

41

The number of underserved target areas reached through SDSH-MSPP agreements

4,460,896

The number of people who have access to care in the SDSH network

Incentive Payments for Health Results

After receipt of a signed subcontract, approved action plan, and other documentation, SDSH advanced NGO and MSPP PBF partners 30 percent of their approved annual budgets to begin service delivery. Thereafter SDSH paid subcontractors a total cumulative of 95 percent of the budget funding in their contract period, and withheld the remaining five percent as an annual incentive for meeting the specific indicator targets they had negotiated with SDSH based on each facility's capacity and population needs. (By the end of SDSH, this was changed to 91 percent for NGOs and 94 percent for MSPP sites.) High performing NGOs were eligible to receive 105 percent of budget funding. Disbursements were made monthly upon receipt of each subcontractor's data reports for the period.

US\$89 million worth of lifesaving equipment and commodities to the health facilities in the communities served by the SDSH network. Contributions ranged from biosand filters that provide schoolchildren with potable water to operating room equipment that provides women with emergency obstetric care.

THE SDSH APPROACH TO SERVICE DELIVERY

Performance-Based Financing

To improve primary health care in a system that often suffers from constraints in both resources and the ability to deliver adequate services, MSH piloted performance-based financing (PBF) in Haiti in 1999. Funding for facilities was often inadequate, and many well-intentioned NGOs lacked the capacity to effectively plan and manage their meager resources. Rather than paying for inputs or making grants to institutions with minimal accountability, PBF tied reliable funding to verifiable reporting and actual services delivered. Over the years, providers and managers noted that PBF influenced a shift in how they approached their work, focusing on results, cost-effectiveness, and accountability, and emphasizing building capacity to maintain a higher level of sustained functioning. SDSH provided each site with the technical and material support necessary to develop and sustain their organizational and technical competencies.

The portions of budgets that SDSH withheld were available as performance awards. NGOs were free to determine how to use their incentive payments, for example, to renovate facilities or buy equipment. NGOs not meeting targets received only the minimum amount of funding required to provide services to the population, but also received tailored technical assistance to help improve their performance in the next quarter.

To avoid inadvertently incentivizing the improvement of one service at the expense of others, PBF mechanisms require regular monitoring and fine-tuning. To that effect, SDSH waited until the end of the project year to choose the indicators that would determine payment. SDSH ensured the accuracy of data and accountability of its partners by engaging external consulting firms who annually assessed and validated the network's public and private institutional data.



By the end of the project, SDSH managed subcontracts with 26 NGOs that were operating 65 health care facilities. A similar performance-based mechanism was put into place with the MSPP to fund 41 public-sector target zones, operating 99 health facilities.

An independent study commissioned by MSH headquarters confirmed that PBF helped to improve health care delivery in Haiti.¹ Examining data (2008 to 2011) from 27 NGO-managed facilities in the SDSH network, the study found that

- Performance-based incentives delivered by SDSH increased the quantity of key services by 39 percent more than training and technical assistance alone;
- The increase in services for children younger than one year and for pregnant women were statistically significant at a range of 1.7 to 2.2 times baseline rates;
- Incentives were more effective and less expensive than training and technical assistance alone.

The MSPP plans to make PBF a national policy and is looking to the SDSH model with increased emphasis on quality—an expertise that MSH brings from experience in Rwanda. The ministry has requested USAID support to create a central contracts unit to reinforce decentralization and to establish an internal audit unit to sustain PBF management.

Community-Based Care

In spite of steady improvements to the Haitian health system, health facilities can be difficult to access—some patients must traverse mountains or navigate choppy seas to get to a facility and most areas lack reliable or affordable transportation. Some regions of Haiti are virtually inaccessible for as much as three months of the year due to routine flooding, even without the hurricanes and mudslides common throughout the country. While the MSPP and programs including SDSH and its predecessors have made great strides, many Haitians still have insufficient knowledge to make informed decisions about their health. For example, family caregivers may not know that infant diarrhea can be treated, people living with HIV may not know their status or that treatment is available, and too many mothers and midwives do not recognize signs of a difficult birth that may require emergency obstetric care.

In the SDSH network, community health agents were selected by their communities and trained to educate, refer, and administer basic care to community members. The health

1. Zeng, W., M. Cros, K. Dilley, and D.S. Shepard. "Impact of performance-based financing on primary health care services in Haiti," *Health Policy and Planning* (forthcoming).

A perfect storm of events introduced cholera to Haiti in 2010. A sharp decline in hygienic living conditions as a result of the earthquake and severe seasonal flooding contributed to an outbreak that killed at least 6,700 people.

SDSH RESPONDING TO DISASTERS:

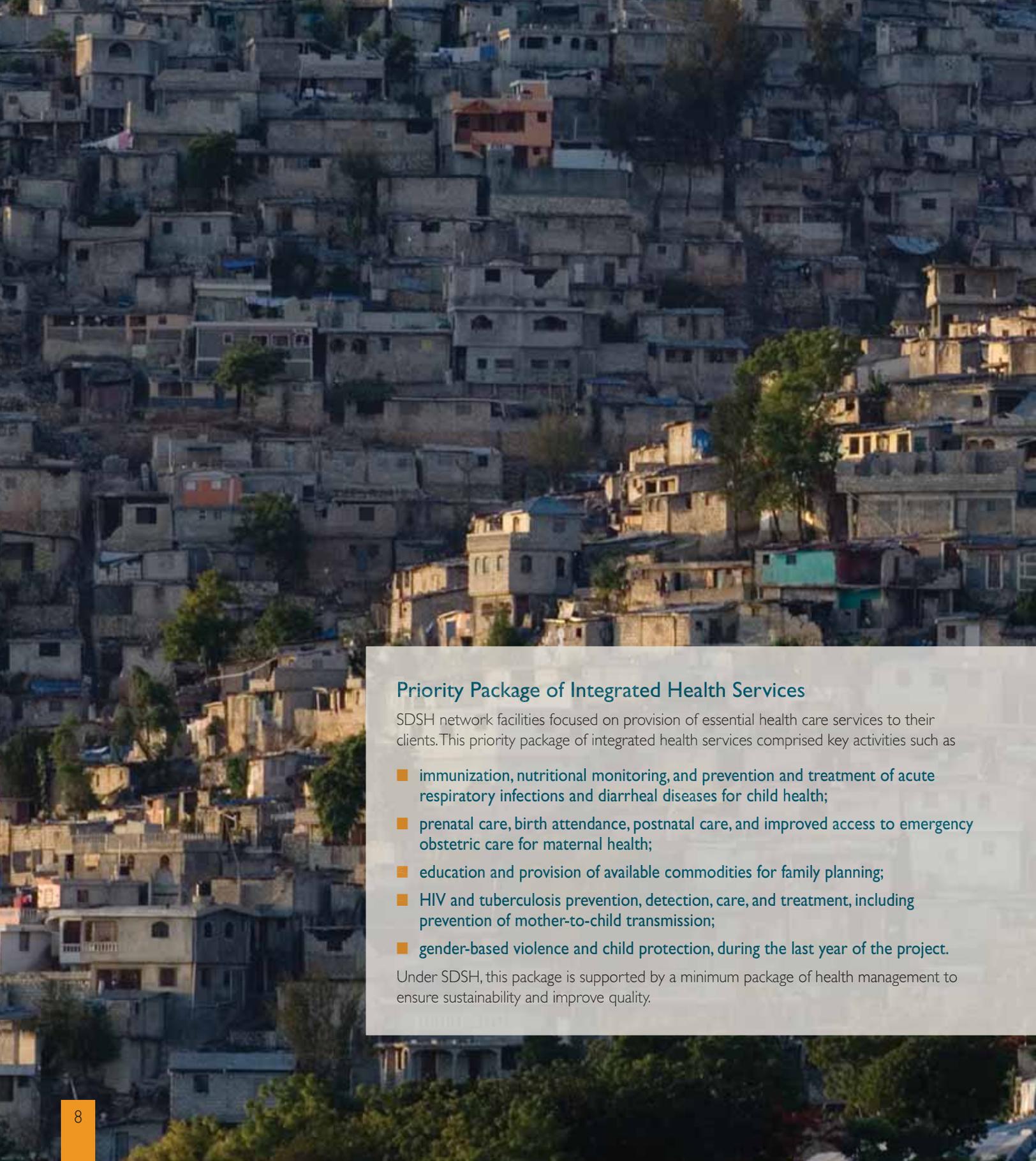
Cholera in Haiti

In a testament to the flexibility of the SDSH network, providers and managers responded swiftly to the immediate needs of their communities after the first cases were identified in October 2010. For example, the project helped to alert and train existing providers (including community health agents) to identify and treat cholera to help contain the epidemic. The SDSH network's providers made more than 51,000 home visits and organized more than 19,000 group sessions to educate communities about cholera prevention and treatment during a 90-day period. The project also trained more than 6,500 institutional and community providers in prevention and treatment of cholera and other diarrheal diseases.

Additionally the program used existing mechanisms to support community water and sanitation activities, and leveraged its existing partnership with Pure Water for the World to bring biosand filters and hygiene education to targeted communities. The partnership brought 300 biosand filters to the hard-hit Grande Saline area alone.

SDSH and key partners received a 90-day OFDA grant to offset the unplanned costs of SDSH's cholera response and to reinforce cholera awareness, implement preventive measures, and improve sanitation within the tent cities of people displaced by the January 2010 earthquake. Materials and commodities ranged from 300 megaphones to 3,600 gallons of bleach, and interventions included the reestablishment of health kiosks (for education and care) and robust behavior change and community mobilization campaigns. In four and one-half months, the teams trained more than 6,500 institutional and community health providers in cholera prevention and identification.





Priority Package of Integrated Health Services

SDSH network facilities focused on provision of essential health care services to their clients. This priority package of integrated health services comprised key activities such as

- immunization, nutritional monitoring, and prevention and treatment of acute respiratory infections and diarrheal diseases for child health;
- prenatal care, birth attendance, postnatal care, and improved access to emergency obstetric care for maternal health;
- education and provision of available commodities for family planning;
- HIV and tuberculosis prevention, detection, care, and treatment, including prevention of mother-to-child transmission;
- gender-based violence and child protection, during the last year of the project.

Under SDSH, this package is supported by a minimum package of health management to ensure sustainability and improve quality.

agents liaise with health facilities, as well as traditional healers or birth attendants, to improve healthy behaviors and to increase the uptake of health services. In a single day, a health agent may counsel someone seeking HIV testing, teach a group of mothers the importance of immunizing their children, provide injectable contraception to a woman seeking to space her births, identify a coughing client as at-risk for tuberculosis, and encourage patients on antiretroviral therapy to routinely take their medicine.

These community health agents were vital in helping to manage Haiti's cholera outbreak in 2010. When providers at the Drouin health clinic in Artibonite identified a patient's severe diarrhea as cholera, the clinic staff alerted community health agents by phone. The health agents mobilized and within fifteen minutes patients from the nearest community started arriving for care and residents stopped using canal water, the suspected source of cholera in the area. (That cholera was transmitted through the canal was confirmed months later.) Without such a deft response, the communities may have lost even more friends and family members, and the cholera could easily have spread more widely.

PROVIDING HALF OF HAITI WITH CONTINUOUS ACCESS TO HEALTH SERVICES

Integrated Services for Priority Health Care

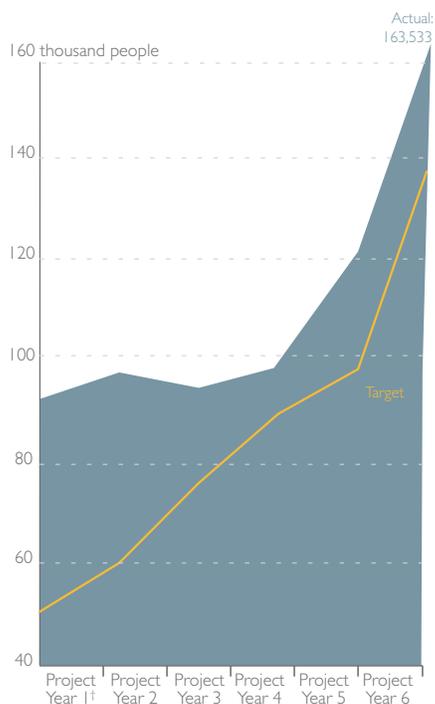
Patients often come to a clinic for only one of many needs. By making related health services available regardless of the patient's "entry point," SDSH and other programs seek to better serve their clients and minimize missed opportunities for care. Integration of key interventions serves to improve service uptake, help reduce discrimination associated with HIV or other diseases, and reduce per-patient costs by working more efficiently, e.g., providing multiple services through fewer providers and/or visits.

SDSH and its predecessor projects also worked with the MSPP and partners to establish and roll out a standard package of health care interventions that meet the most urgent patient needs and maximize the use of typically scarce resources—these interventions are known as the priority package of integrated health services, and are a subset of the MSPP's Minimum Package of Services. Each SDSH-supported facility offered this package (see box at left).

The network—which began under Haiti Health Systems 2004 (HS-2004) and continued under Haiti Health Systems 2007 (HS-2007)—has delivered services to some of Haiti's most vulnerable people, virtually uninterrupted by the countless challenges the country has faced.

SDSH consistently exceeded its targets for testing clients for HIV.

Figure 3.
HIV counseling and testing in the SDSH network



Number of people who received counseling and testing for HIV and received their test results

† Project years are Oct–Sept beginning 2007. Year 6 is Oct 2012–Oct 2013.

HIV Prevention, Care, and Treatment

Exacerbated by decades of poverty and instability, Haiti's HIV prevalence peaked at 3.6 percent in the mid-1990s and has hovered around two percent since the beginning of the 2000s. The beginning of the millennium brought awareness, education, and affordable treatment through efforts including those of the MSPP, the US President's Emergency Plan for AIDS Relief (PEPFAR), and various other donors. Haiti's HIV prevalence is the highest in the western hemisphere and has been devastating to thousands of families across the country.

Combating stigma and inadequate access, SDSH expanded facility-based voluntary counseling and testing for HIV and provided testing through mobile clinic outreach and events such as Carnival and *fêtes champêtres* (annual festivals held in most cities or villages). SDSH-supported providers routinely offered HIV testing during other services such as tuberculosis care and treatment, family planning, and maternal health visits. SDSH provided over 1 million HIV tests, including those provided to nearly 350,000 pregnant women as part of the prevention of mother-to-child transmission program. Empowered with this knowledge, individuals could make decisions to protect themselves, their partners, and their children, accessing care, treatment and other support as necessary.

Consistent with its community-based approach to service delivery, SDSH operated in close collaboration with community organizations and resources to provide critical services to HIV patients outside of the clinic. Links with palliative care included services such as psychosocial care, support groups, income-generation, clean water, and nutrition counseling.

SDSH was designed to focus on HIV prevention and care, but the critical need for comprehensive antiretroviral treatment was evident and the project expanded its treatment centers from six at the beginning of the project to 21 by the end of 2013.

January 2010's devastating earthquake killed more than 230,000 people, displaced more than 1.5 million, and affected the entire nation. Already-fragile infrastructure was destroyed and demands for emergency trauma and mental health services placed additional burdens on health facilities. Catchment populations also changed dramatically as displaced citizens moved into camps or migrated outside the earthquake impact zone. The earthquake also created positive opportunities, and served as a much-needed call to action. Health care reform could no longer be delayed and needs assessments called for billions of dollars to rebuild infrastructure, strengthen human resources, and secure supply chains.

SDSH **RESPONDING** TO DISASTERS:

Facing deep personal losses themselves, SDSH staff quickly resumed project operations from an outdoor porch at one employee's home to ensure that partner NGOs and public sites would have the support they needed. Some staff members worked in partner health facilities delivering emergency clinical services, and others mobilized to conduct a detailed post-earthquake needs assessment of nearly all SDSH sites. This rapid assessment provided the basis for SDSH's contingency plan to reinforce the partners' capacity and by March 2010, the team began to see improvements. SDSH also received several direct grants from partners to provide health services to displaced persons, support reinforcement of damaged infrastructure, assess health services provision in the camps, and provide badly needed pharmaceutical supplies.

The January 2010 Earthquake



Prevention of Mother-to-Child Transmission of HIV

Intertwined with improvements to maternal health care, SDSH network facilities made great strides in helping pregnant women learn their HIV status, particularly through outreach and HIV testing during prenatal visits. Because more women also gave birth in facilities, providers were able to give antiretroviral drugs to HIV-positive mothers and their newborns. SDSH also worked with trained birth attendants to ensure that they could administer the medication and check on the health of both mother and newborn during visits in the first three days after birth. Nearly 350,000 pregnant women learned their HIV status, and over 4,200 who tested positive received antiretroviral therapy to prevent transmission of the virus to their baby.



“You know Isanya convinced me to come here and I thank you for the good care you gave her,” Sony said to the head nurse of the SDSH-supported health center of Maissade HIV voluntary counseling and testing unit. Sony smiled before adding, “I came to share a confidence: we are getting married!”

The service providers of the HIV unit rejoiced at the news. In early 2009, a feverish, coughing, desperately thin Isanya came to the clinic. She tested negative for tuberculosis, but positive for HIV and was immediately enrolled in counseling and palliative care.

Isanya (not pictured here) came regularly to the clinic and within a few weeks she had started to gain weight. When her general condition improved in subsequent months, Isanya returned to her native village and her former partner—Sony—and told him about her HIV status.

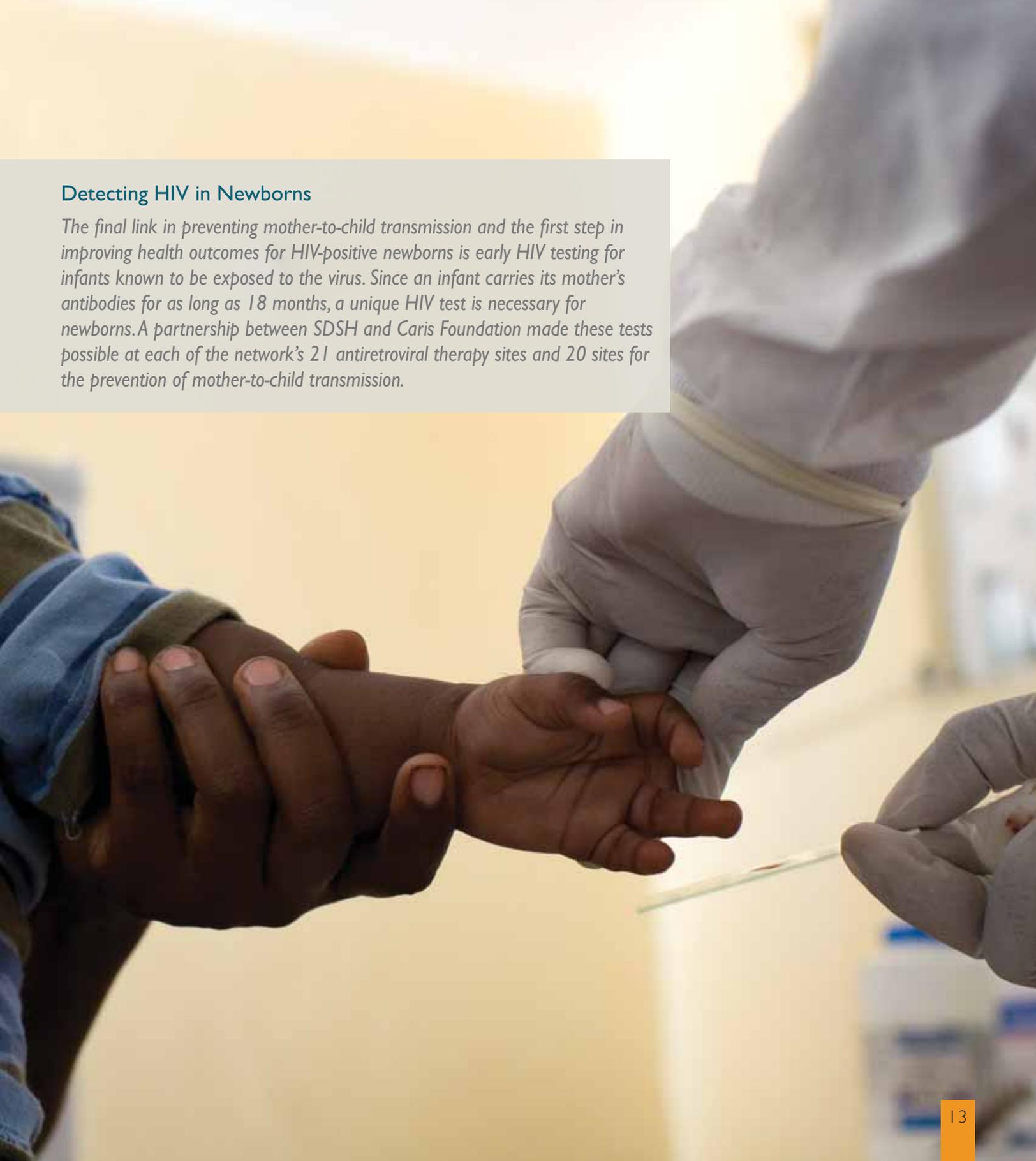
Some weeks later, Isanya returned to the clinic with Sony who also tested negative for tuberculosis but positive for HIV. “When Isanya first told me about this clinic, I noted how confident she looked and indeed now I too, entrust myself to you,” Sony said.

Prevention and Treatment of Tuberculosis

Haiti bears the largest tuberculosis burden in the Caribbean region. HIV-positive patients are particularly vulnerable to the disease; the WHO estimates that one-third of people living with HIV globally are also infected with tuberculosis. SDSH integrated testing and treatment referrals for tuberculosis into supported sites, and trained relevant staff in detecting both diseases. As a result, the percentage of tuberculosis patients that were tested for HIV and received their results increased from 47 percent to 105 percent from year one to year six (some came from out of network, which explains the percent in excess of 100).

Detecting HIV in Newborns

The final link in preventing mother-to-child transmission and the first step in improving health outcomes for HIV-positive newborns is early HIV testing for infants known to be exposed to the virus. Since an infant carries its mother's antibodies for as long as 18 months, a unique HIV test is necessary for newborns. A partnership between SDSH and Caris Foundation made these tests possible at each of the network's 21 antiretroviral therapy sites and 20 sites for the prevention of mother-to-child transmission.

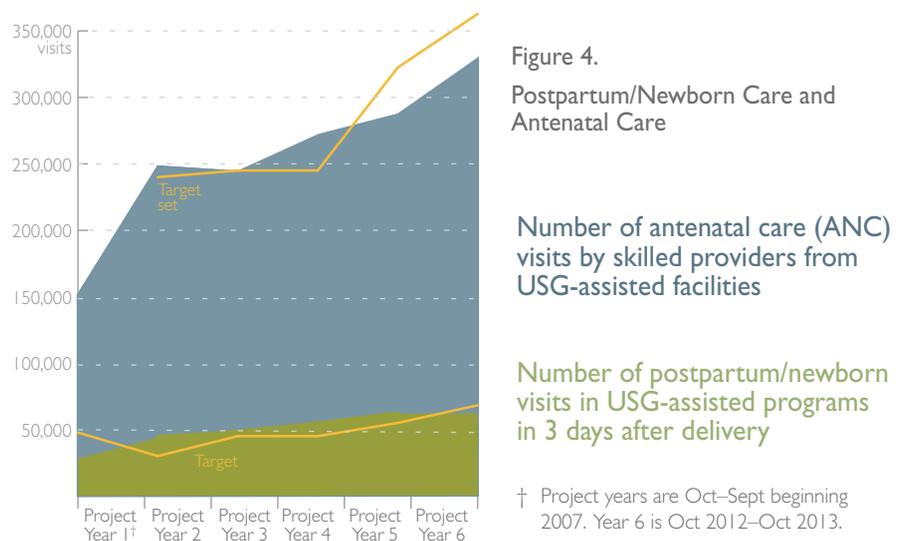


Skilled birth attendants can identify delivery complications before they become irreversible and help women in labor seek emergency obstetric care, improving birth outcomes for mothers and their newborns.

To support both detection and treatment of HIV and tuberculosis, SDSH improved laboratories and the supply system for tuberculosis drugs, and used behavior change communications and community mobilization to address cultural barriers and stigma associated with both diseases. To this end, SDSH trained 93 providers to screen for HIV and tuberculosis and 27 providers in DOTS.

Improved Maternal Health

Maternal mortality in Haiti is 350 per 100,000 live births,¹ as compared to 85 across Latin America and the Caribbean. Few patients feel an arduous journey to a health facility as acutely as a mother in labor, and a number of cultural and behavioral barriers inhibit many pregnant women in Haiti from seeking the care they need before, during, and after delivery. SDSH network facilities helped women have healthier pregnancies and deliveries by making services for prenatal, emergency obstetric, and postpartum care available and more easily accessible. From the first year to the fifth project year, the percentage of pregnant women in supported facilities that had their first prenatal visit during their first trimester increased from 28 percent to 39 percent; and the percentage of pregnant women that had at least three prenatal visits during their pregnancy increased from 42 percent to 55 percent from year one to year six. Nearly 300,000 women received a home visit from a community health agent or birth attendant within 72 hours of delivery. During this visit, providers made sure that both mother and newborn were healthy and received antiretroviral medication if the mother was HIV positive.

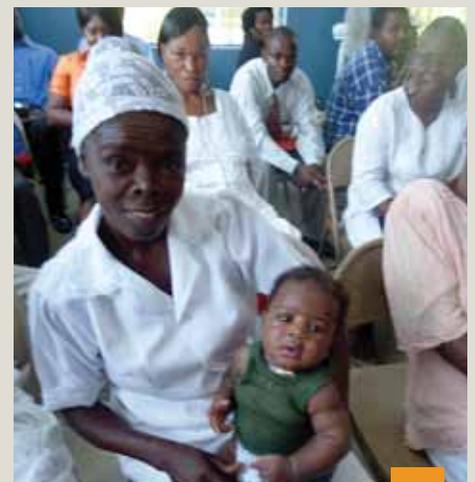


1. UNICEF. 2010. "At A Glance: Haiti." Accessed December 19, 2013. http://www.unicef.org/infobycountry/haiti_statistics.html.



Tilma is a traditional birth attendant—a matron—in Haiti’s Northwest department. Armed only with the basic skills she learned from her late mother, also a matron, Tilma had helped women deliver babies for 22 years. “I didn’t know I had to wash my hands before and after delivering a baby. I also didn’t know the importance of wearing gloves during each delivery,” she says.

Through SDSH trainings, Tilma quickly improved her skills and expanded her knowledge about risks inherent in pregnancy and delivery, preparing her to save the life of a 20-year-old mother in her care. When the young woman showed symptoms of preeclampsia during delivery Tilma recognized the symptoms and averted crisis by accompanying the laboring mother to the hospital where she safely gave birth to a baby boy. Both mother and son are healthy three months later.





The smallest, seemingly insignificant thing can inform a patient's life-or-death decision. When a recent sociological and behavioral survey revealed that many pregnant women said they did not plan to deliver in a health facility because they couldn't afford the dignity of a clean robe or simple sandals to wear after giving birth, SDSH worked with its partner Direct Relief International (DRI) to provide both in prenatal kits for expectant mothers.

SDSH encourages women to deliver in health facilities, but if they choose to give birth at home, SDSH helps to make a trained attendant available to help with delivery and to identify problems before they become irreversible. Ninety-two percent of pregnant women had birth plans in the fifth project year, up from 10 percent at the end of the first project year. During the project's six years, more than 13,000 women gave birth each year with a skilled facility-based attendant. Acquired knowledge, social support, and modest stipends to cover travel costs for pregnant women and birth attendants helped increase institutional deliveries for pregnant women regardless of their HIV status.

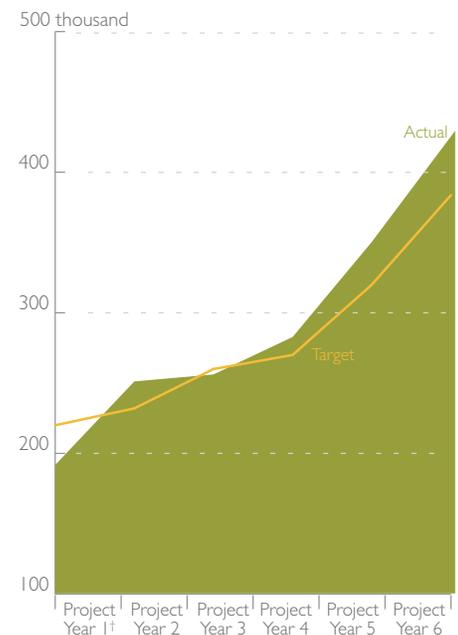
Increased Uptake of Family Planning

Across Haiti, women suffer the health risks of narrowly spaced pregnancies and families struggle to provide sustenance and opportunity to their children. Family planning can lighten the economic burdens and help improve the health of women and their children. To expand the availability and voluntary uptake of family planning, SDSH worked to increase the knowledge and awareness of modern family planning services through community outreach, behavior change communications, and provider education. The project also made family planning services and commodities more accessible through efforts such as mobile clinics and community-based distribution, which SDSH rolled out to the entire project network. SDSH trained over 1,750 community health agents, and advocated for these health agents to provide injectable contraception, making longer-lasting protection available as close to home as possible.

At health facilities, SDSH improved service quality by building the capacity and knowledge base of providers, integrating services, and helping sites maintain a reliable stock and wide range of family planning methods. SDSH coordinated closely with the MSH-implemented Leadership, Management and Sustainability (LMS) program that manages family planning commodities for sites in Haiti.

By making family planning methods accessible and continuously available, and by raising awareness of the benefits of family planning, SDSH reinforced client follow-up. In one measure of retention, as of June 2012, 93 percent of Depo-Provera clients received their next shot on schedule, suggesting accessible services, informed clients, and reliable supplies.

Figure 5.
Number of Couple-Years Protection (CYP) in USG-supported programs



† Project years are Oct–Sept beginning 2007. Year 6 is Oct 2012–Oct 2013.

SDSH inherited HS-2007's enviable vaccination coverage but also brought new facilities into the network specifically because their communities were underserved (the zones ciblées, or targeted zones). This brought down the average in the first project year, but SDSH's performance-based financing, technical assistance, and strategic partnership support quickly increased vaccination coverage, largely maintained even through the January 2010 earthquake and the cholera outbreak of 2010–2011.



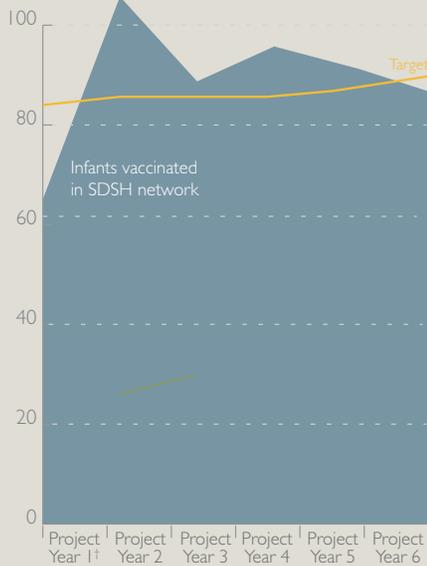


Figure 6.
Children fully vaccinated under SDSH
(ages 0-11 months)

† Project years are Oct–Sept beginning 2007.
 Year 6 is Oct 2012–Oct 2013.

Data for this indicator was only collected through July 2012, which constitutes a 10 month project year period, which was in accordance with USAID approved PMP.

At the start of the SDSH project, NGO facilities (previously supported by HS-2007) had contraceptive use rates four times higher than the public sector sites. By the end of SDSH, the rate in SDSH-supported public sites improved and the entire network averaged 33 percent modern contraceptive use among people of reproductive age. At the end of the fifth year, nine percent of total FP clients were using long-term or permanent methods.

Improved Child Health

Children in Haiti face a multitude of preventable and treatable childhood diseases such as measles, diarrheal disease, and pneumonia, and the country's poverty is too often reflected in the poor nutritional state of young children. Despite nationwide stock outs of vaccines, SDSH promoted and delivered comprehensive under-five immunizations (see Figure 6), nutritional counseling and support, and hygiene education. The project also trained health providers and agents at facility and community levels to prevent, identify, and manage common childhood illnesses.

SDSH network facilities provided full immunization coverage to over 710,000 infants as measured by DPT3 or Pentavalent3 vaccinations. Through community outreach programs, SDSH helped train over 200,000 caregivers in diarrhea prevention and diarrhea case management. These seemingly simple interventions save countless lives and avoid needless illness among Haiti's children.



To bolster lagging numbers nationwide, SDSH worked with the MSPP during the fifth project year to organize and implement vaccination campaigns with support from USAID, UNICEF, PAHO/WHO, and CIDA. One highlight of these efforts was the 2012 Intensive Child Health Activities (Activités Intensives en Santé Infantile – AISE-2012) in April/May 2012.

During the campaign, the project mobilized 1,544 community health agents throughout the ten departments; their contributions were critical to the planning and provision of services during AISE-2012. SDSH also facilitated the donation of five million syringes through its partnership with Direct Relief International (DRI).

Starting with a target of US\$8.5 million, the project gathered more than US\$89 million worth of commodities and other complementary support.

STRATEGIC PARTNERSHIPS: SDSH AS A **CATALYST**

To effectively leverage the US government's investment through SDSH, the project was designed to include leveraged contributions in kind or in cash (20 percent, or US\$8.5 million, for the first three years). The global economic crisis and riots over rising food prices in 2008 (in which many private-sector businesses in Les Cayes and Port-au-Prince were attacked) made direct fundraising nearly impossible. In response, SDSH adapted and cultivated partnerships to solicit material donations consistent with SDSH's mission and the needs of the country, rather than cash. The project gathered more than US\$89 million worth of commodities and other complementary support.

Highlights from SDSH strategic partnerships included

- Making clean water available in 1,600 schools, 200 health sites, and 3,000 households (at “point of use”)—Pure Water for the World (PWW)
- Donating pharmaceuticals, materials, and equipment to health facilities or prepositioning emergency hurricane kits in five particularly vulnerable departments—Direct Relief International (DRI)
- Providing early infant diagnosis (through DNA-PCR testing) of infants born to HIV-positive mothers—Caris Foundation



DRI helped strengthen eight maternal and neonatal facilities in the SDSH network and upgrade service quality at five sites offering prevention of mother-to-child transmission care.

SDSH facilities received financial support and capacity development from the project, but in many cases lacked the equipment and commodities necessary to deliver better care. Charities and private-sector contributors specializing in equipment and commodities often cannot be sure that their material contributions are put to good use or reach those most in need. Together, SDSH and its strategic partners closed these gaps and generated a remarkable synergy.

SDSH SUPPORT TO THE **PUBLIC SECTOR**

Years of instability forced donors and their projects to work around rather than in collaboration with the MSPP. Looking toward a better future, SDSH's predecessor projects deliberately positioned themselves as technical partners and distanced themselves from political parties or administrations. This allowed SDSH to smoothly transition into its current role as a reliable nonpartisan MSPP partner when the government and social context had begun to stabilize.

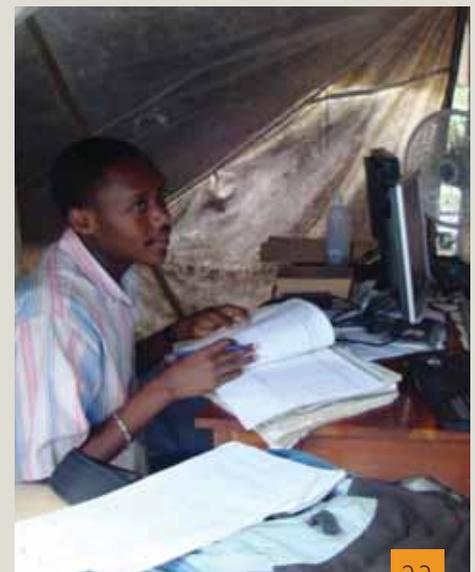
SDSH continued and expanded the work of HS-2007 by providing technical and organizational support to MSPP at the central and departmental levels. The support helped MSPP staff develop and implement strategic plans, purposefully coordinate donors and other health providers, improve financial management, develop health information systems, and participate in joint clinical supervision. SDSH staff worked shoulder-to-shoulder with counterparts in each of the ten MSPP departmental offices, offering technical assistance and mentoring in clinical oversight and other management areas.



Introduced to SDSH by network partner Konbit Sante, Direct Relief International (DRI) solicits many of its material donations directly from manufacturers and brings resources upon request to areas and facilities in need of that specific contribution. In the aftermath of four consecutive hurricanes or tropical storms battering Haiti in 2008, DRI and SDSH collaborated to distribute relief supplies throughout Haiti and positioned supplies near areas typically affected by seasonal storms and flooding.

As a result of this partnership and forward-thinking, after the devastating 2010 earthquake SDSH and USAID were able to quickly facilitate customs clearance for relief and rebuilding supplies, and helped DRI distribute them directly and efficiently to areas in need. The partnership between DRI-Konbit Sante and SDSH for the earthquake response supported hospitals and health facilities both within and outside of the SDSH network. This collaboration brought more than US\$ 86 million worth of funding and goods to Haiti.

DRI also provided continuous and direct support (capacity building) to SDSH partners Konbit Sante and Hôpital Universitaire Justinién in Cap-Haïtien.





SDSH **RESPONDING** TO DISASTERS: An Especially Damaging Hurricane Season

During a few short weeks in 2008, four back-to-back hurricanes and tropical storms—and lingering floods—hit Haiti, leaving an estimated 160,000 people without shelter, and severely damaging already-fragile infrastructure.

Although not designed as a relief project, SDSH's network of facilities and community health agents helped to efficiently deliver donations from small and large relief organizations or agencies to people and areas in need. SDSH also helped the MSPP to coordinate its response, including a nationwide epidemiological surveillance plan, water treatment, and the mobilization of disinfection and fumigation specialists to help control vector-borne and waterborne diseases.



In 2012, SDSH supported MSPP to conduct a cost and revenue analysis for the basic package of essential health services in Haiti. This effort was designed to help the MSPP understand the actual costs of basic health services, and to provide a rationale for evidence-based budgeting and financing and management of health care service delivery through performance-based contracting mechanisms. The Leadership, Management and Governance (LMG) project, which is also funded by USAID and implemented by MSH, began in 2012 and is supporting the MSPP to roll out nation-wide PBF and enable the public sector to improve social services through results-based management.

Resources and capacity at the departmental level vary greatly, but SDSH saw improvements in most areas. By late 2012, seven (one more than the six originally targeted) health departments had a mechanism to coordinate donors in their jurisdiction, nine of the ten departments had implemented service-delivery supervision plans, and 100 percent of the ten departments were implementing their approved operational plan.





CONCLUSION: WHAT **HAITI'S FUTURE** HOLDS

SDSH built upon 15 years of MSH work in Haiti and generous support from the American people through USAID, expanding and adapting to the needs of those who were always our priority: the people of Haiti. Children reached their fifth birthdays because of vaccination services and education for their family and health caregivers about preventable diarrheal and respiratory diseases. Mothers survived complicated deliveries, chose to space future pregnancies, and accessed prenatal and obstetric care when they did become pregnant. Women and men discovered their HIV status, received care and treatment if they were positive, and learned to protect themselves from HIV infection if they were negative. And all of this continued in spite of political struggles, numerous hurricanes, an alarming outbreak of cholera, and an earthquake whose effects are still visible on nearly every corner.

The progress is remarkable, yet the remaining need is undeniable.

SDSH has strengthened the very foundation of Haiti's health system by establishing and reinforcing results-focused, community-based health care services. Network facilities and providers have evolved to manage greater resources and produce greater results. As PBF is taken to scale in Haiti and lessons learned through MSH's long years in the country are applied, the health system—and all of Haiti—will thrive.

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ACRONYMS

DRI	Direct Relief International	PBF	Performance-based financing
HS-2004	Haiti Health Systems 2004	PEPFAR	US President's Emergency Plan for AIDS Relief
HS-2007	Haiti Health Systems 2007	PWW	Pure Water for the World
LAC	Latin America and the Caribbean	RPM Plus	Rational Pharmaceutical Management Plus
LMG	Leadership, Management and Governance	SCMS	Supply Chain Management Systems
LMS	Leadership, Management and Sustainability	SDSH	<i>Santé pour le Développement et la Stabilité d'Haïti</i>
MSH	Management Sciences for Health	TBA	Traditional birth attendant
MSPP	<i>Ministère de la Santé Publique et de la Population</i>	UNICEF	UN Children's Foundation
NGO	Nongovernmental organization	USAID	US Agency for International Development
OFDA	Office of Food and Disaster Assistance	WHO	World Health Organization
PAHO	Pan-American Health Organization		

