

Final Report for Public Distribution

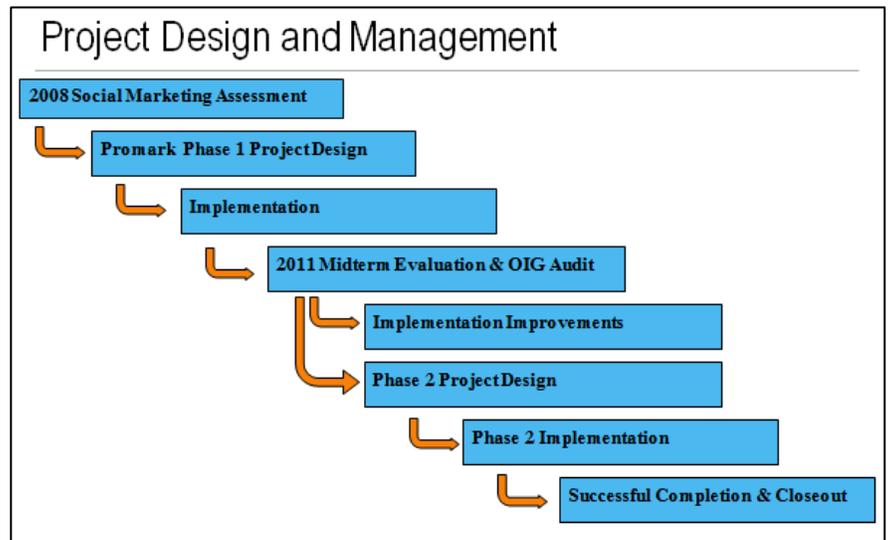
OVERVIEW

Based on a 2008 baseline assessment of the Haiti Social Marketing Program, USAID designed its AIDSTAR Task Order called “PROMARK Haiti: Strengthening and Expanding Social Marketing in Haiti”, and in April 2009 contracted Population Services International (PSI) as the implementing partner, which carried out the project through its local network member Programme de Sante et Information (PSI-Haiti).

USAID’s goal was to have a long-term positive public health impact in the area of HIV/AIDS, maternal and child health, and family planning/reproductive health, by supporting the introduction of an increasing variety of socially marketed products, the necessary infrastructure for distribution of these products along with mass media messages, targeted communication materials, and peer education. The intents were to:

- Increase access to, availability and continued use of selected health products and services
- Expand the existing USG supported social marketing program in Haiti to emphasize HIV/AIDS prevention
- Increase and support continued use of family planning for spacing and limiting births through offering a range of options and supporting informed choice
- Improve the status of maternal health and infant/child health
- Build local institutional capacity and skills, and initiate the transfer of management and the implementation of the social marketing program to a local entity by FY 2014 as a specific deliverable under the USAID Forward strategy.

Based on 2011 mid-term reviews of the program, in April 2012 USAID awarded a two year extension to the project. At that time, social marketing activities and targets involving condoms were shifted to USAID’s PrevSIDA project, also implemented by PSI. The extension however incorporated a new LCD component, which called on PSI to increase its support for the institutional development of local Haitian organization(s) to build their capacity and skills in order to start transferring the management and the implementation of the social marketing program to a local entity by FY 2014 as a specific deliverable under the USAID Forward strategy.



This final report for public distribution comprises five sections:

1. Accomplishments and results, compared to expected results
2. Lessons Learned
3. Recommendations for future interventions to build on Program success
4. Success Stories
5. Conclusion



ACCOMPLISHMENTS AND RESULTS COMPARED TO EXPECTED RESULTS

The program performed very well against the five key PROMARK indicators for the Social Marketing components:

1. Number of people reached with messaging
2. Positive evolution on health-seeking behaviors of the general population (as evidenced by PSI or public research studies)
3. Couple Years of Protection
4. Number and location of sales outlets
5. Quantity of health commodities sold

1. People Reached:

Over the life of project 1.4 million people were reached with meaningful Interpersonal Communication sessions conducted by partner Support Groups. In addition, the program reached:

- 739,000 people with Cinemobile and other Special Events;
- 1,099,000 people during special promotional activities; and
- Many more through the broadcast of 400,395 radio spots over a network of 47 stations with a listener base of some 1.7 million, and through the placement of 68 billboards.

Behavior Change Communications

- Generic and Branded
- Multiple Levels, Multiple Channels
 - Interpersonal Communications (IPC)
 - Support groups from local Community Based Organizations
 - Peer educators, couples counselors
 - Home visits by community health promoters
 - Mid-Level Communications
 - Cinemobile
 - Special events
 - Mass Communications
 - Radio (47 stations nationwide), Television, Press Events, Billboards



2. Nationwide Behavioral Indicators:

The research metrics in the tables below include some behaviors specific to PSI products, and some general population indicators. Changes in these indicators are a result of many factors, including activities of the MSPP and a variety of donors and partners—a true collective attribution. However, it is worth noting that PROMARK has reached over 3.2 MM people with effective and targeted interpersonal and mid-level communications, with millions more experiencing our mass media placements. In a country of 10MM people, this is major communications investment which has certainly been one factor in the positive shifts in attitudes and use of both branded and unbranded FP, WASH and MCH products.

Data from Specific PSI Research Studies

	2006/08	2009	2012/14
Percentage of women and men interviewed in social marketing target areas who have seen or heard a socially marketing family planning and reproductive health message ¹	73% (2006)	57% (2008)	87.3% (2012)
Number of women aged 15 - 49 interviewed in social marketing target areas who report usage of branded family planning product one year after initiation	na	4.3% ²	- ³
Percentage of sexually active young women aged 15-24 years old interviewed in social marketing target areas who report the consistent (one year after initiation) use of socially marketed products.	na	2.4% ²	- ³
Intend to continue to use any method of FP	24.3%	25.1%	- ³
Women heard of Pilplan / Use of Pilplan	77.7%/ 2.4%	79%/ 3.2 %	- ³
National Pilplan Coverage ⁴	23.7% (2006)	42.5% (2008)	47.4% (2014)
Women heard of Confiance / Use of Confiance	85.7%/ 3.3%	81.4%/7.8 %	- ³
National Confiance Coverage ⁴	28.8% (2006)	37.8% (2008)	48.3% (2014)
Percentage of child caregivers interviewed in social marketing target sites who correctly treated the last episodic case of childhood diarrhea with ORS	31%	-	74.7% / 79.6% ⁵
Percentage of persons interviewed in social marketing target areas who correctly identify at least two ways to treat contaminated water.	na	-	26.5% / 47.3% ⁵
Percentage of people interviewed in social marketing target areas who have heard a social marketing child health/child survival message	35%	60.1%	68.3% / 58.0% ⁵
Exposure to water treatment and hygiene messages	-	59.4%	78.1% / 59.7% ⁵
Households with children under 5 who are currently treating their water	-	23.3%	69.4% / 53.3% ⁵
Perfect knowledge of water treatment and diarrhea products	-	7.2%	66.5% / 53.9% ⁵
Households storing water in a closed container with a spigot	-	40.8%	36.1% / 36.2 % ⁵
National Dlo Lavi coverage ⁴	-	-	43.9% (2014)
National Sel Lavi coverage ⁴	38.8% (2006)	43.8% (2008)	41.2% (2014)
Percentage of general population in social marketing target sites reporting the use of a condom the last time they had sex with a non-marital, non-cohabitating partner.	M=70.7% & W=59.1%		M=72.8% & W=52.7%
Percentage of general population and targeted high-risk populations in social marketing target sites that correctly identify ways to prevent HIV.	na		M=40.5% & W=38.4%
Used condom in first sexual encounter	24.3%	27.7%	32.2%

¹ Youth TRaC: 2006 (Baseline), 2008, and 2012

² TRaC FP 2007 and 2009 – Confiance and Pilplan

³ Next TRaC FP study will demonstrate most recent impact; planned for 2014

⁴ MAP 2006, 2008 and 2014

⁵ First figure from 2012 TRaC WASH / second figure from 2014 TRaC WASH

Data from Haiti's DSH (EMMUS) Research Studies

	Baseline (2006)	Closeout (2012)
Use of a modern FP method	24.8%	31.3%
Unmet need for FP	37%	35%
Users informed of secondary effects / other methods	60.3% / 58.9%	70.4% / 64.1%
Public sector as source of OCs / Injectables	21.1% / 31.5%	15.3% / 28.6%
Non-users intending to utilize FP	59.6%	54.5%
Rural women exposed to FP media messages	36.7%	42.2%
Rural women spoken about FP w/field worker or health provider	14.1%	18.0%
Under-five mortality (per 1000 live births)	96	88
Do not treat water	67.4%	31.5%
Under-five diarrhea in last two weeks	23.7%	20.8%
Under-five with diarrhea treated with ORS	40.3%	52.9%

3. Couple Years of Protection: Through the creation of demand for FP products, and then through meeting that demand with the sale of its socially-marketed contraceptives, PROMARK generated 459,409 CYPs over the life of the project.

4. Sales Outlets: In response to recommendations from the Mid Term Evaluation, PSI changed its distribution strategy and re-engineered its entire distribution system, focusing on using the power of markets by working via existing commercial wholesalers and retailers. In that context, the number of outlets has grown from 5,952 to 6,748, a 13% increase.

5. Sales Quantities: The Haiti health product sales market presented multiple challenges over the project period, including the earthquake and cholera outbreak and related follow-on emergency efforts, difficult economic and employment conditions, shifting supply and demand patterns, and supply chain issues. Faced with these conditions, and as follow up to recommendations in the Mid Term Evaluation, PROMARK made multiple adaptations to its sales and marketing programs, including a complete relaunch of the Pante male condom brand, shift from a liquid to tablet form of water treatment product, removal of the Reyalite female condom from our product line, and ongoing adjustments to the prices and margins to optimize the supply chain.



Marketing & Distribution

Product Marketing & Distribution - Approach

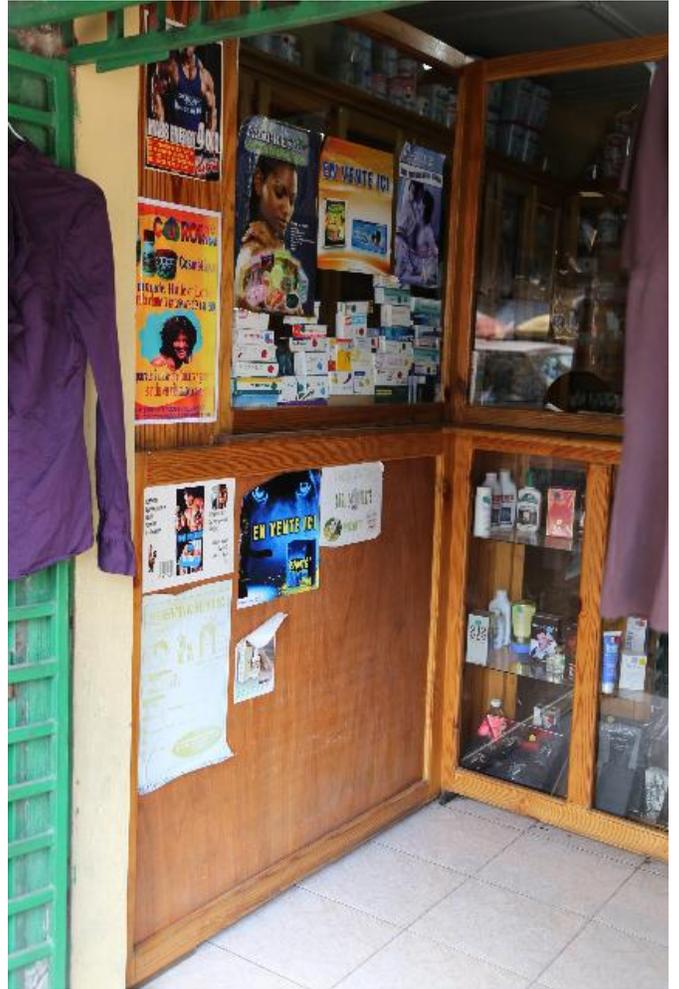
- Manage the four Ps (Product, Promotion, Place, Price) just like a commercial enterprise**
 - Research to identify target consumers and their key barriers to utilization
- But ensure geographic and price accessibility**
- Use commercial distribution chain so markets work for the poor**
 - 137 commercial wholesalers sell to 6,700 commercial retailers (*up from 5,952 baseline*)
 - Prices are subsidized to align with Ability to Pay data from our research



As a result, over the life of the project PROMARK has sold:

- 2,599,230 PilPlan oral contraceptives
- 919,818 Con fiance injectable contraceptives
- 238,530 Reyalite female condoms
- 6,502,080 Pante male condoms (Phase 1 only)
- 1,834,203 Sel Lavi oral rehydration salts
- 6,810,120 Dlo Lavi water treatment products (tablet equivalent)

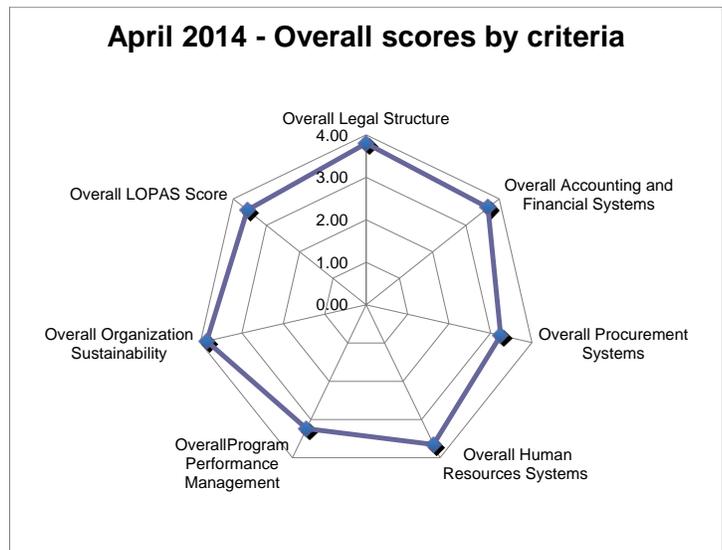
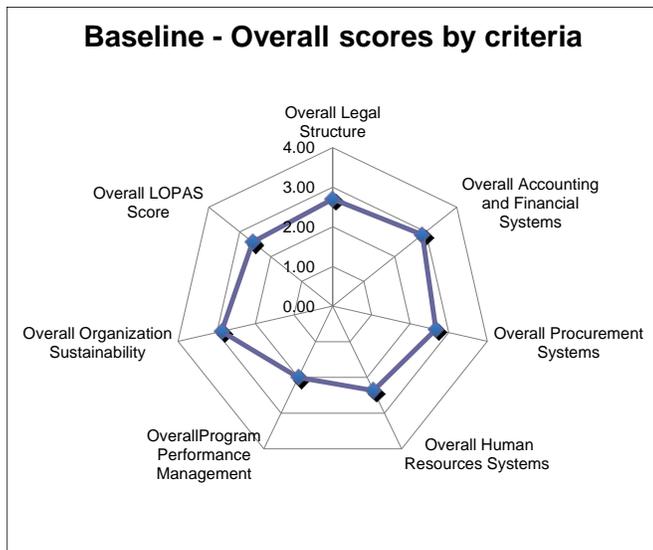
All told, there was tremendous effort and significant progress made, given the enormity of the catastrophe suffered by the nation during the life of project. Overall, the Haitian population purchased 18.7 million units of our health products, and this allowed them to avoid the loss of 174,244 Disability Adjusted Life Years.



In addition to these social marketing metrics, PROMARK has also achieved all its LCD targets set in Phase 2:

	Baseline (2012)	Target (2014)	Closeout (2014)
Number of contracts with local organizations (disaggregated by local nonprofit organizations and local private businesses)	167 (14 nonprofits; 153 private businesses)	>10% increase	203 (47 nonprofits; 156 private businesses)
\$ value and % of funding obligated through local organizations (disaggregated by nonprofit organizations and private businesses)	\$1,422,197 50% 8% LNGOs 42% businesses	\$1.2 million >40%	\$812,215 42% 7% LNGOs 35% business (plus 45% paid as local salaries – leaving 13% paid outside Haiti)
% of local organizations achieving at least a one point increase on four point organizational capacity assessment tool	2.58 LOPAS score (max 4)	>70%	3.57 LOPAS score
Average percentage of change in organizational capacity of the local organization(s) (as measured by a defined organizational capacity assessment tool)	2.58 LOPAS score (max 4)	na	3.57 LOPAS score = +38%
Number of local organizations “graduated” to receive USAID funding	None	1 (PSI Haiti with network of local partners)	1 (OHMaSS with network of local partners)

Specific improvements in organizational capacity are summarized in the following spider charts comparing baseline capability in March 2012 compared to the endline assessment in April 2014.



Beyond these specific key indicators, PROMARK also set a number of other key objectives involving Cross Cutting Themes, on which PSI has delivered well.

Logistics and Distribution: The original Task Order noted that “the forecasting, distribution, stock management and logistics information systems that support the social marketing programs needs continued strengthening...a consistent complaint among site level sellers of products is that there continues to be periodic stock-outs.” Similar issues were noted in the Mid Term Evaluation, conducted in the months following the 2010 earthquake. Since then, as noted above we re-engineered our entire distribution system, focusing on using the power of markets by working via existing commercial wholesalers and retailers. And we have put intense focus on all elements of the supply chain, building capacity of PSI Haiti staff and of our wholesaler partners.

The results are that there has not been a single product stock-out in our central warehouse during the entire period of the extension. And at the retail level, while outlets increased from 5,952 to 6,748, the stock-out rate for FP products declined 23%.

In addition, as recommended in the Extension, PSI was an active participant in the ongoing development of the national health commodity distribution network, serving on the SNADI (Système National d’Approvisionnement et Distribution des Intrants) committee and sharing lessons learned and best practices.

Coordination with all partners and Strengthening ties with the Government of Haiti/MSPP (Ministere de Sante Publique et Population):

- PROMARK is an active participant in the Annual Quantification Exercises organized by the MSPP with support from USAID and UNFPA, a key measure to ensure that the public/free and socially-marketed sectors are aligned, and that there is strong security of supply. In addition, PROMARK took active measures to separate the distribution chains, so that no socially marketed products are offered for sale in public health facilities.
- PROMARK also actively supported the FP cluster (comprising the MSPP as well as USG projects CHAMP/FHI, SDSH/MSH, and LMS/MSH) and the WASH cluster (MSPP, DINEPA [Direction Nationale de l’Eau Potable et de l’Assainissement], UNICEF and multiple other partners).
- PROMARK actively engaged with the MSPP at multiple levels.
 - Our Regional Coordinators have tight connections with the MSPP Directors in each department, participating in the monthly meetings, doing written advance coordination of all activities, and providing quarterly reports on all PROMARK activities in the department.
 - We have worked extremely closely with the DPSPE (Direction de Promotion de la Santé et de Protection de l’Environnement) on communications, as an active participant in the CADME (Comité d’Appui au Développement de Matériels Educatifs) committee, and in particular in supporting the development of the communications plan against cholera.
 - PSI provided intense support to the PNL (Programme National de Lutte contre les IST/VIH/SIDA) for the development of the National AIDS Strategic Plan (particularly on the prevention and vulnerable groups elements), as well as in the organization and execution of each year’s World AIDS Day activities.
 - Relations are also very strong with the DSF (Direction de la Santé de la Famille), including coordination for training of students in the final year of nursing school, and for training of MSPP doctors in FP methods with a focus on IUD insertions.
 - Finally, it is important to note that Social Marketing has now been explicitly mentioned as a component in both the National HIV/AIDS Strategic Plan and the National FP Strategic Plan.

Pricing: As noted in the Extension, “Affordability in the context of Haiti is a critical issue with more than two-third of the population living on less than one dollar per day. The January 12 earthquake and political instability are worsening the situation, and the substitution effect tends to be downward (users of socially marketed products tend to seek out free products when they are available rather than moving into the commercial sector).” In that context, PROMARK has regularly reviewed its pricing, weighing the tradeoffs between utilization and equity on the one hand, and cost recovery/sustainability on the other, ensuring that consumer prices remain below willingness to pay. We marked the recommended retail price on packaging, and continue to monitor actual retailer pricing via periodic audits. Retailers not respecting the recommended street price have declined by 15%. Finally, we have also adjusted the margins available to wholesalers and retailers, to optimize the distribution chain.

Data for Decision Making: PROMARK has continued to collect, analyze and report relevant data via its TraC, MAP, FOQUS and Retail Audit studies, disseminating the results to partners and conducting formal Data to Decision Making sessions to ensure the information is used to adjust and improve activities. In particular, PROMARK conducted groundbreaking Integrated Behavioral and Biological Surveys on HIV (funded by both PROMARK and PevSIDA), focusing on behavioral characteristics and HIV prevalence rate of the MSM and CSW populations. This work has now been used to drive changes in the service offerings of hundreds of health delivery sites across the country.

Gender: This is an important cross-cutting theme. The Haiti Social Marketing Program is co-funded by KfW, and a particular activity in that component of the program is “Empowering Women by Targeting Men”. The project uses male and couples peer educators to improve men’s knowledge of FP methods available, and to address and overcome the barriers which prevent them from actively supporting their partner in the selection and consistent utilization of a FP method. Based on the success of this activity in the Northwest department, we extended it to the Southeast in 2013



Youth at Risk: The Telephone Bleu 24/7 hotline operated by our LGNO partner POZ targets youth. As follow-up to a recommendation from the Mid Term Evaluation, PROMARK resolved the technical challenges that had hindered the success of this activity, and the number of calls has increased dramatically – with the vast majority coming from youth under the age of 25. In addition, Youth at Risk were a particular focus of the work of our Phase 1 SRs CA/POZ and FOSREF.



LESSONS LEARNED

PROMARK was able to have a significant positive impact on public health in Haiti, despite a challenging operating context in Haiti from 2009 to 2014 which included a devastating earthquake, a terrible cholera epidemic, difficult economic and employment conditions, occasional political and security effects, and shifting supply and demand patterns. From this success – and from the challenges that the project was not able to fully overcome – we derive the following six key lessons.

1. *A strong and deep network of local partners -- MSPP, NGOs, CBOs and commercial -- is a key success factor to an effective social marketing program.* Only by a very tight collaboration with the MSPP can we ensure we are supporting implementation of the country's public health strategy, and achieving maximum impact by avoiding any duplication and ensuring full complementarity of public and social marketing activities.

NGOs and CBOs have deep community ties which are critical to the success of communications activities. And the commercial sector is key to ensuring that products move along each link of the supply chain, to reach final beneficiaries.

2. *It is imperative to have a field coordinator present in at least four provincial capitals - and perhaps more.* This speaks to the tight collaboration with the MSPP. It is not enough to have this at the central level in Port au Prince. The MSPP is a decentralized Ministry, and the mass of contacts with vulnerable Haitians take place in the departments, under the responsibility of the Departmental Directors. The project ended with four field coordinators covering eight departments (the Ouest and Center covered by headquarters in Port au Prince). This allowed effective coordination and collaboration, but more could be done with a larger field force.

3. *The forecast-order-import-store-distribute supply chain presents ongoing challenges in the Haiti context, and therefore requires significant resources and discipline.* As noted above in the Logistics and Distribution cross-cutting theme, we have eliminated stock-outs at our central warehouse and reduced them at retail outlets. This was a significant undertaking and resulted in great success. Unfortunately that does not mean that we can declare victory and move on. Ongoing difficulties remain, with government agencies, port companies, road safety and security problems. New challenges also continue to surface, such as more stringent and burdensome customs and NGO regulations, changing supplier storage requirements, or cost increases. Operating an effective and efficient supply remains a critical success factor for the social marketing program in Haiti.

4. *The shift to reliance on a commercial distribution system was the correct strategic move; there are opportunities to deepen relationships and broaden the "last mile" of this system.* Given the supply chain challenges mentioned above, and the cost ineffectiveness of paying a sales force large enough to call on nearly 7,000 retail outlets while representing a limited slate of social marketing products, it was imperative to shift to a model

Partnerships

Partnerships

- Strong working relationships with MSPP:
 - at Ministerial and Director General level
 - with the HIV, Family Health, Malaria and Communications Programs
 - and with the 10 Departmental Directors
- *Social Marketing explicitly included in the MSPP National Strategies for HIV and Family Planning*
- Contracts with ten capable Local NGOs: POZ for PROMARK, SeroVIE and FOSREF for PrevSIDA, seven for other projects (AHDESE, AOPS, CAPS, CDS, MARCH, REFANO, VDH)
- Support Group contracts with members of 45 strong Community Based Organizations (ARLDE, ASHAH, FAM, OFEPT, COFEBOM, AFDOH, MFNE, SOFED, AOPDSA, ANDAD, MSOPC, AJEDET, OFS, GADEK, MOZALA, OIDA, PKL, KOJED, SOFEDI, OPDAM, ODSA, AJRISDA, OPDV, AFVDPRA, GROFODEM, GFTL, OMUDCP, ORKOV, OFADEV, AJEFJODHA, OFADES, OFAKS, ADJSH, REOPEN, OFPEBAN, AFVDR, OFC, OFPSS, KAP, IFAO, ODOOD, AJDF, MOFAVCO)
- Relationships with multiple Haitian private sector companies: 137 wholesalers, 47 radio stations, other media companies, printers, auditors, maintenance companies, etc.





incorporating commercial wholesalers and their existing sales forces and retail customers. The margin available at each link of the distribution chain provides the incentive necessary to ensure that products are available for beneficiaries, and the profit motive of these partners ensures the most cost efficient distribution. We have made efforts to tighten PSI's relationship with its wholesalers, as well as the link between wholesalers and retailers; and we recognize that there is still more to do in this area. In addition, there are opportunities for other types of commercial actors at the retail end of the chain.

5. *For retail sales, management of the urban versus rural reach is an important balance: urban gives maximum sales and health impact and minimum supply chain issues; but rural promotes equity and access for the most vulnerable populations.* Purely commercial companies maximize profits by focusing on high-volume customers, often setting minimum order quantities. This may result in poor or no coverage at low-sales retailers, or of more remote areas. The social marketing program does not pursue profit as an end and must therefore constantly seek cost-effective ways to ensure that remote and vulnerable populations have access to critical health products. This will remain an ongoing but manageable challenge.
6. *Implementing a Total Market Approach -- to achieve the correct balance of utilization, equity, and subsidy -- is made more difficult by Haiti's highly bifurcated income distribution, ongoing economic and employment growth challenges, and significant/sporadic free distributions.* In an ideal world, strong economic growth would be driving upward mobility in the Haitian population, creating a large and growing group of lower wage employees with the ability to pay for socially marketed products, as well as a robust middle class to stimulate the growth of a competitive commercial sector. This would allow a progressive approach towards increasing utilization while maintaining equitable access and reducing the level of subsidy over time. This ideal world does not yet exist in Haiti. Only a very small portion of the population uses the commercial sector, employment remains low, and as a consequence the need for free distributions (which are not always continuous or predictable) remains. Nevertheless, there is scope to further build collaboration between the public/free, social marketing and commercial sectors.

RECOMMENDATIONS FOR FUTURE INTERVENTIONS— TO BUILD ON PROGRAM SUCCESS

PROMARK has achieved significant success over its five year duration, and there still remains much opportunity for ongoing advancement and ultimate increased positive health impact in Haiti.

First, it is clear that continuous investment is required to maintain the gains achieved thus far. Every week thousands of young people decide to become sexually active, and so require information and encouragement to keep themselves safe, and to understand the options available to them for spacing and limiting births. Every week hundreds or possibly thousands of young mothers give birth to their first child, and must have the information and products necessary to help that child avoid diarrhea, and to treat it should it occur. The level of communications must be maintained to ensure that these new health consumers are effectively reached.

In this context, our first recommendation is to sustain the ongoing investment that USAID has made in the social marketing program, to protect the gains secured to date.



Beyond that, despite the progress made, there is still very significant unmet need for health information, products and services, as shown by the following indicators from the recent DHS/EMMUS:

Family Planning

- 53% of married women want no more children, and 28% want to wait at least two years before their next birth; but only 31% use a modern family planning method.
- The Total Fertility Rate has declined from 4.8 children/woman in 1995 to 3.5 in 2012. However, women in the lowest wealth quintile have an average of 5.7 children, although their desired number is only 3.3.
- 14% of young women age 15-19 have begun childbearing; for young women with no education this rate is 27%

Maternal and Child Health

- Although under-five mortality decreased from 112 deaths/1000 live births in 1997-2002 to 88 in 2007-2012, this figure is still 113 for children whose mother has no formal education
- Less than half of rural households have access to an improved source of drinking water, and 34% of households travel >30 minutes to access water
- 14% of children under 5 had symptoms of Acute Respiratory Infection, and 21% diarrhea, in the two weeks before the survey (36% of infants 6-11 mos had diarrhea)
- 65% of children age 6-59 months, and 49% of women aged 15-49, have anemia. 11% of these children, and 30% of pregnant women, received iron supplements in the week before the survey.
- 22% of children show indications of chronic malnutrition



HIV Prevention

- Half of women age 25-49 were sexually active by the age of 18, and for men the median age of first intercourse was 16.5 years.
- 26% of men reported two or more sexual partners in the last 12 months, but only 47% of these men used a condom the last time they had intercourse
- 50% of women (69% of men) have never been tested for HIV/STIs.
- Haiti has the world's highest cervical cancer incidence.

The second recommendation is therefore to go beyond sustaining what has been achieved, and to expand health impact and improve return on investment by:

- Extending the product line, particularly in the high disease burden areas of perinatal/maternal conditions, nutrition and respiratory infections
- Scaling up the network of social franchise clinics, both in number and in offerings which will go beyond FP
- Expanding CBO community health promoter network, including tighter integration with the SSQH system and the MSPP's Polyvalent Community Health Agents
- Creating a new distribution channel – pilot Fanm Siksè (community entrepreneurs distributing selected health products using an “Avon Lady” approach).
- Adopting new technology: Monitoring & Evaluation information systems (DHIS2), mobile connections to our MIS system, m-Referrals.

SUCCESS STORIES

Throughout the project period, the program reported on particular successes, including the following attached as Annexes to this report:

- Annex 1: Lakay Timoun Home Visits Diarrhea
- Annex 2: Local Capacity Development
- Annex 3: Training Wholesalers
- Annex 4: Empowering Women by Targeting Men (KfW with Promark link – referred to above)
- Annex 5: Public Private Partnership – MSPP Training (Cargill/Promark link – partnerships referred to above)

SUCCESS STORY
PSI Haiti visits its target groups

As part of the Grand Anse Household Survey, PSI Haiti has visited 100 households in the Grand Anse region. These activities aim to assess the needs and expectations of the target population. The visits are being conducted in a systematic and structured manner to ensure that the information gathered is reliable and representative of the target population. The visits are being conducted in a systematic and structured manner to ensure that the information gathered is reliable and representative of the target population.

SUCCESS STORY
An Innovative Approach and Strong Progress on Local Capacity Development

Local health promoters play a critical role in the promotion of health and the prevention of disease. Through training and support, local health promoters can help to improve the health of their communities. This success story describes the innovative approach used to train and support local health promoters in the Grand Anse region.

SUCCESS STORY
Reinforce to better succeed!

The training of health promoters is a key component of the program. Health promoters play a critical role in the promotion of health and the prevention of disease. This success story describes the role of health promoters in reinforcing behavior change in the Grand Anse region.

SUCCESS STORY
EMPOWERING WOMEN BY TARGETING MEN

Indicator	Baseline	2011
Men who know where to get a condom	41%	71%
Men who know how to use a condom	41%	71%
Men who know how to negotiate for a condom	41%	71%
Men who know how to refuse sex without a condom	41%	71%
Men who know how to negotiate for a condom	41%	71%
Men who know how to refuse sex without a condom	41%	71%

SUCCESS STORY
PUBLIC PRIVATE PARTNERSHIP CREATES SUSTAINABLE IMPROVEMENTS.

The partnership between PSI and Cargill has resulted in significant improvements in the health and nutrition of the target population. This success story describes the partnership between PSI and Cargill and the impact of their collaboration.

CONCLUSION

PSI and OHMaSS deeply appreciate the opportunity USAID has given us to pursue our Mission:

Promote sustainable behavior change to help the Haitian people to lead a healthy lifestyle using social marketing strategies in a spirit of partnership.

USAID's sustained commitment to the Haiti social marketing program has generated proven strong results, and has laid the foundations for ongoing gains in health impact.





OHMaSS

Organisation Haïtienne
de Marketing Social pour la Santé

Membre du réseau global 



USAID
ÈD PÈP AMERIKEN

HAÏTI

PROMARK

SUCCESS STORY

PSI Haiti visits its target groups



A session of IPC with one group of support during a domiciliary visit.



The group of support presenting Dlo Lavi Tab during a domiciliary visit.

The figures speak clearly; the Haitian population has increasingly a thirsty for health. Fortunately relevant information about behavior change and the affordable and available water treatment product, DLO LAVI TAB are there to satisfy that thirst!

As part of the USAID-HAITI PROMARK project, PSI-Haiti has added to its outreach activities, the domiciliary visits. These activities are to provide the target groups with information about diarrhea's prevention, such as water treatment, regular hand washing, use of oral rehydration salts in case of diarrhea and other hygiene related guidance to ensure good health in families.

According to the support groups, these visits were very well received by the families and were also very helpful, even to the point of saving lives. Indeed, if we refer to the testimony of Alexis Louligne one of the group of support's members in Gros Morne, a town in the region of Artibonite, it happened that during her domiciliary visits, she arrived just in time for a family, where a child was already dehydrated by diarrhea. The mother of the child did not have enough information to enable her to prepare the traditional oral rehydration salt neither to understand the severity of the situation. So Louligne not only showed her how to prepare it, but she also gave her some small packages of generic ORS. Louligne also encouraged her to visit the same day the health center for medical advice and told her about SEL LAVI, the social marketing oral rehydration salt, available in several shops in the area, at a very affordable price, 5 gourdes for the small package.

The child's mother was very happy and very grateful to Louligne who arrived just in time to avoid the worst.

From January 2013 to March 2013, 668 domiciliary visits were made. In addition to the messages conveyed, DLO LAVI TAB the new social marketing product, which was officially launched in February 28, 2013, is presented to these families so that they are aware of what additional choices they have regarding the use of water treatment products.

It seems that this product is very well received within the population as sales at PSI Haiti have moved significantly from February to March, 2013, from 30.000 to 339.000 tablets. The figures speak clearly; the Haitian population has increasingly a thirsty for health. Fortunately relevant information about behavior change and the affordable and available water treatment product, DLO LAVI TAB is there to satisfy that thirst!



USAID
ÈD PÈP AMERIKEN

HAÏTI

PROMARK

SUCCESS STORY

An Innovative Approach and Strong Progress on Local Capacity Development



PSI-Haiti Finance and Programs staff doing hands-on learning in budgeting and variance analysis

The objective - evolve the local non-governmental organization, PSI-Haiti, to “meet all the USAID criteria of a local organization, and in particular [to] be even more fully led and governed by Haitian nationals; be more widely perceived by the community as a “true” local NGO; and most importantly be capable of securing direct funding for and then managing a sustainable and successful social marketing program.”

Greater local ownership brings clear benefits. Development is deeper, more lasting and more impactful. USAID has made greater local ownership a key component of the USAID Forward strategy. And for years, PSI has been applying a hybrid model to its 69 country operations around the world to build greater degrees of autonomy and local ownership -- while maintaining an effective global network so that each country operation continues to have access to PSI's expertise in strategic planning, financial management, donor relations, fundraising, research and metrics rigor, buying power, training and technical support, and sharing of innovative best practices from around the globe.

Agreement on the benefits of local capacity development has proven easier than executing it in an effective and sustainable way. PSI-Haiti listened carefully to the Mission's observations about local capacity development, and accepted the challenge to explore a new approach to achieve the benefits of sustainability and funding diversification, while addressing past shortfalls such as:

- Spreading too thin – trying to build capacity of too many organizations at once
- Measuring process rather than results -- defining success through number of training days, rather than the ability of an organization to carry out required tasks
- Piling on – repeated trainings for the same local organizations, without clear results such as graduating to direct funding status.

To address these, PSI-Haiti and the Mission developed an innovative approach based on three key strategies:

1. Concentration – focus on the local NGO Programme de Sante et Information (PSI-Haiti) and its tight network of social marketing partners
2. Targeting – on successful implementation by PSI-Haiti of the activities required to sustain its programs and secure direct local funding
3. Unlocking Existing Potential – tap the expertise and experience of PSI-Haiti senior local managers and limit the use of international staff to building capacity in key areas.

The objective - evolve the local nongovernmental organization, PSI-Haiti, to “meet all the USAID criteria of a local organization, and in particular [to] be even more fully led and governed by Haitian nationals; be more widely perceived by the community as a “true” local NGO; and most importantly be capable of securing direct funding for and then managing a sustainable and successful social marketing program.”



LOCAL ORGANIZATION PRE-AWARD SURVEY

High Level Approach

There are two key components to this work. First, ensure that Programme de Sante et Information (PSI-Haiti) meets USAID requirements to be considered a local organization. PSI-Haiti was set up as a local nongovernmental organization in 1995 and is now increasing the responsibilities of Haitian executive management, updating its bylaws, and strengthening Haitian representation on its governing Executive Council, in order to fully meet requirements.

Second, PSI-Haiti is ensuring that Haitian staff has the technical competency to manage grants at international donor standards and to sustain a robust social marketing operation. Here, we are taking a very simple and structured approach:

1. establish a baseline to determine gaps;
2. design and implement a targeted capacity building plan to close the gaps;
3. measure outcome capabilities to prove success.

PSI-Haiti is using the USAID Local Organization Pre-Award Survey (LOPAS) as its framework. This detailed and challenging set of 22 metrics covers:

- Accounting/Financial Systems
- Procurement Systems
- Human Resource Systems
- Program Performance Management
- Organizational Sustainability.

Although its strategic approach calls for concentrating capacity building on PSI-Haiti staff, we are also implementing certain capacity building activities with our PROMARK subrecipient LNGO POZ, as well as with 137 wholesalers – key partners in our social marketing network.

Baseline, Progress to Date, Next Steps

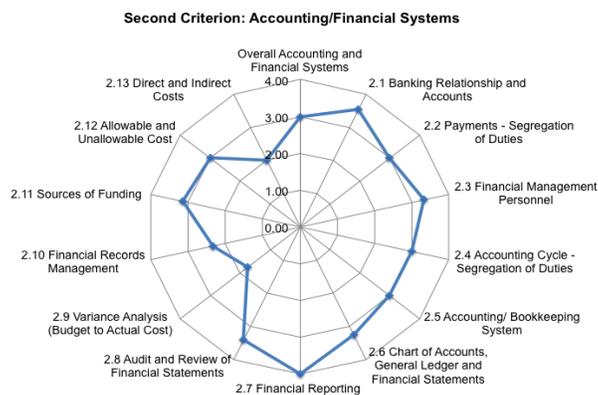
To establish a baseline and identify key gaps, PSI-Haiti developed a special LOPAS Scorecard Tool to standardize an approach that is both replicable and rigid (to minimize subjectivity of the assessor). The tool also provides clear Capacity Maps that highlight strengths as well as areas for improvement (see example on Finance).

PSI-Haiti invited an experienced public health professional to participate in an assessment kickoff meeting with USAID, before conducting an intensive week of interviews and document reviews to determine exactly where PSI-Haiti stood on each of the key capabilities.

Our LNGO achieved a rating of either “Strong” or “Adequate” in a number of key domains such as Control Environment, Financial Reporting, Audit, Segregation of Duties, Procurement and Sub-Awards, Payroll System, and Absorptive Capacity.

The baseline assessment also identified areas of improvement, allowing us to focus capacity building efforts on the following competencies:

- Variance Analysis
- Direct and Indirect Costs



Example of Capacity Map from PSI-Haiti's LOPAS Scorecard Tool



PSI-Haiti Program's staff doing hands-on learning in developing budgets for new proposals

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- Cash Flow Management
- Labor Activity System
- Procurement (Supply Chain element)
- HR Policies and Procedures
- Project Management Capacity.

PSI-Haiti has already implemented numerous specific measures to address these gaps, as part of a formal Capacity Gap Closure Plan. Examples include:

- USAID and USG partner LMS provided supply chain training, allowing us to kick start our process re-engineering in this key domain.
- We developed and conducted a full week of hands-on workshops for finance and program staff to build capacity in budgeting, variance analysis, direct and indirect costs, cash flow management, and other key finance activities.
- We redesigned HR procedures, and engaged a specialized local consultant to support finalization of work in this area.

PSI HAITI – PLAN DE PERFORMANCE ET D'APPRENTISSAGE DE L'EMPLOYÉ(E)

NOM DE L'EMPLOYÉ(E)	TITRE
NOM DU SUPERVISEUR	TITRE
NOM DU SUPERVISEUR (indirect)	TITRE
PERIODE DE PERFORMANCE ACTUELLE	DEPARTEMENT
DE:	
AU:	

1. OBJECTIFS DE PERFORMANCE – “Que voulez-vous réaliser?” – 75% Pondération

Identifier 3 à 6 objectifs à accomplir pendant les 12 prochains mois par ordre de priorité. Les objectifs doivent refléter la stratégie de l'organisation et focaliser sur les défis importants ou les opportunités. Prière de lier un objectif figurant dans le plan de performance à un objectif listé dans les sections de tableau de bord équilibré, clientèle et intervenant, Finance, processus de travail, capital humain et notez le dans la section “objectif” ci-dessous. Définir des objectifs SMART : Spécifique, Mesurable, Atteignable, Réaliste, Temporel (limités dans le temps). Discuter les progrès des objectifs à la mi-période et en fin de période avec votre superviseur.

OBJECTIFS	MI-PERIODE Insérer statut (complété, non complété) avec preuve à l'appui ou raison pour amender objectif.	FIN DE PERIODE Insérer statut (complété, non complété) avec preuve à l'appui
1. Objectif 1.1. 31 Mars 1.2. 30 Juin		

Extract of one part of redesigned HR Procedures

PSI-Haiti appreciates the partnership of USAID in implementing this targeted, results-based approach to developing greater local capacity, driving the USAID Forward strategy in Haiti. We are confident that we will meet our goals and objectives by the April 2014 deadline. We also see this as an approach that can be expanded in the future:

- Further building the capacity of PSI-Haiti, focusing on more ambitious and complex domains which go beyond LOPAS.
- Using our experience with LOPAS to bring in more partner LNGOs, establishing their baseline and gaps using the new Scorecard Tool, then developing and implementing formal gap closure plans which will make them stronger local partners in the PSI Haiti social marketing network.



SUCCESS STORY

Reinforce to better succeed!

The training of wholesalers in the Northwest region.



"...This is the first time one of my suppliers had thought to strengthen my ability so that I am able to sell more and better store the products..." Fermine Bénito

Capacity building is a key element for the success of any project, because in addition to promoting a better understanding of a given domain for effective decision-making, it can also create more motivation in those who benefit as well as enhance the sustainability of the activity.

PSI-Haiti's strategy is in perfect agreement with this logic and with funding from the U.S. government through the USAID-PROMARK project, PSI-Haiti decided to implement this practice of capacity building in its distribution network, by training wholesalers.

This created two benefits: not only a consolidation of the partnership between the private sector and PSI-Haiti, but also a better approach to the satisfaction of PSI's consumer target groups.

PSI's partners in the private sector welcomed this initiative, which is still ongoing since wholesalers are still being trained. And, Mr. Denex Felix, the departmental pharmacist for the ministry of public health in the Northwest, warmly applauded the work that PSI is doing under USAID-PROMARK project. Mr. Denex took part in the training that was given to wholesalers in this department and took the opportunity to verify if the information on the storage of pharmaceuticals products was correct. Of course, he was glad to see that the information was quite in accordance with international storage regulations.

« Se premye fwa depi m konnenm nan kòmès, m jwenn konpayi ki vann mwen pwodui, vinn ede m amelyore konesans mwen pou m ka vann plis epi byen estoke pwodui sa yo », said in Creole Mr. Fermine Benito, one of the wholesalers who took part in this training. This translates as "during my entire career in commerce, that was the first time one of my suppliers had thought to strengthen my capacity so that I am able to sell more and better keep a stock of products". He enjoyed the process and he is now more determined than ever to sell all PSI's socially marketed products in his store.

Behavior change communication is clearly a long and difficult process, in which PSI working alone would never know success. Rather, it is critical that all actors involved in the social marketing network have a good understanding of the process in order for the desired behavior changes to happen. Training wholesalers, who are key element in the supply chain, is a giant step towards success!



Vies saines. Résultats mesurables.



EMPOWERING WOMEN BY TARGETING MEN

PSI Haiti conducted a qualitative research study (FOQUS) among men in Haiti's Northwest Department, which clearly showed that men were an important obstacle to the utilization of family planning. Men related the use of family planning methods to promiscuous or unfaithful women, to sin and even to aggression since these men said that they would leave or even attack their partners if they dared to use a method without their consent. The research also showed that men opposed to the use of FP did not have accurate – or even any -- informa-

tion about the different methods available. Based on this evidence, and with the support of PANCAP/CARICOM and KFW, PSI Haiti launched outreach project in the Northwest region of Haiti, with the aim of strengthening the knowledge of men on FP in order to encourage them to support their partners in the use of a method. Today, we are starting to hear a completely different story from men on this topic, and a follow-up quantitative survey shows dramatic results (see table below).

Family Planning - Northwest	2009	2012
Percentage of men reporting they could support their partners using a contraceptive method	35.1%	41.0%
Percentage of men reporting currently have fertility problems	4.8%	5.1%
Percentage of men who have heard of contraceptive methods in general	75.5%	88.9%
Contraceptive history: Men who have ever used family planning methods or wife using modern methods of contraception	50.6%	65.4%
Current use of any FP method among men in need of contraceptives or their partners	46.1%	49.9%
Current use of a modern method of contraception by men needing contraceptives or their partners	41.2%	46.2%

Based on this success, and thanks to the extension of the PANCAP/KFW project, PSI-Haiti has now scaled up this activity to another department with a particularly low contraceptive prevalence

rate: the Southeast, where Jean Sanon lives. Jean Sanon, a 42 year old father of three children, told PSI-Haiti: 'If I had such valuable information about FP before, I would not have had three kids,

but now I know very well how to control my fertility and I won't have more kids'. Jean also told us he has a very difficult economic situation and the education of his three children is a serious worry in his life. He had heard people talking about FP but did not believe a word of it -- because for him it was inconceivable that a single injection could prevent a woman from getting pregnant. He always feared that this injection would surely have very harmful effects on the health of his wife, and with this in mind, he obviously never intended to use FP.

against criminality and vagrancy, because he believes that many of today's troublemakers are those who during their childhood did not have the chance to go to school, experienced hunger and suffered due to the lack of financial resources in their family. He has now decided not to have more children, and instead will focus preferably on his future and that of his current family members. He will continue to seek opportunities to improve his economic situation. He claimed that he is more motivated to face life's challenges when he knows he does not have to be worried about an unwanted pregnancy.



But when his friend Franxo Jeudi, a member of ADHESE (the Community Based Association which PSI has partnered with to implement family planning activities in the Southeast), invited him in a session about family planning, he started to better understand the topic. Today, Jean Sanon is a big fan of family planning and he has even talked about it to his wife who is now in the process of choosing her own method. Jean Sanon sees in FP a powerful tool

Jean Sanon hopes that one day this project will be extended in all communal sections of the Southeast department and even across all the Haitian territory. Like his friend Franxo Jeudi, he believes that the donors of this project are messengers of God who came to save lives and to relieve poverty in Haiti. When PSI-Haiti hears remarks such as this, it makes us proud and even more motivated to continue and extend our social marketing mission in Haiti.



CARGILL

Vies saines. Résultats mesurables.

PUBLIC PRIVATE PARTNERSHIP CREATES SUSTAINABLE IMPROVEMENTS.

To pursue its mission to *“Promote sustainable behavior change to help the Haitian people to lead a healthy lifestyle using social marketing strategies in a spirit of partnership”*, in January 2013 OHMaSS launched a pilot project which created a network of private sector franchise clinics, expanding the access of Haitian women to the full range of contraceptive choices, including long term methods previously unavailable. CONFIANCE PLUS is the name of the intrauterine device (IUD) that OHMaSS added to the range of its other socially marketed family planning products available through projects supported by USAID (PROMARK and RMNCH) and Pancap/KfW. In addition to this new product, quality control within the franchise clinics network and affordable pricing are two other key components of the project. Furthermore, the work of behavior change communication as well as referrals have continued through the support groups that regularly meet with women and their partners to bring them correct information about the range of family planning methods, including advantages and secondary effects. This work has also continued through the

“Promote sustainable behavior change to help the Haitian people to lead a healthy lifestyle using social marketing strategies in a spirit of partnership”,

media where radio and TV related messages are broadcast. To date, 181 women who have had a family planning consultation in the network chose the IUD long-term method within the franchise clinics network. This is a good achievement that proves that the Haitian women are accepting this method, which was completely unknown before the beginning of the project. OHMaSS’s FQUS research study in September 2013 confirmed that users were very

satisfied with their experience and the method chosen. They said that the IUD eliminates all stress related to unwanted pregnancy and is the perfect companion that really supports them in the pursuit of their dreams.



The Ministry of Health in Haiti (MSPP) has been involved in the implementation of this project since its beginning; this is why another component was the training of 40 MSPP doctors in IUD insertion, so that the long term method would be available not just in the private sector franchise clinics, but also in MSPP facilities. Initially, this goal was a real challenge because of the lack of demand that made it more difficult to find at least five women who have chosen an IUD for each doctor to practice the newly learned skills. But thanks to the specially trained support groups of OHMaSS in Cap-Haitian, the population has been educated about the IUD and 23 women accepted to take part in that workshop allowing the training of health professionals. From March 11th to March 14th OHMaSS conducted the first training workshop about IUD services for ten MSPP doctors and nurses in order to reinforce their capacity and to improve

the range of services that they offer to the population in their health facilities. The second training, which took place in the department of Artibonite, from April 28th to May 2nd, confirmed that the population is accepting more and more the new family planning method. In fact, that time, for the 11 MSPP doctors and nurses trained we had the participation of 50 women for whom the IUD has been inserted. The 21 providers trained were taught meaningful techniques that will allow them to replicate the training to their peers within the public sector even in the remote areas. This separately-financed training is a strong complement to the USAID and Pancap/KfW projects, since it reinforces the message about a range of family planning choices and actually expands that range, including in the public sector facilities where the most vulnerable people seek counseling and care. OHMaSS will train an additional 19 MSPP providers, and is developing plans to extend this training to include cervical cancer screening and the treatment of pre-cancerous lesions.

This pilot project was funded by a corporate donor – the Cargill Foundation, via PSI -- and is a great example of an effective public-private partnership producing tangible and sustainable results for the women of Haiti. It is also a success for those that help in developing the overall project such as OHMaSS and the MSPP as well as the Society of Obstetricians and Gynecologists of Haiti (SHOG), which mission is to advocate for access to quality services in sexual and reproductive health. Though the franchise network currently includes only private clinics, OHMaSS is working hand in hand with the MSPP on the training of their doctors and nurses, and will explore the possibility of public health centers associating with the network, as is done in other PSI countries.



In other words, the benefits of this pilot project will continue even after the June 2014 wrap up of Cargill funding, since the competencies are in place, and the franchise clinics are operating on a for-profit basis even though the price is fully accessible to women in the lower tiers of income.

The pilot network is now operating in three cities of Haiti – Saint-Marc, Cap-Haitien and Port-au-Prince – and the strong achievements of the pilot phase creates a great opportunity to extend the franchise clinic network to other regions of the country. This will allow more women to have access to a broader range of family planning methods including the IUD at an affordable price. Partnership – a key element of the OHMaSS Mission - is critical to such sustainable development, and OHMaSS intends to keep that momentum with the support of its donors and partners.

