

# LMS/Haiti Final Report

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Author(s):

Sandra Guerrier

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Development Objective:

Work with Haiti's ministry of health to develop and maintain a secure, reliable supply chain management and distribution system that is compliant with United States Government requirements for the management of family planning commodities.

Key Words:

LMS, Haiti, family planning, supply chain

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Leadership, Management and Sustainability Program/Haiti

Management Sciences for Health

200 Rivers Edge Drive

Medford, MA 02155

Telephone: (617) 250-9500

<http://www.msh.org>



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## Leadership, Management and Sustainability Program, Haiti

Final Report: March 15, 2010 – April 15, 2015



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**Cover Photo:** A doctor greets a healthy baby at *Clinique Communautaire-Fondation pour le développement et l'encadrement de la famille Haïtienne-FONDEPH/ Delmas 75*, a U.S. Government-supported site, which receives family planning commodities from LMS/Haiti.  
Credit: MSH/ C. Douglis

Project Name: Leadership, Management and Sustainability (LMS) Program, Haiti  
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Leadership, Management and Sustainability Program  
Management Sciences for Health

Project Director: Sandra B. Guerrier  
Email: [sguerrier@msh.org](mailto:sguerrier@msh.org)

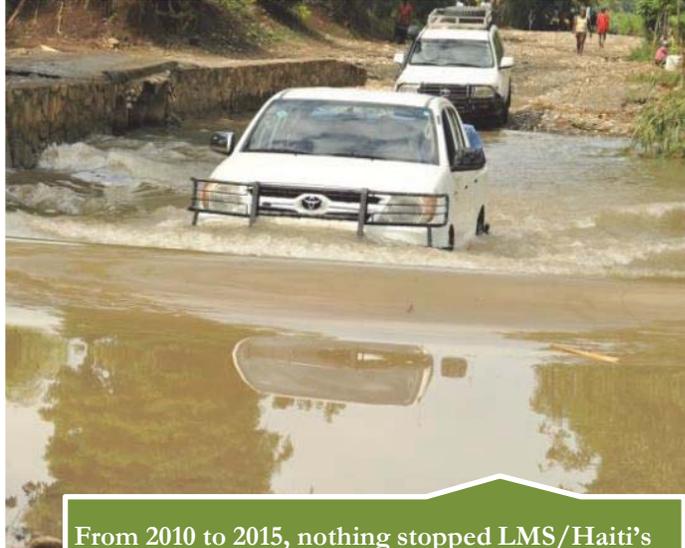
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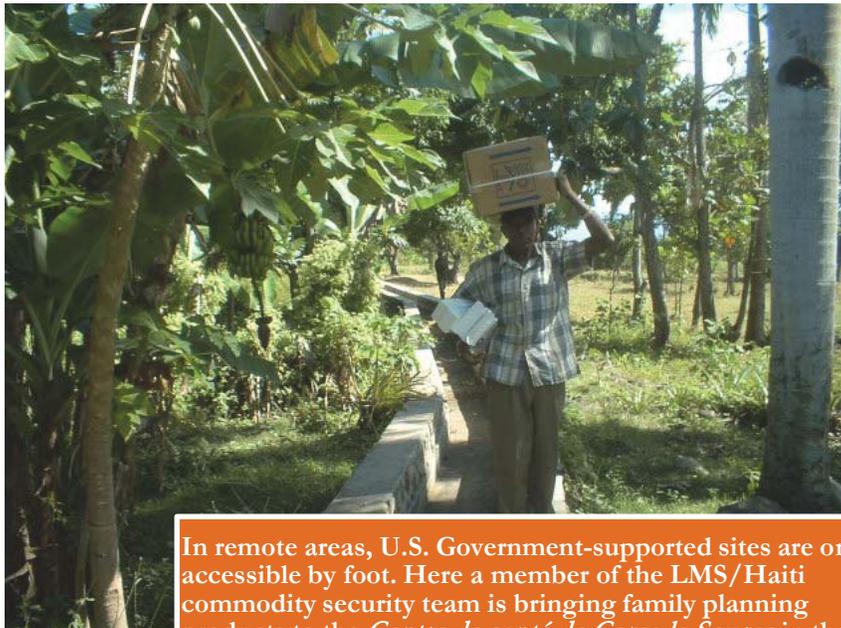
## ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
BCS	Bureau Communal de Santé
CADME	Comité d'Appui au Développement de Matériels Educatifs
CBO	Community-Based Organization
CDAI	Centre Départemental d'Approvisionnement en Intrants
CLDP	Community Leadership Development Program
COH	Comité Olympique Haïtien
DPM/MT	Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle
DPSPE	Direction de la Promotion de la Santé et de Protection de l'Environnement
DSF	Direction de la Santé de la Famille
FONKOZE	Fondasyon Kole Zepòl
FOSREF	Fondation pour la Santé Reproductive et l'Education Familiale
GLI	Gestion Logistique des Intrants
GoH	Government of Haiti
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
IUD	Intrauterine Device
LDP	Leadership Development Program
LFCS	Ligue des Femmes de Cité Soleil
LMS	Leadership, Management and Sustainability
MSP	Ministère de la Santé Publique et de la Population
NGO	Non-Governmental Organization
PAHO	Pan American Health Organization
PEPFAR	President Emergency Plan for AIDS Relief
PROMESS	Programme des Médicaments Essentiels
PSI	Population Services International
PSM	Procurement and Supply Management
SCMS	Supply Chain Management System
SIDA	Syndrome de l'Immuno-déficience Acquise
SNADI	Système National d'Approvisionnement et de Distribution en Intrants
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	United States Government



From 2010 to 2015, nothing stopped LMS/Haiti's delivery of family planning commodities. This is a family planning supply mission heading to the commune of Dity, department of Nord-Ouest. Credit: MSH



In remote areas, U.S. Government-supported sites are only accessible by foot. Here a member of the LMS/Haiti commodity security team is bringing family planning products to the *Centre de santé de Cerca la Source* in the Centre department. Credit: MSH

## EXECUTIVE SUMMARY

The five-year LMS/Haiti Associate Award (March 15, 2010-April 15, 2015) worked to build the leadership and management skills of Haiti's *Ministère de la Santé Publique et de la Population* (MSPP) and partners, and to address challenges related to Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), reproductive health, commodity security, and family planning. The program focused on building the ability of Haiti's health system to operate a secure, reliable commodity management and distribution system, compliant with United States Government (USG) requirements for family planning. This distribution system served over 300 Haitian health facilities.

By the end of the project, LMS/Haiti had established strong management systems and empowered personnel to be effective leaders with the skills to maintain those systems. Specifically, LMS/Haiti:

- Strengthened leadership and management skills of MSPP and local NGO partner staff;
- Enabled USG and MSPP health sites to comply with USG regulations on family planning;
- Supplied USG sites with condoms and contraceptives funded by USAID;
- Transported family planning and maternal health commodities funded by the United Nations Population Fund (UNFPA) to both the *Centre Départemental d'Approvisionnement en Intrants* (CDAI) and Regional Health Offices for the MSPP/*Direction de Santé Familiale* (DSF);
- Trained family planning providers within the MSPP/DSF on contraceptive technology;
- Supported the MSPP/*Direction de la Pharmacie, du Médicament et de la Médecine Traditionnelle* to manage cholera commodities;
- Contributed to the development of a database for communication and training/educational materials for the MSPP;
- Trained MSPP staff at central and departmental levels in community mobilization;
- Launched the Community Leadership Development Program (LDP) in Haiti; and
- Improved the capacity of the *Fondation pour la Santé Reproductive et l'Éducation Familiale* (FOSREF) to provide the youth of Cité Soleil with sexual and reproductive health services.



Family planning and HIV and AIDS commodities are adequately stored at the SCMS/LMS warehouse in Pernier, Port-au-Prince. Credit: MSH

## PROJECT OVERVIEW AND BACKGROUND

Management Sciences for Health (MSH) has worked for 35 years to strengthen Haiti's health system, which has been continuously challenged by poverty and political instability. In 2010, USAID/Haiti funded the Leadership, Management and Sustainability (LMS) Program through an Associate Award for 2010-2015. During the first two years of the project, LMS/Haiti worked toward four objectives:

1. Strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities;
2. Strengthen the capacity of the MSPP's family planning program to manage commodity logistics and provide quality family planning services at the major public sector hospitals;
3. Strengthen the capacity and leadership of the MSPP to plan, supervise, and coordinate community mobilization activities for HIV and AIDS and other programs, with particular focus on the regional health department level; and
4. Implement leadership training and other capacity building to strengthen local NGO and public sector partners.

LMS/Haiti conducted several initiatives to strengthen the leadership and management skills of MSPP personnel. These trainings and other activities were designed to ensure active and uninterrupted distribution of condoms, pills, implants, and injectables to over 300 USG-supported sites, as well as to ensure transport of UNFPA-funded commodities through MSPP warehouses and maternity wards. Another significant development was a renewed emphasis by the Government of Haiti (GoH) on the importance of women's reproductive health and family planning.<sup>1</sup> The GoH also expressed a desire to increase coordination between partners and MSPP to implement a national supply chain system, the *Système National d'Approvisionnement et de Distribution des Intrants* (SNADI).

Additionally, in its early years, the project focused on the enormous unmet reproductive health and family planning needs of the most underserved communities neighboring Port-au-Prince. The project supported NGO partner FOSREF to conduct counseling services in Cité Soleil by promoting the value of family planning among youth and improving the delivery and effectiveness of HIV counseling and testing services as well as family planning for youth and adults in two centers (Bois Neuf and Boston). It also conducted LDPs for seven local teams and, for the first time in Haiti, conducted a Community Leadership Development Program in Anse à Foleur in the Nord-Ouest department.

The earthquake of January 2010 and the eruption of cholera in October of that year created intense pressure on the health system. Shortly thereafter, USAID requested LMS/Haiti to provide the MSPP with logistical support and staff for distributing and monitoring cholera commodities throughout the country.

In 2012, the GoH and USG jointly published the *Partnership Framework to Support Haiti's Health Strategy 2012-2017*. This document outlines a strategy to improve leadership and oversight of the Haitian health sector and increase access to integrated health services, with a focus on maternal and

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<sup>1</sup> In May 2013, President Michel Martelly issued a Presidential decree mandating that contraceptive methods be available in all health institutions offering family planning services.

child health, nutrition, family planning/ reproductive health, HIV and other infectious diseases, and disabilities.

The Framework also highlights the importance of improving supply chain management of drugs and commodities, particularly in rural areas. In the Framework and beyond, the GoH expressed a clear desire to shift away from multiple vertical supply chains, and move towards a single, national system that would unify procurement and distribution throughout the entire country.

In response, USAID and LMS/Haiti revised the project's objectives to more closely reflect those of the Partnership Framework and the MSPP. As of 2012, LMS/Haiti's two objectives became:

1. Strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities; and
2. Strengthen the MSPP's *Direction de la*

*Pharmacie, du Médicament et de la Médecine Traditionnelle* (DPM/MT) and *Direction de la Santé de la Famille* (DSF) capacity to manage commodity logistics in order to facilitate family planning and other health services at the major public sector hospitals.

The new focus included assisting the Ministry to consolidate a variety of supply chains into one national commodity distribution system. Accordingly, LMS/Haiti's final Results Framework was updated and approved in March 2012 (see below).

### **Doing much with little: Community Leadership Development Program Empowers Residents to Improve Health Locally**

In Haiti, the right to health care is often more a dream than a reality. With vast distances, mountains, and sometimes floods or sea crossings between villages, access to health services can be difficult to impossible.

But when community leaders and residents are closely involved in solving health issues, great things can happen. In coordination with the Nord-Ouest departmental directorate and with support from USAID, LMS/Haiti implemented the Community Leadership Development Program (LDP) to serve the town of Anse à Foleur. This program enabled local leaders from neighboring Méance, Dity, Anse à Foleur, and Côtes de Fer to gather, despite distance and differences, to address problems confronting their communities.

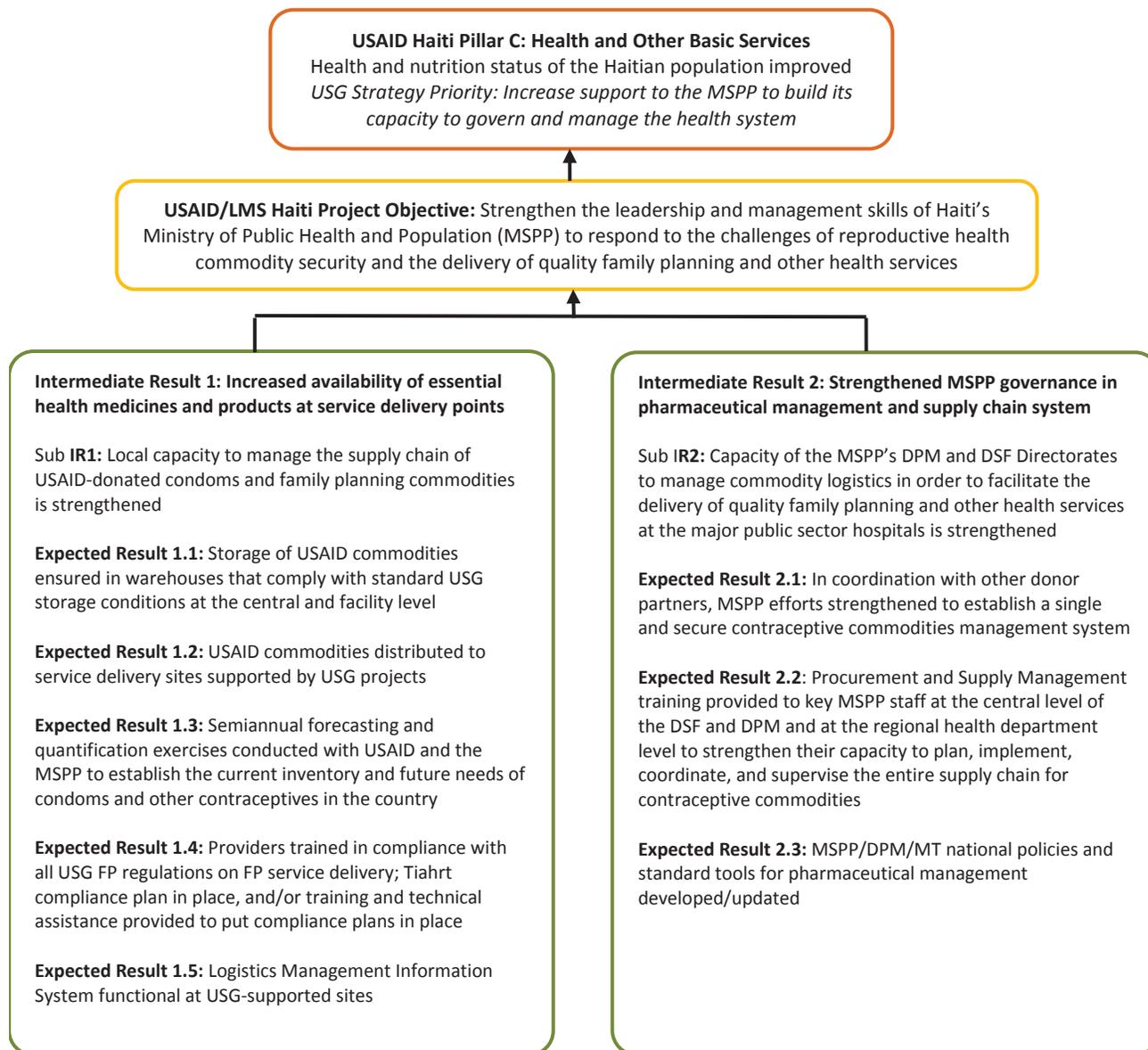
Inspired by universal values such as solidarity, trust, respect, forgiveness, and democracy—key elements of the Community LDP—program participants examined local health challenges. They considered maternal health, vaccination, family planning, cholera, and other issues, and brainstormed local solutions. Then they mobilized community support and began to achieve results.

In Dity, for example, leaders addressed the fight against cholera and cleaned 10 water sources, dug 46 toilets, and distributed 2,079 “aquatab” water purifiers. They also vaccinated more than 2,100 children and sensitized 459 women about family planning.

By participating in the Community LDP, Dity's leaders not only gained an increased appreciation of their values and local leadership, but found a new sense of pride in their ability to improve community health without seeking outside aid.

“Before the Community LDP, each person was trying isolated actions that did not have a great impact on the community,” summarized Dity resident Zéline Aristilde. “The Community LDP showed us the need to come together, despite our different points of view, to discuss the problems in the community for communal action, to the benefit of all its members.”

# LMS/HAITI RESULTS FRAMEWORK



## PROJECT PARTNERSHIPS

LMS/Haiti's many partners greatly contributed to the success of the project. LMS/Haiti provided training, technical assistance, and commodity supplies, and also collaborated on behavior change programs to stimulate demand for family planning and reduce health risks.

Major partners included:

- ***Fondation pour la Santé Reproductrice et l'Éducation Familiale (FOSREF)***: A local Haitian NGO, FOSREF works with the MSPP to deliver youth-focused reproductive health and HIV and AIDS services nationwide. In marginalized settlements around Port-au-Prince, FOSREF makes youth-friendly VCT and related services available to more than 350,000 impoverished youth who previously had no access to such services. In Cité Soleil, through its partnership with LMS/Haiti, FOSREF conducted reproductive health and HIV and AIDS activities oriented to both youth and adults.
- ***Maison de l'Arc en Ciel (MAEC)***: This local NGO runs an orphanage to care for children infected or affected by HIV. LMS/Haiti supported MAEC to deliver sexual, reproductive health, and HIV and AIDS services to youth and adults in Cité Soleil. Activities included:
  - Community mobilization for psychosocial support of HIV

### **Youth Step Up Against HIV and AIDS: Program develops young leaders to bring change to their communities**

Ernancy Bien-Aimé understands the challenges facing her community in Cité Soleil, on the outskirts of Port-au-Prince, Haiti. A high rate of HIV and AIDS and other sexually transmitted infections combined with a lack of leadership have resulted in large numbers of young people who say they have lost hope.

Ernancy, however, is inspiring change, thanks to her participation in the Leadership Development Program (LDP) funded by USAID and implemented by LMS/Haiti. Inspired by the LDP, she reached out to school directors, religious leaders, medical doctors, and local authorities as part of an initiative to sensitize young people about HIV and AIDS prevention.

“My life has changed since I did this program,” said Ernancy. “Now, instead of worrying and complaining about these problems, I am taking charge and helping mobilize others. Leaders have to work together with the people and that is what I am doing.” Ernancy is one of nearly two dozen Cité Soleil youth who completed the LDP.

Launched worldwide in 2002 to help develop leaders in the health field, the LDP in Haiti was the first ever organized for youth. Local organizations FOSREF (Fondation pour la Santé Reproductrice et l'Éducation Familiale) and MAEC (Maison Arc-En-Ciel) sent three teams of young people to take part in the program, which teaches basic leadership and management, asks teams to tackle a real-life challenge they are facing, and provides coaching to achieve and sustain results.

Inspiration. Motivation. Mobilization. These concepts are just three that Ernancy learned. Now she and her peers are translating their knowledge into a groundswell of AIDS awareness. Prior to starting the LDP, she and fellow FOSREF team members wanted to train 1,500 youth in HIV and AIDS prevention, but had only reached a few hundred. By the end of the LDP four months later, they had surpassed that goal three times over, reaching a total of 4,550 youth ages 10 to 24 in the Bois Neuf community.

For Ernancy, this is just the first step. “Next, we would like to start a mobile pharmacy, to reach out to many people who are sick but don't have the money to buy medicines. We have a plan of action, and if we work together with others in our community, I know we can succeed.”

infected/affected children;

- Community sensitization on stigma, including a popular puppet shown to stimulate discussion with children and youth;
  - Training of peer educators and school principals on community participation in HIV prevention and testing, stigma, and discrimination;
  - LDP training for youth and support groups, including a training-of-trainers; and
  - Funding the development of a song and music video on stigma, produced by local youth. Both the song and video were broadcast on local radio and television<sup>2</sup>.
- **Ligue des Femmes de Cité Soleil (LFCS):** The NGO Women’s League of Cité Soleil (LFCS) works to counter violence against women and promote women’s rights and health, including family planning. LMS/Haiti trained 42 of the League’s field agents and supervisors to promote family planning messages in conjunction with condom distribution. The field agents also referred clients to FOSREF centers for services.
  - **Comité Olympique Haïtien (COH):** Through a partnership with the Haitian Olympic Committee, 90 sports coaches attended a five-day LMS/Haiti training in basic contraceptive technology. Their new knowledge allowed the coaches to incorporate family planning and HIV prevention and leadership lessons into their children’s “Sport is school for life” educational program and other coaching work.
  - **Fondasyon Kole Zepòl (FONKOZE):** FONKOZE is Haiti's largest microfinance institution, serving poor and very poor women through 46 branches throughout rural Haiti. Its mission is to build the economic foundations for democracy in Haiti by providing the rural poor with the tools to lift themselves out of poverty. The LMS/Haiti partnership enabled FONKOZE to include family planning in its awareness-raising activities. In addition, LMS/Haiti organized a workshop for FONKOZE to develop its strategic vision, to consider how to incorporate family planning into its program, and to identify needs for

organizational development and leadership training.



Counseling session conducted by a USG-supported site service provider. Credit: MSH

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<sup>2</sup> YouTube link: <https://www.youtube.com/watch?v=cjAl6nrGQTg>

## PROGRAM ACHIEVEMENTS

The five-year LMS/Haiti Associate Award strengthened the management systems and leadership skills of Haiti's health ministry and its partners. The program amplified the health system's capacity to create and maintain a standardized and secure commodity management and distribution system, including improved compliance with USG requirements for family planning at over 300 USG sites.

LMS/Haiti also responded to challenges related to HIV and AIDS, reproductive health, family planning, and cholera, all while empowering health personnel to be effective leaders with the managerial skills to maintain these management systems.

The project's key achievements can be organized under the following five themes:

1. USAID commodities stored and distributed in accordance with USG requirements (Expected Results 1.1 and 1.2);
2. Semiannual forecasting and quantification exercises with USAID and the MSPP for condoms and other contraceptives (Expected Result 1.3);
3. Training of providers in compliance with USG regulations on family planning service delivery, and creation of compliance plans (Expected Result 1.4);
4. Support to MSPP efforts to establish a single, secure contraceptive commodity management system, including capacity building for MSPP/DSF and DPM (Expected Results 2.1 and 2.2); and
5. Development and updating of national policies for pharmaceutical management (Expected Result 2.3).



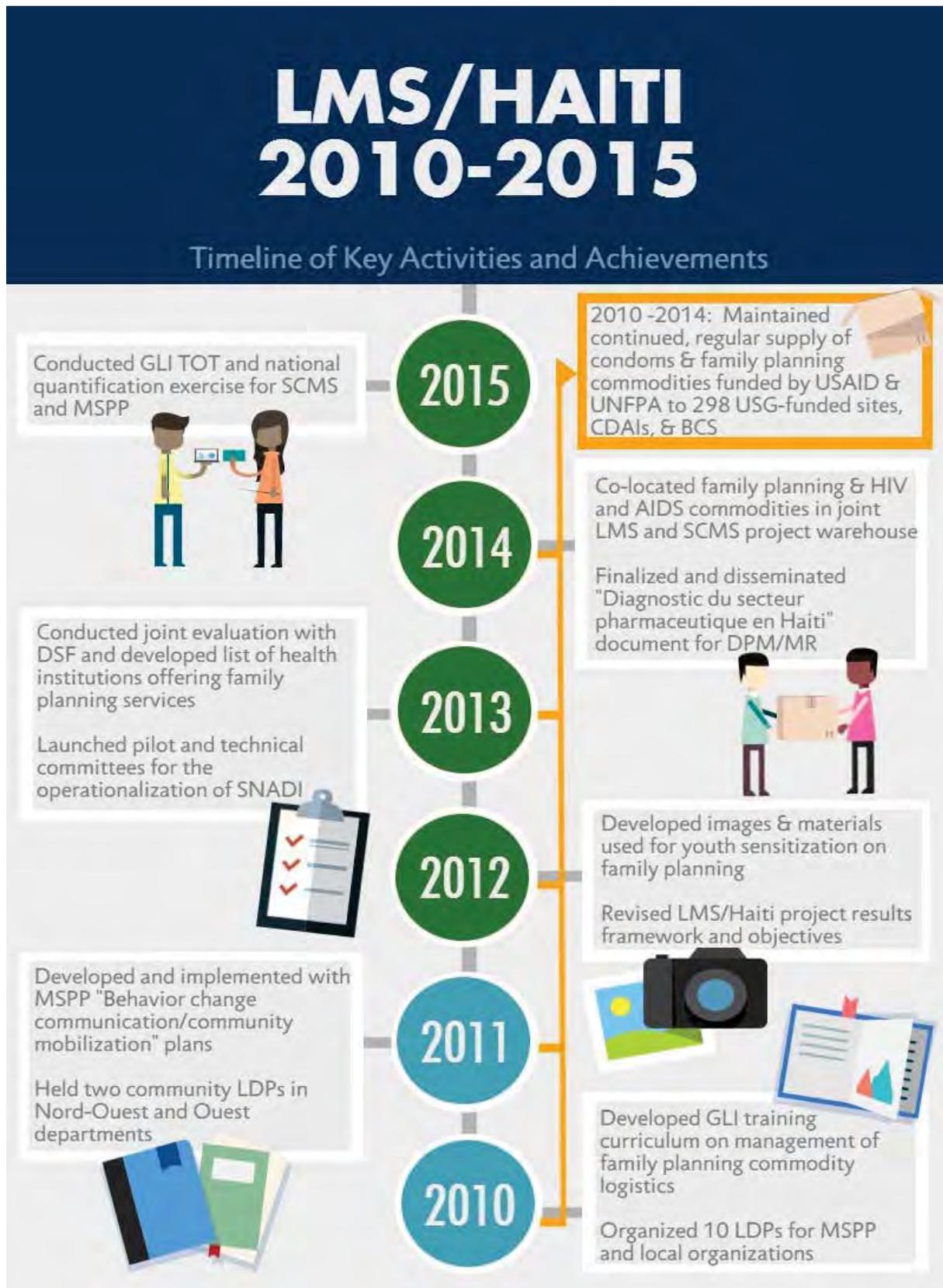
Members of the community help the LMS/Haiti team to transport family planning commodities at the Dispensaire de Colombier, where they cross the river, *fer à cheval*, Centre department, Haiti. Credit: LMS/Haiti

Additional achievements prior to 2012 can be grouped under two themes:

1. Strengthened capacity and leadership of the MSPP to plan, supervise, and coordinate community mobilization activities for HIV and AIDS and other programs, with particular focus on the regional level (Objective 3 in the original Program Description);
2. Leadership training and other capacity building to strengthen local NGO and public sector partners (Objective 4 in the original Program Description).

The highlights of key achievements are presented in Figure 1 below.

Figure 1: Timeline of key activities and achievements



## Compliance with USG commodity storage and distribution requirements

By ensuring reliable distribution of family planning supplies to more than 300 USG-supported sites, LMS/Haiti enabled Haitians throughout all 10 departments to reliably plan their families. In addition, LMS/Haiti, through workshops and onsite training, informed all site personal involved in stock management on all USG policies and legislation on family planning and verified that an action plan for proper follow up on compliance was in place.

For the duration of the project, LMS/Haiti applied all required standard operating procedures related to good warehousing practices to maintain adequate storage conditions at its central warehouse. LMS/Haiti also enabled better storage at all USG sites by providing technical assistance to stock managers, information on best practices and storage conditions, and office and storage equipment.

These rigorous efforts at promoting attention to detail paid off, as demonstrated by the following results:

- Loss of products at the central warehouse was reduced to zero during all five years (against a target of three percent);
- USG facilities that maintained acceptable storage conditions increased from 75% in September 2010 to 94% in December 2014 (exceeding the target of 90%); and
- Only 3% of USG sites registered stock-outs, close to the target of 0%.

LMS/Haiti ensured constant availability of commodities at all sites over the five years. When stock-outs did occur, their mean duration ranged from 0.37 days to 1.4 days (against a target of a six-day maximum). However, the percentage of USG sites not fully stocked on all products (defined as less than 4.5 months of products available) did not meet the target of 100%. The actual percentage varied among sites, from 49 to 86%.

LMS/Haiti provided condoms and family planning commodities to 343 USG sites for its first two years, and 298<sup>3</sup> sites the following three years, in all 10 departments, as shown in Figure 2 below.



Reviewing inventory of family planning commodities for expiration dates and quantity to avoid stock-outs. Credit: MSH

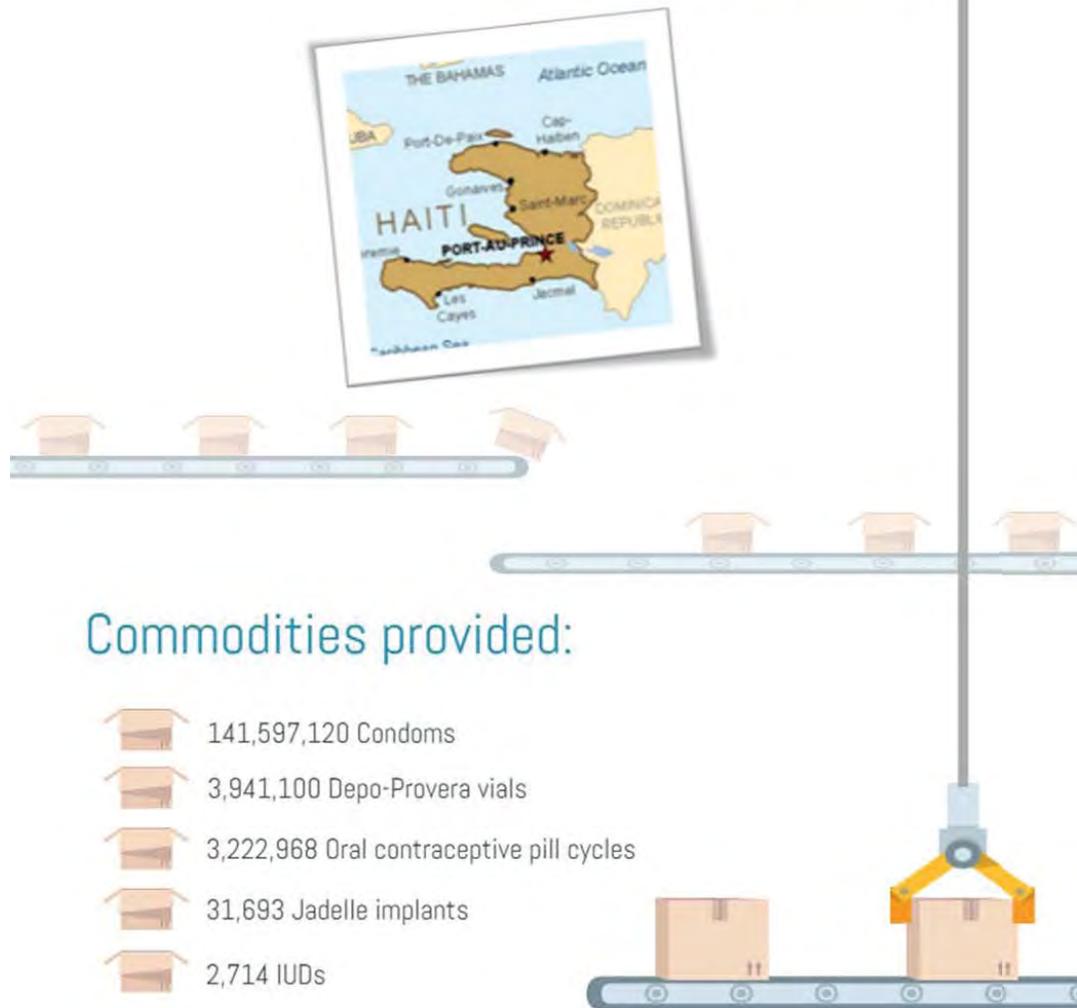
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<sup>3</sup> A review of the USG sites was conducted by LMS and USAID in 2012 after the closing of approximately 35 sites, mainly supported by Family Health International, as well as changes in some networks. Each year LMS and USAID conduct a review to ensure that all sites still receive USG funds. In the course of the entire associate award, the number of sites changed multiple times.

Figure 2. USAID commodities distributed to USG-supported service delivery sites

# USAID commodities distributed to USG-supported service delivery sites

298 Family planning sites regularly supplied with condoms and contraceptive methods



## Semiannual forecasting and quantification of family planning commodities

Information is key to managing a commodity pipeline. How much of which commodity was used, and where? What will various areas of the country likely need for the next two years? Ideally, sites should have four and a half months<sup>4</sup> of commodities available to prevent disruptions in availability. Forecasting and quantification exercises are fundamental to a reliable flow of products.

### The semi-annual pipeline review

During the course of the project, LMS/Haiti conducted two semi-annual commodity pipeline reviews with all implementers<sup>5</sup> receiving contraceptives and condoms from the USG. In each review, the projects used the most recent commodity logistics data to update the PIPELINE software shared with the project by USAID (see Table 1 below).

Information analyzed during this exercise included:

- Inventory stock-to-date for each family planning method;

## Despite Challenges, LMS/Haiti Commodity Distribution Continued

“Neither snow nor rain nor heat nor gloom of night stays these couriers from the swift completion of their appointed rounds....” Except for the snow, this ode to the U.S. Postal Service could equally apply to LMS/Haiti staff who delivered health commodities in Haiti.

Intense heat, torrential rain, swollen rivers, vehicle breakdowns, mountain journeys that continue into darkness, sometimes on foot over trails best fit for donkeys – none of these stopped the monthly regular deliveries of family planning supplies to remote villages.

In May 2010, distribution agent Beatrice Jean Pierre-Delva and her colleagues faced a memorable emergency. After a day of heavy rain, the team was returning from delivering condoms to the health center in St. Ives. Driving along a narrow, muddy track, they felt the ground suddenly fall away from under their vehicle, leaving the right wheels suspended in the air over a cliff.

The team of three managed to extract themselves from the vehicle. What happened next amazed them. Nearly two dozen villagers appeared with rope, shovels, picks, and boards. The volunteer crew worked for several hours to get the truck back on all four wheels.

“Since we began actively delivering supplies, we have had minor situations such as flat tires or mechanical failures, but never an accident that could have been fatal,” says Beatrice. This one easily could have been.

“Yet we realize that there is always a danger, because we deliver family planning commodities to the farthest corners of the country,” she continues. “Most sites are located in mountainous areas, with steep slopes and poor roads. To succeed, we often must travel some distance on foot because the main roads are nonexistent.”

A strong relationship with the community was a key factor in getting the distribution team and vehicle out of the emergency situation. “The site managers, including those in the community, appreciate and applaud the frequency of our inspections and regular deliveries of family planning commodities. Because LMS/Haiti delivered right to the site, local health workers didn’t need to travel to fetch supplies. Nor did clients need to take hours out of their day to trek to a central location. Our efforts build relationships and provide benefits to the community, so people were not suspicious of us and offered to help.”

LMS/Haiti delivered family planning commodities to more than 300 USG sites across all 10 departments. The sites received an average of four months’ worth of stock, which represents three months of standard consumption and one month of security stock. In an average month, LMS/Haiti delivered 1.3 million condoms; 32,467 cycles of Lofemenal; 7,672 cycles of Ovrette; 33,833 cycles of Depo-Provera; 157 implants of Jadelle; 22 cycle beads; and 4 Intrauterine Devices (IUDs).

<sup>4</sup> This is comprised of a three-month supply as well as one and a half months for reserve.

<sup>5</sup> PSI, FHI (until 2013), SDSH (until 2013), SCMS (December 2014), USAID

- Family planning products received during the last 12 months;
- Monthly or quarterly consumption/distribution data;
- Estimated amount of expired/lost products; and
- Any other relevant information, such as the addition of new methods or change in strategy for family planning promotion.

This twice-yearly exercise enabled LMS/Haiti to confirm all shipment dates and orders for the following two years of USAID-funded condoms and contraceptives, thereby reducing the likelihood of disruptions. Partners discussed whether to discontinue or promote less popular family planning methods, and how to promote them if deemed appropriate. LMS/Haiti and partners also used this exercise as an opportunity to ensure that in-country data for USAID-funded were updated and available prior to the national quantification exercise.

Accuracy between six-month forecasts and actual consumption data varied between 61% and 71% during the project (against a target of 85%). The ratio of contraceptive quantities forecast to those distributed in one year was 0.7 (against a target of 0.9). Loss due to expiration<sup>6</sup> and deterioration of the commodities represents less than 5% of all orders placed during the five years.

Table 1 below presents the orders for condoms and family planning commodities received by LMS/Haiti from USAID from March 2010 to December 2014.

**Table 1: Orders Received by LMS/Haiti from USAID March 2010 – December 2014**

Year	Condoms	Depo-Provera	Ovrette/Microlut	Jadelle	Microgynon/Lofemenal	IUDs	Cycle beads
2010	15,000,800	242,800	-	14,200	-	-	-
2011	36,000,000	862,400	155,520	-	847,440	-	-
2012	29,571,000	1,253,200	-	9,400	290,180	-	-
2013	32,364,000	1,621,200	-	16,800	590,400	300	-
2014	22,854,000	-	-	-	234,720	300	-
<b>Total</b>	<b>135,789,800</b>	<b>3,979,600</b>	<b>155,520</b>	<b>40,400</b>	<b>1,962,740</b>	<b>600</b>	<b>-</b>

### Demand for family planning methods

Demand for family planning methods rose significantly during the project, particularly for condoms, Depo-Provera, and Jadelle. However, other products supplied were rarely requested, such as intra-uterine devices (IUDs) and cycle beads. The main reasons appear to be that site-level providers had not received adequate training on the insertion of the IUD and were misinformed on the use of the cycle beads, which is a natural method.

<sup>6</sup> Product losses due to expiration were mostly for Ovrette/Microlut. There was a lot of misinformation circulated about these pills (secondary effects, use for breastfeeding women only, etc.). Therefore, the usage rates of these contraceptive pills were low. Most deteriorated commodities were found in sites that were flooded during the rainy season in Haiti.

In addition, for IUDs:

- Insertion requires a trained doctor or registered nurse, who were not available in the majority of health care institutions;
- Rural taboos warn against the use of IUDs; and
- IUD insertion is contraindicated in the presence of vaginal infections, and vaginal infection rates in the target populations are reportedly high.

Demand for Microlut also remained low in most departments because one of its most common side effects is spotting or irregular, heavy, or no periods. Given the slow usage and loss by expiry, USAID informed the MSPP that it will cease to order this commodity. UNFPA decided to continue ordering Microlut, but in much smaller quantities.

### **MSPP's national quantification exercise**

LMS/Haiti was one of two key providers of family planning commodities<sup>7</sup> and supported nearly half of all health institutions providing family planning services in Haiti. Therefore, the project's semi-annual pipeline review provided essential input for the annual national quantification and planning exercise led by the MSPP. In addition to LMS/Haiti, key participants in the national quantification exercise included:

- UNFPA and USAID, which finance the MSPP's strategic family planning commodity stocks;
- PROMESS, which warehouses essential drugs;
- Population Services International (PSI) Haiti, USAID's implementing partner for social marketing;
- DSF and DPM/MT, the MSPP directorates for family health and pharmacy, respectively;
- *Santé pour le Développement et la Stabilité d'Haiti* (SDSH) project, from 2010-2013, and the follow-on project, the *Système de Santé de Qualité pour Haiti* (SSQH) project, USAID's implementing partner for health services; and
- Supply Chain Management System (SCMS), USAID's implementing partner for HIV and family planning commodity security.<sup>8</sup>

Participants conducted a situation analysis of commodity transactions regardless of funding source, including logistic and demographic data, to identify public-sector commodity needs for the year. Then, based largely on LMS/Haiti projections, the team determined how much of which supplies would be ordered by UNFPA, the other major supplier of family planning commodities in Haiti.

### **Toward sustainability**

As conceptualized in our sustainability plan, LMS/Haiti organized several capacity building workshops during the last quarter of 2014 to train SCMS focal points in commodity security, and MSPP staff (reproductive health focal points in the departments) in how to conduct a national quantification exercise. The workshops covered methodologies for collecting accurate information,

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<sup>7</sup> The other major provider is UNFPA.

<sup>8</sup> As of January 2015

and procedures for conducting the quantification exercises. Participants included representatives from MSPP central and departmental directorates, UNFPA, and USAID partners SSQH and SCMS.



## Compliance with USG policy and legislative requirements for family planning

All organizations receiving USG assistance and offering family planning services must comply with USG policy and legislative requirements for family planning. LMS/Haiti conducted workshops on these topics for key staff (see Figure 4 below). As a commodity and logistics project, delivering USAID-funded family planning commodities to all USG-supported service delivery sites, the focus



Health service providers during a workshop on compliance with USG family planning regulations. Credit: MSH

of LMS/Haiti training was those individuals directly involved in supply chain management--commodity managers, warehouse supervisors, and auxiliary staff involved in the supply chain for family planning commodities.

In addition, LMS/Haiti supported the MSPP/DSF to distribute UNFPA-funded commodities from PROMESS to the CDAI. The project was therefore responsible for training staff involved in commodity management at the departmental warehouses and providing support to the MSPP, upon request, in the facilitation of training for non-USG supported sites.

In 2010, LMS/Haiti also helped revise the National Family Planning Norms document to include USG requirements and conducted a training of trainers (TOT) on the revised norms. In total, 12 participants (eight male, four female) from eight departments attended. Topics included counseling of youth on family planning and managing side effects. As a result of the seminar, participants could apply the family planning norms

and standards in their work, better supervise stock-keepers, and improve the quality of family planning services offered at sites.

LMS/Haiti also conducted two workshops on national norms and USG requirements in the Nord-Ouest department, where 57 family planning service providers and stock managers (six males and 51 females), representing 11 USG sites and 46 non-USG sites, received certificates of completion.

## MSPP contraceptive commodity management system

### Family planning and maternal health commodities distributed to the CDAI and BCS

In addition to delivering USG-donated supplies, at the request of the GoH, LMS/Haiti delivered family planning supplies from UNFPA to more than 12 CDAI and nine BCS across the country. The commodities included condoms, Depo-Provera, Lofemenal/Microgynon and Ovrette/Microlut Pills, Norplant/Jadelle implants and IUDs (see Table 2).

**Table 2: UNFPA-funded family planning commodities supplied to CDAIs**

Product	Quantity					
Year	2010	2011	2012	2013	2014	Total over 5 years
<b>Condoms (units)</b>	8,602,400	9,480,080	4,676,400	3,178,552	7,964,000	<b>33,901,432</b>
<b>Depo-Provera (vials)</b>	151,300	162,300	198,700	226,001	250,650	<b>988,951</b>
<b>Microlut (cycles)</b>	47,267	57,288	59,700	31,488	30,480	<b>226,223</b>
<b>Jadelle (implants)</b>	550	320	1,530	1,690	2,750	<b>6,840</b>
<b>Microgynon (Cycles)</b>	100,700	122,894	93,000	83,044	141,549	<b>541,187</b>
<b>IUDs</b>	100	-	150	100	303	<b>653</b>

To increase MSPP staff capacity to plan, implement, coordinate, and supervise the entire supply chain, trainings on the *Gestion Logistique des Intrants* (GLI) were also essential. In 2010, LMS/Haiti worked with the MSPP and other partners to create the GLI curriculum that was used until 2013 to train stock managers and family planning health service providers. After the first three years, LMS/Haiti revised and simplified the content of the GLI training curriculum. Stock managers expressed satisfaction with the revised curriculum, and tests showed improved results. The DPM/MT continued to use the revised GLI curriculum.

LMS/Haiti conducted 40 trainings and refresher workshops on GLI for 980 stock managers in all 10 departments. The project also conducted USG family planning compliance training during these sessions for sites not already certified (see Figure 4).

LMS/Haiti team members getting help from the community to deliver commodities to remote areas. Credit: MSH



### Capacity building for MSPP's DPM and DSF staff to manage all aspects of the supply chain

During the project period, both GoH and USG policy called for a consolidation of family planning commodity supply chains.<sup>9</sup> LMS/Haiti provided technical assistance, capacity building, and staff to comply with both Haitian and US policies. LMS/Haiti was instrumental in preparing the MSSP to build the single system, with work proceeding in three phases:

- **Phase I (April 1 – December 2014):** Co-location of the LMS/Haiti and SCMS supply chains at the SCMS warehouse, and a temporary overflow facility with the two supply chains remaining under separate management.
- **Phase II (January 1 – September 2015):** Co-location of both supply chains in a single pharmaceutical grade facility. Functions and activities expected to be harmonized to the fullest extent possible.
- **Phase III (started January 1, 2015):** Integration of the two supply chains and their warehouse operations, human resources, supervision, technical assistance, quantification, distribution, and customs clearance.

To support this consolidation, LMS/Haiti organized a GLI TOT for USAID projects, including SCMS, SSQH, and health professionals from the MSPP. Twenty people from all 10 departments (10 males and 10 females) benefited from the training. In addition, 2,292 supply-chain management staff successfully completed an in-service training program related to family planning commodities (see Figure 5).

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<sup>9</sup> On January 10, 2013, USAID's Global Health/Office of HIV and AIDS/Supply Chain for Health Division issued Technical Directive Memorandum (TDM) # 304 to SCMS, requesting a consolidation of all USG-funded commodities, a strategy that supports the SNADI. In response, LMS/Haiti collaborated with SCMS to develop a proposal for the consolidation of the two USG-funded supply chains. On October 31, 2014, USAID/Haiti issued TDM #316 directing the SCMS project to manage, store, and distribute family planning commodities.

LMS/Haiti participated in the technical committees to support the development, implementation, standards, and manual for the single distribution system (SNADI).<sup>10</sup> Capacity building activities for MSPP staff and others involved in family planning commodity management included trainings on both USG and Haitian requirements. A total of 36 participants (22 women and 14 men) received a certificate on US family planning regulations.

LMS/Haiti also continued to reinforce MSPP's ability to manage the SNADI supply chain. Through the project's support, 12 CDAI and 11 BCS gained a functioning commodity logistics system. LMS/Haiti had set a target number of 10 centers with a functioning commodity logistics system, based on the existing number of CDAI centers. However, while implementing distribution activities, the ministry assigned LMS/Haiti 11 BCS, bringing the total to 23 centers, more than double the original target of 10.

### **Procurement and Supply Management (PSM) Curriculum and Training**

The DPM/MT envisioned a standard PSM training curriculum that would include tools for various programs

#### **Going the Extra Mile: Increasing choice and reducing health risks through family planning supply and training**

Getting to a clinic for reliable family planning supplies can be extremely challenging in Haiti. Until a few years ago, it was almost impossible in the most inaccessible locations, such as Ile de la Tortue in the Nord-Ouest department.

At the Aux Plaines health clinic, located in the hills of this remote island, family planning services were irregular before 2010. According to Damise Alexis, head of the clinic, clinic staff had to travel to Saint-Louis du Nord on the mainland (a hike plus a boat ride) to buy family planning commodities. Needless to say, there were frequent stock-outs at the clinic. Sometimes a client would get her pills after a three-hour hike to Aux Plaines, and sometimes not.

In 2010, LMS/Haiti began actively distributing family planning products in remote areas. Every three months, for instance, staff braved perilous sea crossings and jarring roads to bring family planning commodities to the clinic in Ile de la Tortue.

During the five-year project, LMS/Haiti supplied the Aux Plaines clinic with:

- 210,000 condoms;
- 9,800 vials of Depo-Provera;
- 780 cycles of Ovrette/Microlut pills; and
- 5,640 cycles of Lofemenal/Microgynon pills.

In addition, the project trained local staff on USG family planning regulations, such as providing patients full information and choice regarding these services.

Clients included Ginette Milford, 36, a mother of three children who visited the clinic following two pregnancies that endangered her health. She explained, "I no longer have to walk three hours to the port, pay for a canoe to cross, and go all the way to Saint-Louis du Nord to buy Depo-Provera. Now, thanks to the product's availability at Aux Plaines, I regularly find the injections available. I can avoid another pregnancy, and I don't face the same huge risk to my health."

It is for the hundreds of thousands of Ginettes and their families that LMS/Haiti worked.

<sup>10</sup> LMS/Haiti supported the MSPP to establish a national commodity supply and distribution system, SNADI. In 2013, LMS/Haiti participated in several technical meetings to define, develop, and implement SNADI, including a workshop in October 2013 to develop an action plan on the transition to the SNADI, taking into consideration the different activities conducted by the MSPP, NGOs, and the private sector. LMS/Haiti also supported a consultant to work with DPM/MT to draft a curriculum on GLI. Currently the DPM/MT team and the consultant are reviewing the document before its validation.

including HIV, laboratory, tuberculosis, and vaccinations. A working committee created the curriculum, with members drawn from four MSPP central directorates.<sup>11</sup> LMS/Haiti engaged two international consultants and collaborated with SCMS to develop a Health Systems Strengthening (HSS) framework<sup>12</sup> to supplement this activity.<sup>13</sup>

LMS-Haiti organized a workshop to draft the integrated GLI curriculum in December 2014.<sup>14</sup> During the workshop conducted by the MSPP with the support of LMS, the GLI training curricula of all priority programs were compiled, reviewed, and integrated into a single document. This document will be used by the DPM/MT, after confirmation, during the implementation of SNADI for training managers. The MSPP will validate the document for future trainings in PSM.

## **Support to the Directorate of Family Health: Joint assessments of health facilities and their family planning services**

### ***Assessment of public reference hospitals***

LMS/Haiti and the MSPP/DSF jointly conducted a family planning needs assessment of MSPP reference hospitals in all departments except Sud-Est, as well as USG-supported sites in the five southern departments. The results found that most facilities faced a lack of appropriate space and equipment, and struggled to deliver quality care. The assessment team made the following recommendations:

- Provide training/refresher training for service providers in contraceptive technology, counseling, commodity logistics, and the insertion/removal of Norplant;
- Renovate/equip a separate space for family planning services to ensure client confidentiality and privacy during family planning visits and counseling sessions;
- Ensure a continuous supply of management tools, materials, and equipment;
- Order disposable and non-disposable voluntary surgical contraception supply kits and long-term contraceptive methods; and
- Health departments and headquarters should conduct regular supervisory and training visits.

### ***Assessment of maternity hospitals***

After the MSPP requested support to distribute reproductive health kits to 82 public, private, and semi-private maternity hospitals, USAID asked LMS/Haiti to determine their ability to use the kits. LMS/Haiti evaluated a sample of 12 public and semi-public maternity hospitals in the Ouest, Sud, Artibonite, and Centre departments on the following aspects:

- The state of the reproductive health services;
- Clients' access to and use of these services; and
- The availability of a storage area for reproductive health kits.

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<sup>11</sup> DPM/MT, DSF, *Direction du Programme Elargi de la Vaccination* (DPEV), and the *Programme National de Lutte Contre le SIDA*, SCMS, and Catholic Medical Mission Board.

<sup>12</sup> In early 2012, USAID requested that SCMS and LMS collaborate on SNADI implementation and support to DPM. LMS/Haiti developed an HSS framework, and the TDM304/316 is one result of this framework.

<sup>13</sup> On September 5, 2013, the committee met to discuss the preparation of a standardized training curriculum on commodity logistics management. It was decided that by November 2013, a revised draft curriculum should be available including all existing pertinent documentation (including partners' training modules) and tools. LMS/Haiti had already shared the validated GLI training curriculum used with the DSF.

<sup>14</sup> Twenty-eight participants (19 female, 9 male) from the MSPP and NGO partners, and six USAID project staff (LMS, SCMS, and LMS consultant) attended the workshop and produced a draft GLI curriculum.

The survey revealed many pressing needs, the most urgent of which included the following:

- Strengthen the ability of facilities to deliver quality reproductive health services;
- Make reproductive health kits available at all types of health facilities; and
- Provide all facilities with drugs, supplies, and equipment beyond those included in the reproductive health kits.

The MSPP conducted an investigation, which found that family planning services were facing major challenges because the Ministry did not have the means to supply commodities on time. In response, the MSPP requested that USAID have LMS/Haiti transport UNFPA-funded maternal health commodities from the PROMESS central warehouse to maternity wards and hospitals selected by the DSF. This logistics support contributed to a significant improvement in the availability of these essential commodities for the care and treatment of obstetrical complications across all ten departments.

### Support to the Directorate of Family Health: Supervisory visits

From 2010, LMS/Haiti supported the DSF and department family planning focal points to carry out supervisory visits to health facilities in ten departments countrywide. LMS/Haiti also aided the DSF by creating the MSPP Supervision Checklist, or *Grille de Supervision*, a document to track family planning services offered in all departments.<sup>15</sup> In the joint visits, LMS/Haiti reviewed performance related to commodity management, data quality control, and USG requirements. MSPP staff supervised the family planning services. Thirty-two supervisory visits were conducted in 2013 and 79 in 2014.



The stock manager of a USG site performs the storage and inventory check of products supplied by LMS/Haiti. Credit: MSH

The LMS/Haiti team's assessments focused on correct use of stock management tools, including the family planning registers and consultation forms, as well as training on family planning standards and USG requirements, in some cases holding on-site trainings. Program managers from the different departments were actively involved in these visits, during which the LMS/Haiti team tested a supervision checklist that had been validated by the departmental reproductive health focal points and the DSF.

The visits helped us monitor progress, identify problem sites, and increase the demand for training at those sites. In 2013<sup>16</sup> we observed the following strengths in a sample of 32 sites: in 72% of them,

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<sup>15</sup> This document was drafted from the list of family planning services previously updated by reproductive health/family planning staff in the 10 different departments. The document was validated by the departmental reproductive health focal points and the MSPP/DSF, but it has not yet been disseminated.

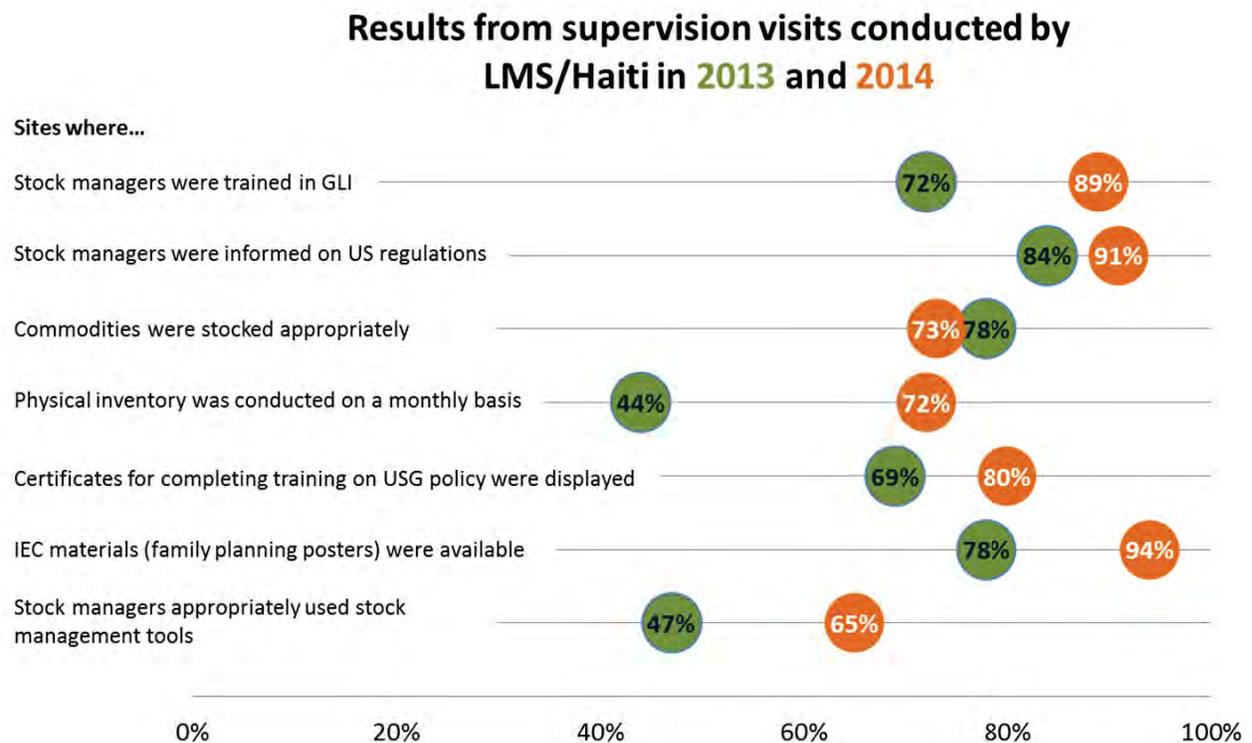
<sup>16</sup> Data provided are for FY2013-2014.

stock managers were trained in GLI; in 84% they knew about USG requirements. In 78% of sites, the commodities were stocked appropriately, and in 44% physical inventory was conducted on a monthly basis. The majority (78%) had family planning posters on the walls, and 69% displayed certificates for completing the training on USG requirements. These results are summarized in Figure 3 below.

In 2014, on a sample of 79 sites visited, we noted an increase in performance following trainings. Indeed, 89% of stock managers (an increase of 17% from the previous year) that received the training in GLI were more capable of performing their tasks. We also noted that 91% were informed about the USG policy and legislative requirements for family planning. In 82% of sites the commodities were stocked appropriately, with physical inventory conducted on a monthly basis in 72% of sites. In 2014, 94% sites had family planning posters available, and 80% showed their certificates for completing training on USG regulations.

We noted the following areas for improvement: 53% of stock managers in 2013 and 35% in 2014 did not appropriately use stock management tools, attributable to a low level of education. Academic weakness also affected their ability to submit accurate monthly reports on time. More details are provided in Figure 3 below.

**Figure 3: Results from supervision visits conducted by LMS/Haiti in 2013 and 2014**



### Workshop on monitoring and evaluation of family planning commodities

After the national workshop on family planning commodity security in June 2013, LMS/Haiti coordinated a capacity building workshop on monitoring and evaluation of commodities for family

planning/reproductive health focal points in all departments. Participants presented reports on the availability of family planning services within their region, and made recommendations regarding the supervisory monitoring and evaluation tools that are used on a quarterly basis by the DSF. A report with their compiled recommendations has been drafted and will be finalized and sent to the MSPP for review and consideration.<sup>17</sup>

### Capacity building for service providers in support of family planning commodity management

LMS/Haiti worked with the MSPP and partners to produce a manual featuring the contraceptive technology curriculum and family planning norms for providers. LMS-Haiti used the curriculum and manual to provide 13 training/refresher workshops for family planning providers in nine departments, reaching nearly 300 participants (272 women, 26 men). This training was discontinued in early 2012, but the GLI training continued to better reflect the new USAID/USG strategy to support the MSPP in delivering quality health services to the Haitian population.



Local health workers receive training on different family planning methods to maximize patient choice. Credit: MSH.

### Finally, a Choice: Better Commodity Management Makes More Family Planning Options Available

Studies show that providing a range of contraceptive options is a key factor in quality family planning services. Just a few years ago, a choice of contraceptive methods wasn't always available in Haiti, and frequent stock-outs further limited client options.

Anne François Danick has been working in the health center of Petit Trou de Nippes since 2006. As the auxiliary staff member in charge of family planning, she notes that as recently as three years ago, deliveries of contraceptives to the health center were quite limited in both types of stock and quantity. In fact, Depo-Provera was almost the only option for women needing contraceptives.

That began to change as LMS/Haiti worked to strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities. By increasing the diversity of contraceptive choices, building the capacity of Haiti's service providers to manage the supply of these commodities, and promoting the use of family planning tools aligned with the Ministry of Public Health and Population's national program and policies, LMS/Haiti enabled better family planning services.

Ms. Danick participated in an LMS/Haiti training on family planning commodity management and logistics, enabling her to master best practices in inventory management, including proper completion of stock cards and monthly reports. She received additional mentoring and supervision from commodity distribution agents.

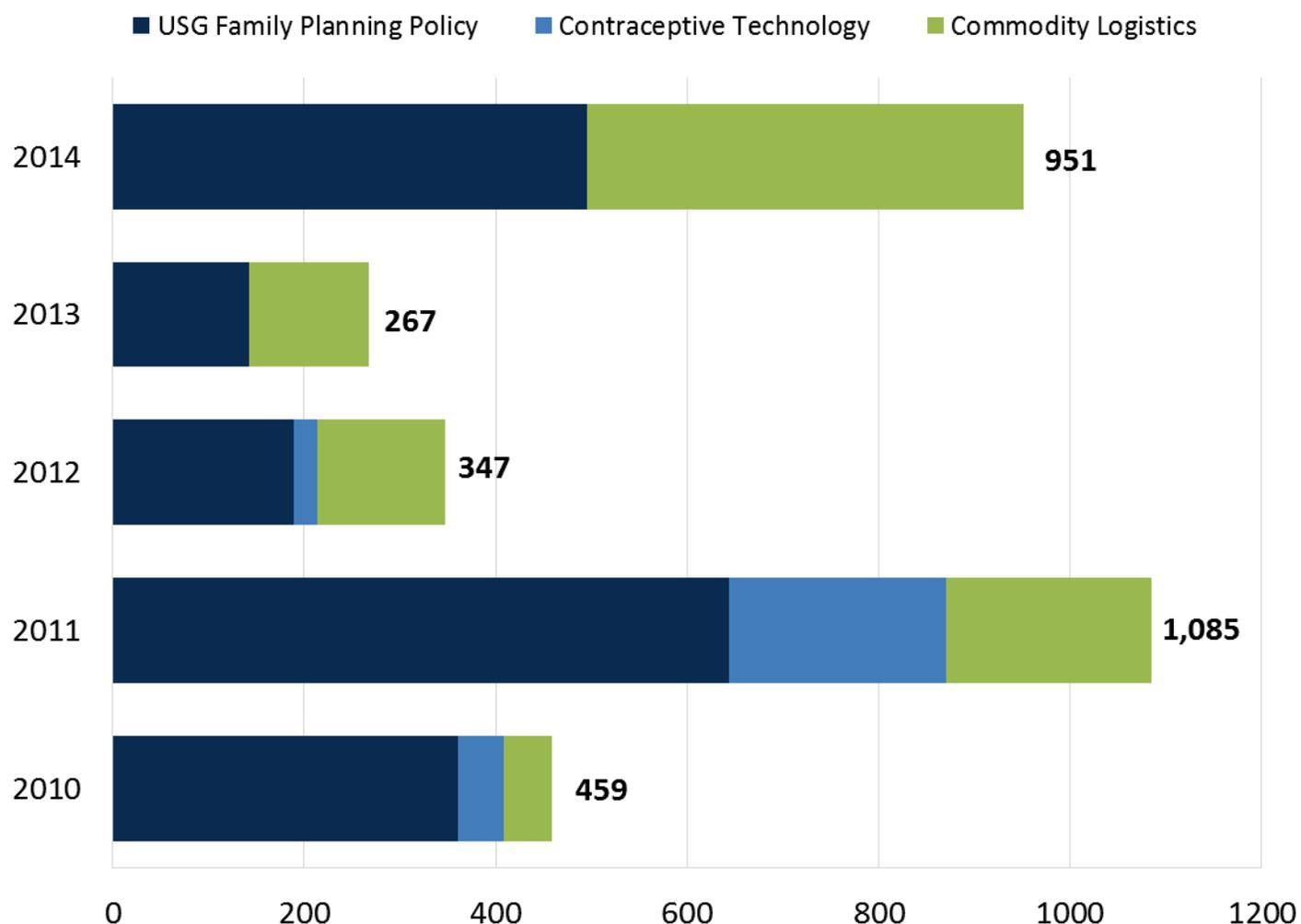
Ms. Danick isn't the only person who has benefited. She oversees 17 health workers in the area of Petit Trou who support the family planning needs of more than 7,000 women of child-bearing age. Ms. Danick is now responsible for supervising the commodity management practices of these health workers, a key step to ensure uninterrupted availability of a variety of contraceptive methods.

Figure 4 below presents the total number of people trained

<sup>17</sup> The workshop was organized by the DSF with the support of key partners in reproductive health commodity security such as UNFPA and PAHO/WHO. Nine of ten departments were represented by their departmental and the CDAI pharmacists and six of ten departments were represented by their senior reproductive health managers.

in US family planning regulations compliance, contraceptive technology, commodity logistics, and in-service training for family planning commodities.

**Figure 4. Number of people trained by the LMS/Haiti program from 2010 - 2015**



## National policies and tools for pharmaceutical management

LMS/Haiti's assistance to the DPM/MT focused on reorganizing distribution into a single national commodity distribution channel. Much of this has been discussed above. In addition, we provided support to the DPM/MT for the production of key documents. With partners, LMS/Haiti contributed to:

- Haiti's first National Pharmaceutical Policy, or *Politique Pharmaceutique Nationale* (now pending MSPP validation);
- An integrated curriculum on management of logistics for health commodities (to be finalized by the DPM/MT); and
- Input on the international market for reproductive health drugs and commodities, for an MSPP report on the new single commodity chain (SNADI).

Upon request of the DPM/MT, LMS/Haiti also reprinted a number of documents, including:

- Public awareness posters on the dangers of street drugs;
- Reference guide to the new national commodity distribution system;
- Implementation guide for departmental warehouses under the new distribution system;
- Norms and regulations manuals for management of medicines; and
- Manual for pharmaceutical diagnosis.

## **Project achievements prior to 2012**

In its first two years, the LMS/Haiti project worked toward two additional objectives. This section details some of LMS/Haiti's numerous achievements toward these objectives.

### **Strengthen the capacity and leadership of the MSPP to plan and supervise community mobilization activities for HIV and AIDS and other programs, with particular focus on the regional department level (Objective 3 in the original Program Description)**

#### **Assistance on MSPP educational materials**

Since educating users is a vital part of supplying family planning and building leadership and management skills to address challenges related to HIV and AIDS, reproductive health, and commodity security, LMS/Haiti assisted the MSPP to produce a wide variety of educational and public-awareness materials. LMS/Haiti:

- helped MSPP's Educational Materials Committee (CADME) harmonize HIV and AIDS prevention messages in materials developed by MSPP partners;
- together with CADME, developed a "family album," a large, illustrated book for educating groups about family planning;
- assisted the National Program Against HIV and AIDS to produce an educational picture book on sexually transmitted infections and HIV and AIDS;
- assisted the National Program Against HIV and AIDS to develop a curriculum, including a facilitator's guide and reference manual, for health personnel to better communicate with clients about HIV and AIDS;
- aided the MSPP to create a database of available family planning communications materials;
- produced a newsletter about cholera entitled "*chimen lakay nimerò 4 sur le cholera*" ("The Way Home No. 4 on cholera"); and
- organized a radio spot on oral contraceptive pills.

#### **Training and plans for community mobilization and behavior change**

Modern family planning is still underutilized in many areas of Haiti. Awareness and behavior-change programs are important to ensure that women and couples can consider their options.

Through workshops and documents, LMS/Haiti assisted the MSPP to create Strategic Planning Guidelines to help all departments create plans for behavior change communication and related community activities.<sup>18</sup>

LMS/Haiti provided technical assistance to six departments (Nord, Sud, Nord-Est, Nord-Ouest, Nippes, and Grande Anse) to create and implement behavior change communication/ community mobilization plans using the Strategic Planning Guidelines. Two hundred participants attended the workshops, including representatives of two central divisions of the MSPP, the *Direction de la Promotion de la Santé et de Protection de l'Environnement* (DPSPE) and the PNLT, and a representative of the *Unité de Gestion du Projet* of the MSPP/President Emergency Plan For AIDS Relief (PEPFAR).<sup>19</sup> LMS/Haiti also finalized a community mobilization manual to supplement the trainings.

### **TOT for interpersonal communication**

In June 2011, LMS/Haiti conducted a TOT on interpersonal communication, which focused on how to speak sensitively with people being tested, counseled, and treated for HIV. Participants included 26 MSPP executives as well as NGO partners (FOSREF, Croix Rouge Haïtienne, PSI/Haiti, and LFCS). The training used the interpersonal communication curriculum that LMS/Haiti developed.

### **Economic development micro-project training**

LMS/Haiti provided technical support to three departments (Nippes, Sud-Est, and Nord-Ouest) on how to conduct a training in developing and managing a micro-project.<sup>20</sup> The training was designed to help community-based organizations (CBOs) draft proposals for small projects for HIV and AIDS prevention and treatment, and to strengthen the management skills of community leaders to implement such projects. Each participating CBO left with a plan for a micro-project. For example, participants from a training in Cité Soleil (with 14 managers and community workers of LFCS) developed two projects, one focused on sanitation and the other on micro-credit for poor women.



<sup>18</sup> Twenty-five representatives from the MSPP's central direct A group from the community LDP upon successful May 2011. Through a small committee, LMS/Haiti provided documents, based on participants' suggestions and comments:completion of the program. Credit: MSH committee, consisting of LMS/Haiti and DPSPE, held three work sessions between July and September 2011, during which they integrated the comments received during the workshop and finalized the document.

<sup>19</sup> Other such trainings included a session in May 2011, for 29 community mobilization program managers (22 women, 7 men) from all 10 departments.

<sup>20</sup> LMS/Haiti conducted the first training in March 2011, for 17 participants (8 women, 9 men) from three CBOs. We held the second in April 2011, with 24 participants (9 women, 15 men) from three CBOs. The third was in September 2011 and included 24 participants (11 women, 13 men) from five CBOs.

## **LDP adapted to community**

In a major innovation, LMS/Haiti adapted the LDP, which was developed by MSH in 2002, for delivery as a community-based program. The community LDP, or CLDP, enrolled local residents and leaders to explore the community's health challenges, and create and implement a plan to solve a challenge using only locally-available resources. Like the original LDP, the CLDP program is grounded in the universal values of solidarity, trust, respect, forgiveness, and democracy.

In its first two years, LMS/Haiti conducted a series of CLDPs and community-level TOTs to develop a cadre of 27 local CLDP facilitators.<sup>21</sup> Through these workshops, 25 representatives of five CBOs in Anse à Foleur acquired new leadership skills and then applied them within their communities. At the end of the program, the leaders of the four communities presented the results of their work on health issues (including hygiene, cholera, family planning, prevention of teenage pregnancy, and malnutrition) to their communities.<sup>22</sup>

Although this activity was phased out in March 2012 after the revision of the LMS/Haiti scope of work, the CLDP has proved sustainable. It is being replicated without LMS/Haiti involvement.

## **Leadership training and capacity building to strengthen local NGO and public sector partners (Objective 3 in the original Program Description)**

### **Leadership and management skills strengthened among MSPP and local NGO partners**

LMS/Haiti strengthened the capacity of both the MSPP and local NGO partners in leadership and management. The project offered this support through a variety of leadership and management development tools, including the LDP Phase I & II, which ran from March 2010 to January 2012, when this activity was ended due to the new USG/USAID strategy to support the MSPP.<sup>23</sup> Fifteen health professionals from the MSPP and NGO partners were trained as trainers in November 2011 to promote the sustainability of this approach.

LMS/Haiti conducted 10 workshops and provided at least one coaching visit between each workshop to assist teams in achieving the measurable results of their leadership projects. Participant teams included LFCS, FOSREF, MAEC, Logistics (MSPP, LMS and other NGOs), and MSPP departmental focal points.

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<sup>21</sup> LMS/Haiti conducted two TOTs in November 2010, for two teams of 27 facilitators, including eleven officials from the *Direction Sanitaire du Nord-Ouest* (DSNO), two from the DFPSS, three from FOSREF, and nine LMS/Haiti project staff members. The goal of the training sessions was to enable facilitators to conduct alignment meeting for community leaders and a pilot Community LDP in Anse à Foleur in the Nord-Ouest department. LMS/Haiti facilitators supported the MSPP facilitators from the Nord-Ouest to conduct five Community LDP workshops in Anse à Foleur from January-June 2011.

<sup>22</sup> LMS/Haiti implemented two new Community LDPs, one in the Nord-Ouest department and one in the Ouest. To expand the pool of facilitators able to offer the program, LMS/Haiti facilitated a TOT in December 2011, with 14 participants (4 female, 10 male) from the Ouest and Nord-Ouest departments. LMS/Haiti conducted two alignment meetings to launch additional Community LDP programs in the Ouest and Nord-Ouest departments. These alignment meetings were followed by two workshops in the Ouest (Petit-Goave) and the Nord-Ouest (Jean Rabel) departments.

<sup>23</sup> Phase I: LFCS community health agents and MAEC volunteers and mother-delegates  
Phase II : Commodity logistics LDP; departmental offices, FOSREF and MAEC youth LDPs

LMS/Haiti also offered its adapted LDP to 50 health care workers from the MSPP and local NGOs, such as Services and Development Agency and FOSREF, and to 23 youth and 48 community members from LFCS and MAEC. Most of the teams' projects identified challenges related to avoiding stock-outs and reducing maternal and child mortality rates.

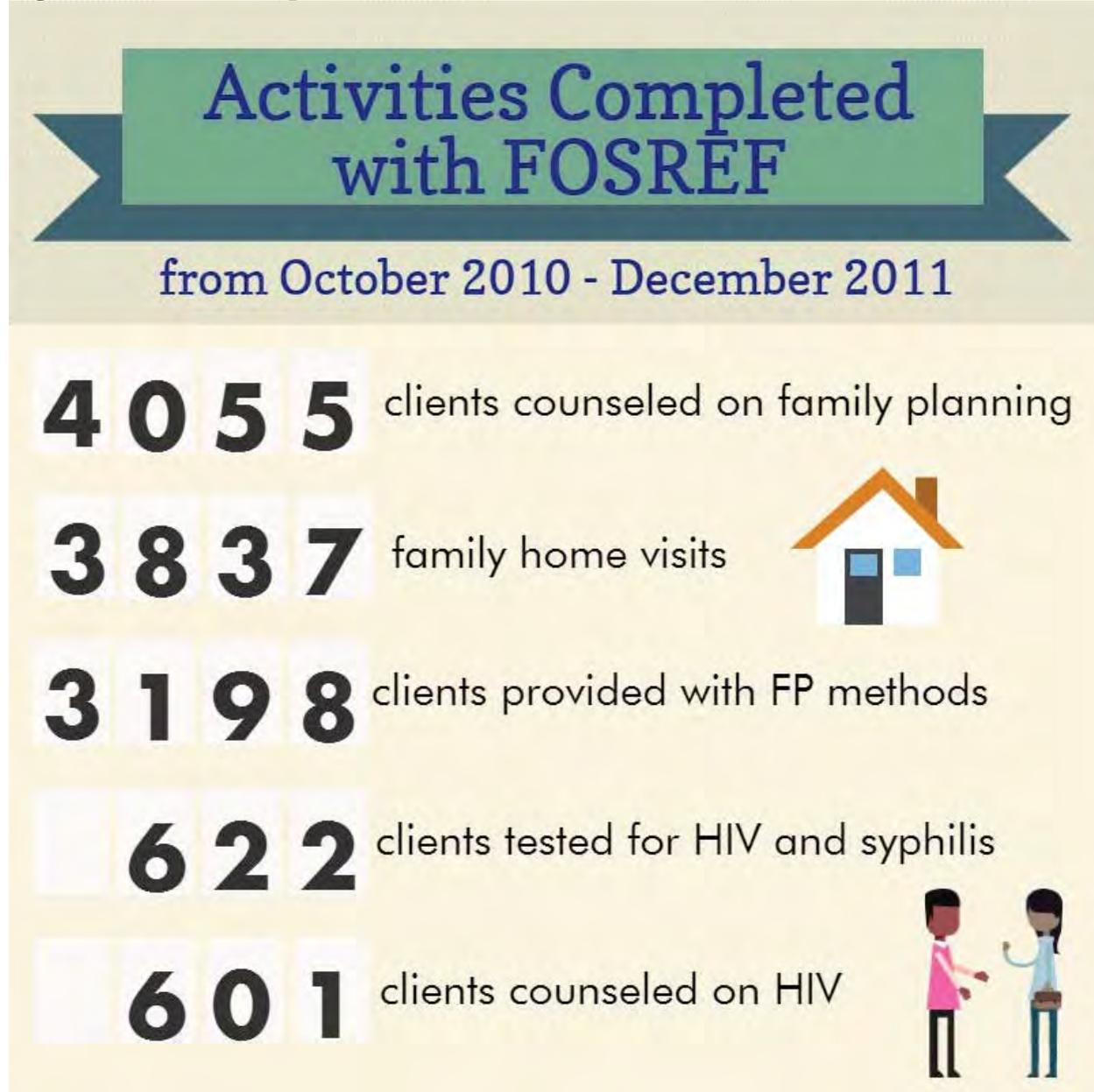
### **Institutional capacity building to reinforce NGO partner performance**

Throughout the project, LMS/Haiti has worked to deepen the abilities of local NGOs, to lead and manage health programs. Examples include the following:

- **FONKOZE:** LMS/Haiti facilitated the process of FONKOZE developing a strategic vision and a strategic plan for its Human Development Unit. Ten high-level managers of the organization participated and drafted a strategic plan which the organization adopted and implemented.
- **LFCS:** LMS/Haiti supported LFCS to create a strategic vision to build the soundness and sustainability of the association. Eight members of the LFCS management committee participated, learning skills to analyze the internal capacity of the organization. The team worked on an action plan to implement a project to support women in Cité Soleil.
- **Haitian Olympic Committee:** The project held a strategic visioning workshop with the Haitian Olympic Committee to build capacity in strategic planning. Managers of the organization's Sports for Peace and Development participated, as did two consultants from the French Olympic Committee. The team developed a vision for the organization and prepared three action plans for addressing weaknesses in priority areas.
- **FOSREF:** LMS/Haiti collaborated with FOSREF to strengthen the organization's capacity to provide services for the youth of Cité Soleil. FOSREF's objectives during the project were to:
  - Increase awareness to prevent STIs and HIV and AIDS and avoid early pregnancy by promoting the value of family planning among youth; and
  - Improve the delivery and effectiveness of HIV services (counseling and testing) and family planning for youth and adults in two centers (Bois Neuf and Boston).

After their own training, FOSREF used the LDP and other LMS/Haiti tools to promote sexual and reproductive health among youth in Cité Soleil. Figure 5 outlines the activities FOSREF completed, thanks in part to better management.

Figure 5: Activities completed with FOSREF from October 2010 – December 2011



## MSH/Haiti support to government post-disaster initiatives

After the January 2010 earthquake, LMS/Haiti provided technical and logistical support to make commodities available to Haitians wherever they were. LMS/Haiti worked with the MSPP/DSF and partners to ensure that residents of temporary camps received condoms, and distributed USG-donated medicines and supplies to public institutions.

As soon as cholera broke out in October 2010, LMS/Haiti assessed storage available for emergency supplies at target sites and drafted an emergency logistics plan. In the early weeks, at USAID request, LMS/Haiti distributed medical supplies such as oral rehydration packets, IV solutions, and chlorine tablets to USG-supported sites. The project supported DPM/MT distributions to Cholera Treatment Centers, MSPP health facilities, churches, schools, prisons, local NGOs, and camps. After the peak of the epidemic, LMS/Haiti continued to assist by transporting medical supplies on request.

## Contributing to Controlling Cholera

The cholera epidemic in Haiti started in October 2010 and persisted for 18 months. More than half a million people were infected, and 7,000 died. While the response to the outbreak, led by the MSPP and its partners, was swift, the epidemic also created an acute shortage of staff in the health system.

**Supporting the DPM:** Medicines and supplies flooded in from donors, and the MSPP's pharmaceutical regulation body (DPM/MT) was responsible for managing and distributing this huge influx. To deal with the additional workload, DPM/MT turned to USAID for help, and LMS/Haiti agreed to provide additional staff.

From April 2011 to May 2012, three senior pharmacists assisted the DPM/MT at the central level to analyze data related to the epidemic, and six junior pharmacists worked alongside the departmental pharmacists in the regions.

The nine additional staff allowed the DPM/MT to better track partner contributions, strengthen its information system, coordinate cholera interventions, ensure a complete inventory of supplies at the central MSPP, and distribute cholera commodities throughout the country.

Pharmacists at the DPM/MT thanked LMS/Haiti for providing this additional support.

**Supporting the local NGO response:** As part of its assistance to partner NGOs, LMS/Haiti conducted two training sessions on cholera prevention through behavior change communication/community mobilization on January 2011 for service providers from both FOSREF centers and the LFCS workers. Facilitators from LMS/Haiti taught the 64 participants methods for cholera prevention and how to build community awareness of cholera. Participants also observed a demonstration on hand washing and oral rehydration solution preparation. LMS/Haiti provided participants with 7,000 pamphlets and 500 posters on cholera prevention for distribution to members of the Cité Soleil community, thereby reaching many more people with information about preventing the spread of the disease.

**Recognition:** On International Health Day in 2011, the Minister of Health officially commended the LMS/Haiti team for its dedication in the fight against the cholera epidemic.



A patient tent in a Cholera Treatment Center in Artibonite. Credit: LMS/Haiti



Delivery of USAID-funded treatment kits, December 2012. Credit: USAID

In response to a request from the MSPP via USAID, the project supported the DPM/MT by recruiting 12 pharmacists to help coordinate emergency supplies, and supplying them with basic equipment, including laptops, to enable them to work efficiently.

All 10 departments benefited from the support of these pharmacist consultants. A report on their work contained extremely positive feedback from the MSPP DPM/MT. Afterward, the pharmacist consultants were integrated into the “crisis cell” of the DPM/MT and continued to strengthen the Directorate of Pharmacy.

## RESULTS ACHIEVED AGAINST THE PERFORMANCE MONITORING PLAN

The following are the project's final results for the period March 2010 – March 2015, by objective:

### Objective I

The majority of indicators measuring adequate storage conditions and stock of products met the target, or fell within the 10% variance range of the target, by the end of the project. The targets were 90-100% achieved for indicators related to the capacity of stock keepers to manage products and information.



Nurse receiving and verifying family planning commodities received as part of a regular LMS/Haiti supply mission. Credit: LMS/Haiti

For example, the percentage of sites with proper storage conditions was 94%; the percentage of sites with no stock outs was 97%; and the percentage of sites with appropriate staff informed on US regulations was 98% for USG sites and 94% for non-USG sites.

Some indicators, however, fell below their targets, including:

- indicators related to adequate stock levels in USG sites;
- accurate logistical data at sites; and
- submission of timely and accurate commodity logistics data reports.

Achievements on these indicators were lower than projected due to challenges associated with the capacity building of the stock keepers. Because of lack of motivation and/or incentives, not all stock managers conducted a physical inventory of family planning commodities on a regular basis, or completed stock management forms. Moreover, because of their low academic level, many stock managers continue to have weak capacity to complete stock management forms accurately and fully.

Nevertheless, all indicators under this objective--even those that fell below the targets--improved over the life of the project. For example, the percentage of sites with acceptable storage conditions increased significantly from 46% in 2010 to 95% by the end of the project, peaking at 96% in 2012. The number of sites with accurate inventory data increased from 73% in 2010 to 78% in 2014; the submission of timely and accurate commodity logistics data reports increased from 23% in 2011 to

45% in 2014<sup>24</sup>; and the percentage of sites informed on US regulations increased from 20% in 2010 to 99.3% by the end of the project for USG sites, and from 0% to 94.4% for non-USG sites.

## Objective 2

LMS/Haiti met or surpassed targets for the majority of results related the program’s capacity building support to the MSPP, including the number of monitoring visits conducted and in-service trainings conducted in GLI, quantification exercises, and USG policy and legislative requirements for family planning. During all the five years of the project, LMS/Haiti was contributing to the improvement of the provision of family planning services at MSPP sites.

LMS/Haiti conducted a total of 88 monitoring visits and in-service training to 2,356 health professionals, with 1,566 forecasted. The number of staff trained at the central level of the DSF and DPM and at the regional health department level to strengthen their capacity to plan, implement, coordinate, and supervise the entire supply chain for contraceptive commodities rose from 124 in September 2013 to 617 by the end of 2014, an increase of 493 employees.

## Objective 3

A change in LMS/Haiti’s cooperative agreement during fiscal year 2011-2012 reduced the project’s objectives from four to two. The activities under this objective therefore were conducted only in FY2010 and FY2011.

During this period, LMS/Haiti focused on support to the MSPP to strengthen its capacity to plan, supervise, and conduct community mobilization activities for health. As trainings were not carried out without the request of the MSPP, which was sometimes delayed, LMS/Haiti was unable to reach targets for indicators related to these training sessions. However, training of stakeholders in community mobilization, interpersonal communication, and the implementation of the first Community LDP in Haiti achieved its targets for this period.

## Objective 4

A change in LMS/Haiti’s cooperative agreement during fiscal year 2011-2012 reduced the project’s objectives from four to two. The activities under this objective therefore relate only to FY2010 and FY2011.

- During the first year of the project, LMS/Haiti used its leadership and management tools to strengthen local NGOs and the MSPP. LMS/Haiti focused on Phase II of the LDP program to reinforce the capacity of teams from previous LDPs to implement their action plans, and therefore conducted fewer LDPs than initially planned. TOTs were conducted to further expand the pool of local LDP facilitators in Haiti to increase the sustainability of the program. Additionally, through the financial and institutional support of LMS/Haiti, FOSREF surpassed several targets, including the number of people reached through educational interventions.



At this second LDP workshop for LFCS, post-earthquake, two youth who had completed the LDP previously facilitated the session. Credit: LMS/Haiti

<sup>24</sup> Target was revised to 65% in 2014.

## CHALLENGES ENCOUNTERED

The LMS/Haiti team addressed the following challenges during the five-year program:

### Objective 1: Strengthen local capacity to manage the supply chain of USAID-donated condoms and family planning commodities

- **Delays in the move to the Fleuriot warehouse and increased rental costs for co-location warehouse.** Relocation to the Fleuriot warehouse was delayed due to several factors, including the additional time necessary to complete the extensive warehouse renovations, and delays in approvals from USAID for the installation of the air conditioning and ventilation system. LMS/Haiti and SCMS met weekly to monitor progress and updated USAID on the status of the move on a regular basis; nevertheless, by the end of LMS/Haiti supply and distribution activities in December 2014, the family planning commodities were still stored at the SCMS warehouse. As of July 31, 2014, LMS/Haiti had significantly contributed towards cost related to the Fleuriot warehouse, including renovations.
- **Delayed implementation of SNADI:** Several partners, including LMS/Haiti, supported activities to contribute to the implementation of SNADI. The MSPP was prioritizing other activities related to cholera outbreak and was unable to define a clear vision for the national commodity supply and distribution system, making it challenging for LMS/Haiti and partners to achieve planned results in this area. Some progress occurred in October 2013, with the creation of the SNADI technical and steering committees, but since then results towards the operational implementation of the SNADI have not been consistent. Consequently, LMS/Haiti objectives such as the development of the PSM guide, TOT from the central level, and replication of this training at the departmental level could not be achieved. Regardless, the project contributed to the management section of the PSM curriculum by setting up a working group under the leadership of the DPM/MT, made up of partners working in the pharmaceutical system and the central directions of the MSPP managing commodities, to develop a standard management manual that contained annexes specific to the different programs (immunization, HIV and AIDS, tuberculosis, laboratory, family planning, and so forth).

- **Lack of agreement to transfer management of reproductive health commodities.** There is still no agreement between DPM/MT and DSF to transfer the logistics management of reproductive health commodities from the DSF to DPM/MT. This results in a parallel management of medicines and commodities that should be under the responsibility of DPM/MT. Information is collected at two separate levels, though all information should be



Sometimes the last mile can only be covered by foot. Credit: MSH

standardized at the DPM/MT. LMS/Haiti suggested to the DPM/MT and DSF that the departmental pharmacists be more involved in obtaining accurate information necessary for them to prepare quarterly requisitions on time, and to conduct quantification exercises.

- **Delayed start up of the SSQH project.** Recruitment and other delays in the start up of both SSQH projects in 2013 led to delays in the implementation of joint activities relating to commodity supply and distribution as well as the monitoring of USG site compliance to the USG policy and legislative requirements for family planning. To address this challenge, LMS/Haiti initiated regular planning meetings with Pathfinder and URC to better coordinate joint activities and share ongoing activities and challenges.
- **Delays in receiving DSF requests and validating reports on quantification exercises.** LMS/Haiti supported the MSPP/DSF to complete four national quantification exercises (2011-2014). However, the MSPP/DSF validated only the 2012 report. Despite repeated reminders by partners, especially LMS/Haiti and UNFPA, the other exercises were conducted with non-validated versions. Moreover, the key focal point person for commodity security at the DSF/MSPP resigned, with no transfer of knowledge to his successor. Thus, some quantification exercises did not reflect the realities, which distorted the data used for estimates. To address this challenge, LMS/Haiti regularly met with the senior logistician at the DSF to keep him informed of the process as well as the distribution of maternal health commodities to the CDAI and MSPP maternities. He also participated in a quantification orientation workshop. LMS/Haiti and other partners involved provided him with in-depth training on planning and conducting national quantification exercises. LMS/Haiti strengthened his capacity by including him in GLI training as well as the training on family planning norms and USG family planning compliance requirements. He participated in joint supervision visits at the department level, which enabled him to understand and integrate supervision concepts and use of data collection tools to reinforce strategic management at the central level.
- **LMS/Haiti Family Planning Compliance Plan and tools:** While the LMS/Haiti Family Planning Compliance Plan was approved by USAID on June 10, 2013, the late approval resulted in a temporary suspension of the regular training workshops, leading to an increase in untrained and uninformed family planning providers at USG sites. USAID decided that both the LMS/Haiti and SSQH compliance plans needed to be revised to clarify the role of each implementer, particularly around ensuring compliance with USG policy and legislative requirements for family planning at joint USG-supported sites. Approval for the related training tools had not been received by the end of the project. As of January 1, 2015, SCMS is responsible for managing, storing, and distributing family planning commodities funded through USAID. Therefore, SCMS needs to produce its own family planning compliance plan and coordinate with SSQH and partners to address proper follow up of compliance at USG/PEPFAR sites.

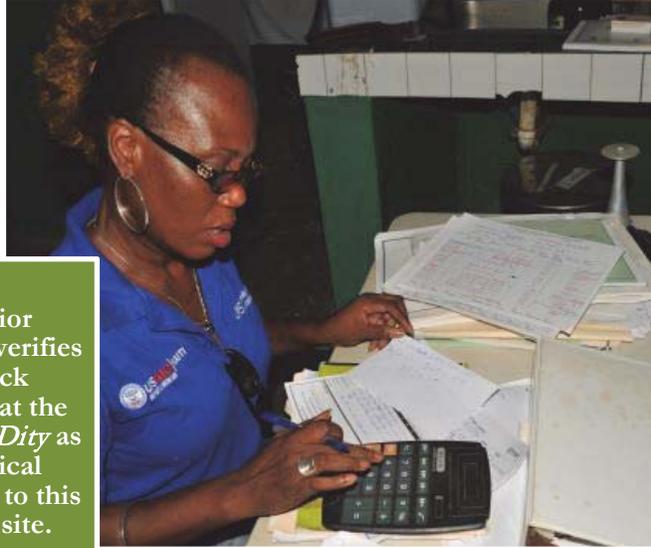
**Objective 2: Strengthen the capacity of the Ministry of Health’s DPM/MT and DSF Directorates to manage commodity logistics in order to facilitate the delivery of quality family planning and other health services at the major public sector hospitals**

- **Delays in conducting scheduled activities with the MSPP.** LMS/Haiti experienced difficulty in conducting scheduled activities with the DSF and departmental health services due to:

- shortages of staff at the central level and other issues requiring emergency action by the MSPP; and
- administrative delays during the planning of trainings and workshops caused by lack of materials and procedures (accounting problems, inconsistent internet access, scanning of documents, and late submission of activities and queries) at the MSPP level.

As a result, the DSF did not fully participate in some training activities that were planned to be MSPP-led. This situation resulted in extra work for LMS/Haiti staff that were already scheduled to work on other activities. Nevertheless, LMS/Haiti was able to carry out these activities, with some delays, by involving other technical units from the project.

- **Delays in approval of year four workplan and budget.** The year four workplan and budget was not approved by USAID until March 20, 2013, primarily due to a pending decision from USAID on a modification to the program description. While awaiting the approval, the LMS/Haiti family planning unit continued to maintain strong working relationships with the DSF and the reproductive health/family planning department leaders. The team continued to provide technical support upon request to the DSF and the reproductive health/family planning department leaders to demonstrate the project's ongoing commitment to strengthening the reproductive health program. Due to the six-month delay in the approval of the workplan, some scheduled departmental activities were canceled when other partners stepped in to assist.
- **Motivation and remuneration.** In line with USAID regulations, LMS/Haiti provided reimbursement only if an activity took place outside the city in which participants were employed. This sometimes discouraged departmental managers from working with the project. To overcome this challenge, LMS/Haiti advocated at the central level to reevaluate its personnel retention policy and its career ladder for reproductive health professionals.
- **Changes in project mandate.** Under the revised program description for LMS/Haiti, the scope of capacity building activities with the DSF changed, which created disappointment when expectations were not met. The challenge was to maintain the collaborative work climate between the departmental reproductive health/family planning program directors and the LMS/Haiti technical staff. LMS/Haiti held meetings with technical staff from the DSF to agree on the new direction of the project.
- **Impact of MSPP staff changes.** The low academic level of some stock managers and the frequent turnover of staff at sites remain challenges for effective commodity management at many USG-supported sites. LMS/Haiti implemented several strategies during the year to address this issue, including refresher workshops and modifying the training curriculum. However, the capacity of some stock managers at USG-supported sites remains weak. LMS/Haiti discussed this challenge with MSPP leaders, suggesting that they reevaluate the necessary level of competence required to ensure effective commodity stock management at the site level.



LMS/Haiti Senior Distribution Agent verifies and collects stock management data at the *Centre de Santé de Dity* as part of the technical assistance provided to this USG-supported site.  
Credit: MSH

- **Importance of supervision.** The capacity of departmental program managers to fulfill supervision roles is weak. Managers do not fully understand all aspects of commodity logistics management (despite having participated in GLI trainings) and therefore cannot always fulfill their leadership roles during supervision visits with LMS/Haiti staff.
- **Delays in the move to the Fleuriot warehouse.** Delays in the move, due to several factors described above under Objective 1, resulted in an increase in rental costs for co-locating family planning and HIV and AIDS commodities. The temporary co-location arrangement since April 2014 significantly increased LMS/Haiti warehouse rental costs by more than 100% per month. These funds could have been used to proceed with additional workshops on use of management tools for the departmental family planning program officers and to organize integrated supervision visits with reproductive health managers, their assistants, and other departmental managers to continue to reinforce their capacity in this area.

**Objective 3: Strengthen the capacity and leadership of the MSPP to plan, supervise, and coordinate community mobilization activities for HIV and AIDS and other programs, with particular focus on the regional health department level (this objective only pertains to the first two years of the project)**

- **Project activities compete with other MSPP priorities.** Despite the best efforts of the LMS team, it was very difficult to establish a workshop calendar with departmental community mobilization focal points to develop all ten behavior change communication/ community mobilization plans. This was due to the competing priorities of local program officials. However, after multiple interactions, LMS did support six departments to develop these plans.

**Objective 4: Implement leadership training and capacity building tools of the LMS Program to strengthen local NGO and public sector partners (this objective only pertains to the first two years of the project)**

- **Availability of MSPP staff to co-facilitate activities.** The facilitators trained within the departmental and central directorates of the MSPP understand the value of the LDP and wanted to replicate the program within the health departments, but they are solicited by numerous partners at the same time, and staff members are often unavailable due to limited personnel. The project trained 12 facilitators from the MSPP; however, for capacity building activities, only two facilitators at the central level (UPE, DPSPE) were available to support the departmental facilitators for the senior alignment meetings. The departmental directorates did not appear to buy in to the program, and did not support their teams in their leadership projects.



LMS/Haiti ensured that even in the most remote regions, Haitians had access to family planning and other health supplies after the earthquake. Photo: MSH

## LESSONS LEARNED

- Frequent updating and adaptation (including simplification) of commodity security training materials resulted in better assimilation of key concepts by stock keepers. In addition, continuous technical assistance and coaching helped ensure regular availability of commodities at health facilities, improved family planning services, and strengthened Ministry leadership.
- Valuing the work of stock managers at the institutional level by providing ongoing capacity building technical assistance during supervision visits was a way to motivate staff at the sites that LMS/Haiti supported. Incorporating technical approaches from the LDP when conducting capacity building activities with stock managers also proved effective.
- Effective involvement of managers (directors and senior program officers) at the central level increases not only leadership, but also the visibility of the MSPP, and facilitates the implementation of project activities (e.g., GLI workshops, missions to evaluate FP services, supervision visits).
- Maintaining a close relationship with the central and departmental levels and serving as the liaison between the departments and central levels facilitated communication channels between the two levels.
- Designing program activities based on the identified needs of the MSPP and incorporating the MSPP into the implementation of project activities to ensure alignment with MSPP priorities (e.g., development of LMS/Haiti workplan) helped foster MSPP ownership of certain activities (trainings and supervision visits).
- The chances of succeeding in implementing the LDP are increased for organizations that identify themselves the need for leadership and management capacity building and who request this assistance from their leadership. Participants can then be identified and plans developed with a common understanding. The organization itself collaborates more effectively when it sees the demonstrated advantages that the LDP can provide and understands that it is in its best interest to increase its leadership and management capacities to improve its performance.
- The community LDP conducted in Anse à Foleur demonstrated that success and sustainability depend on involving participants in all stages of planning and implementation. This program was successful because the departmental health director and the MSPP facilitators were actively involved from the start. Community leaders were willing to contribute to the development of their community. They proved that they are capable of collaborating to produce impressive results when they have good information and appropriate resources. They learned how to develop their leadership skills, and the facilitators were able to replicate the program in another town, Jean Rabel, without LMS/Haiti involvement. The MSPP can build on this core of trained leaders, continuing to reinforce their capacities to benefit other communities.
- Organizations that fully integrated the LDP had a great deal of success in achieving the desired measurable results of their selected leadership projects. The characteristics of success included the following: (1) participants were well supported by the managers of their organizations and by their peers; (2) this support provided a source of motivation and validation that enabled them to overcome many obstacles to achieve their selected goals; (3) their task was facilitated when those who work around them were fully involved in the implementation of their activities. For example, the youth leaders from

Cité Soleil, the community health agents from LFCS, and the managers from the Sud department used the concepts of the LDP in their daily activities and were, even until recently, meeting with other staff members to improve their work.

## RECOMMENDATIONS

- Continue capacity building activities and technical assistance for stock managers and reproductive health focal points. Although there are many demonstrated strengths among staff that have been trained, there is frequent movement of staff at sites. Offer providers more training on counseling and contraceptive technology to continue to remove taboos against certain family planning methods.
- Consider MSPP priorities before any new program is designed, and encourage activities that showcase the leadership and increase the visibility of the MSPP. At the same time, identify financial and human resources to enable the MSPP to effectively take ownership of LMS/Haiti key responsibilities and maintain program results. In addition, to ensure success, equip the MSPP with the human resources and health infrastructure (career path, staff retention strategy, regular monitoring of resources at the institutional level, salary scale).
- Continue to monitor and evaluate USG policy and legislative requirements for family planning with the clear involvement of the MSPP.
- Support the MSPP to regularly document the various experiences ongoing in the country, to collect information on the typical challenges that need to be addressed as well as the lessons learned from previous projects. In order to most effectively do this, the MSPP can initiate regular (at least semiannual) meetings with its partners to compile information and publish results widely. The MSPP also should regularly commission evaluations to assess the impact of the various projects being implemented in country in order to learn from their experiences, understand their constraints, and benefit from the achievements they have had during implementation.
- Involve communities from the planning to the evaluation stage, through the selection of priority issues, to facilitate ownership and contribute to sustainability of selected interventions. It is also important to involve multiple sectors (education, agriculture, social, water and sanitation, finance, local government, youth, and others) in the promotion of key family practices and utilization of services, to maximize the chance of success.

## **ANNEXES**

**Annex I:** Support to the DSF for adolescent and youth reproductive health and family planning

**Annex II:** LMS/Haiti organizational chart

**Annex III:** List of LMS/Haiti employees 2010-2015

**Annex IV.** LMS/Haiti Associate Award Performance Monitoring Plan

## **Annex I: Support to the DSF for adolescent and youth reproductive health and family planning**

*LMS/Haiti supports youth through an MSH award:* In 2013, MSH's Innovation Challenge Fund awarded LMS/Haiti a grant for the DSF to continue an innovative project for youth in two small communities in a remote area of the Ouest department. An internal MSH committee selected this project after a competitive review of 12 projects from seven countries. This project represents the first time in Haiti that Evangelical churches became involved in educating youth about family planning and HIV.

Under the leadership of the DSF, LMS/Haiti conducted nine one-day workshops for a total of 202 participants (136 females, 66 males), in all departments except Sud-Est, to raise awareness of sexual health and family planning for adolescents.<sup>25</sup> Participants included regional and health facility representatives and partners involved in guiding adolescents, including faith-based organizations.

To foster continued engagement on this issue, LMS/Haiti facilitated the creation of coordination and monitoring committees for the adolescent reproductive health action plans of the implementing departments.

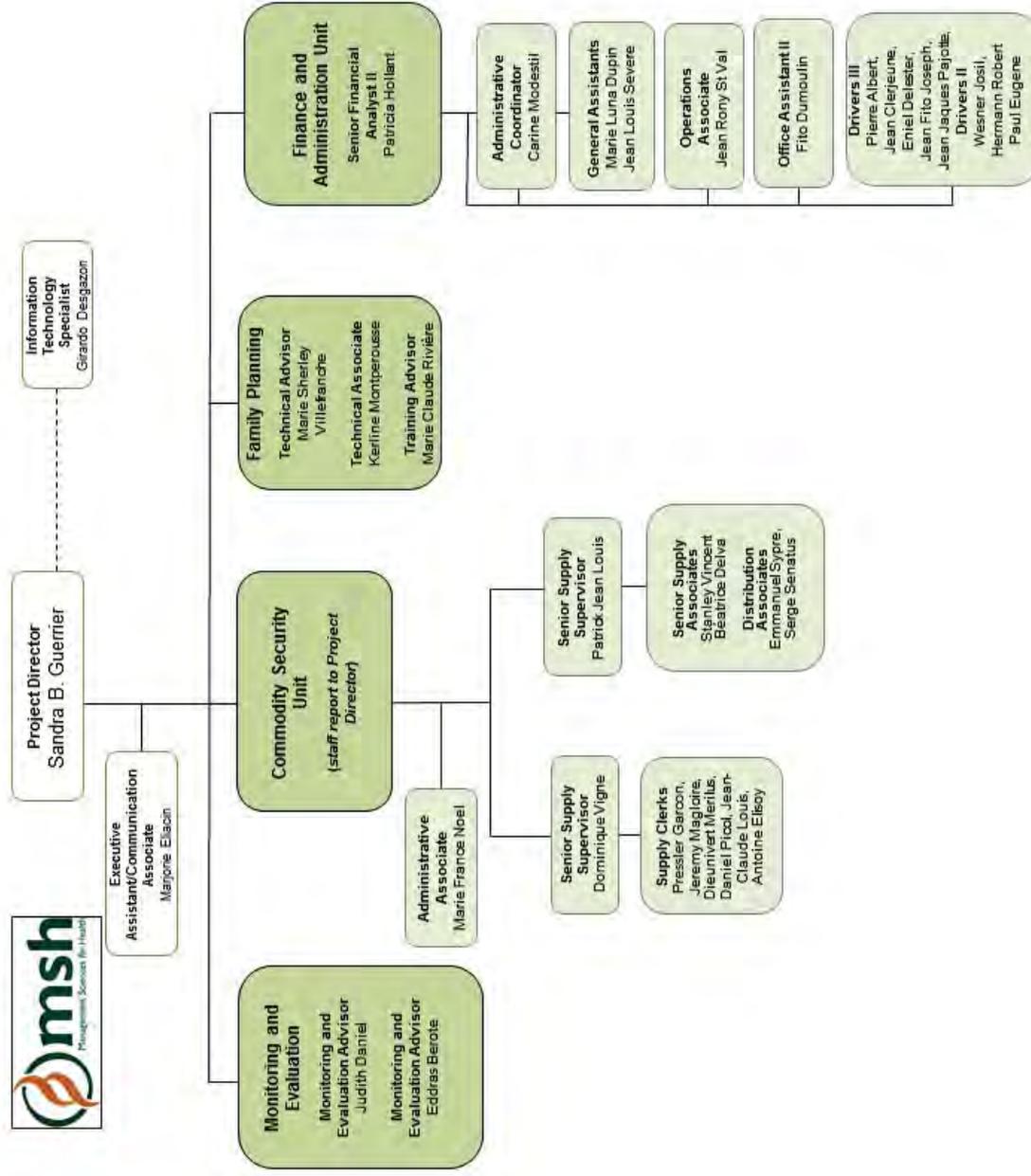
### **Lessons learned:**

- Involving community religious leaders in sensitization on family planning revealed findings about the health-seeking behaviors of youth and adolescents, both for themselves and for their partners, with implications for all projects with a focus on family planning and reproductive health service delivery. For example, it is commonly understood that the words “family planning” should not be mentioned in a church or especially in the presence of youth and adolescents. However, leaders involved in this project understood that the reproductive health needs of youth need to be addressed early, in many forums, and clearly translated into supportive policies and programs. Religious leaders have an important impact on youth acting responsibly when it comes to sexual and reproductive health behavior. The need for targeted services was clear, as many youth visited the health centers in the areas selected for counseling, while young parents quickly enrolled in family planning programs, having grasped the importance of birth spacing and prevention of multiple, risky pregnancies at a young age.
- This project increased understanding of the reactions of religious leaders toward family planning, which appears to be conditioned by a lack of information on family planning activities and messaging. This experience has broader implications and demonstrated that working with the faith-based sector not only is possible, but that there is a great deal of pride in being able to take on these issues from those involved and a real thirst on the part of the population to seek further information and services. They were highly motivated to continue their meetings and willing to support the MSPP. The momentum is there; with the right resources, the MSPP could build on this experience to expand the program across the ten departments to reach a critical mass that can positively influence contraceptive prevalence.

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<sup>25</sup> Key topics discussed included the availability of reproductive health services for adolescents, their specific reproductive health needs and the weakness of the State in addressing them, the lack of information on adolescent reproductive health, stigmatization associated with adolescent reproductive health, poor receptivity from service providers, the linkages between the health and education sectors in addressing this issue, and the importance of in-school reproductive health education. Participants also shared previous experiences working with adolescents.

## Annex II: LMS/Haiti organizational chart



**Annex III: LMS/Haiti staff list**

<b>Direction</b>		
1	Sandra Benjamin Guerrier	Project Director
2	Dr. Antoine Ndiaye	Project Director (2010-2012)
3	Marjorie Eliacin	Executive Assistant
<b>Finance - Administration and IT systems</b>		
4	Patricia P. Hollant	Senior Financial Analyst II
5	Rood Merveille	Deputy Project Director - Finance and Administration (2010-2012)
6	Girardo Desgazon	IT Specialist
7	Nathalie Lamothe	IT Specialist (2010-2012)
8	Jn Rony St Val	Operations Associate
9	Carine Modestil	Administrative Coordinator
10	Jean Emmanuel Clerjeune	Driver III
11	Jean Fito Joseph	Driver III
12	Jean Jacques Pajotte	Driver III
13	Pierre Richard Albert	Driver III
14	Eniel Delester	Driver III
15	Eugene Paul	Driver II
16	Hermann P.L. Robert	Driver II
17	Wesner Josil	Driver II
18	Fito Dumoulin	Office Assistant II
19	Louis Joseph Severe Jean	General Assistant
20	Marie Luna Dupin	General Assistant

<b>Commodity Security Unit</b>		
	Sandra Benjamin Guerrier	Principal Technical Advisor (2010-2012)
21	Dominique Vigne	Senior Supply Supervisor
22	Patrick Jean Louis	Senior Supply Supervisor
23	Marie France Noel	Project Associate
24	Beatricie J. P. Delva	Senior Distribution Associate
25	Stanley Vincent	Senior Distribution Associate
26	Serge Senatus	Distribution Associate
27	Emmanuel Sypre	Distribution Associate
28	Dieunivert Merilus	Supply Clerk
29	Picol Daniel	Supply Clerk
30	Elisoy Antoine	Supply Clerk
31	Jean Claude Louis	Supply Clerk
32	Jeremy Magloire	Supply Clerk
33	Presler Garcon	Supply Clerk
<b>Capacity Building Unit</b>		
34	Rose Francesse Pierre	Senior Technical Advisor (2010-2012)
35	Marie Claude Rivière	Training Technical Advisor
36	Donna Isidor	Technical Advisor (2010-2012)
37	Regine-Alexandra Emilien	Technical Advisor (2010-2012)

<b>Family Planning Unit</b>		
38	Sherley Villefranche	FP Technical Advisor
39	Kerline Montperousse	FP Technical Associate
40	Jean Renold Rejout	Senior Technical Advisor (Jan-Aug 2010)
41	Rhoda Savain	Senior Technical Advisor (Apr-July 2011)
<b>Community Mobilization and Behavior Change Unit</b>		
42	Yrose Chery	Senior Technical Advisor (2010-2012)
43	Nazlie Dorval	Technical Advisor (2010-2012)
44	Margery Applyrs	Technical Associate (2010-2012)
<b>Monitoring &amp; Evaluation Unit-M&amp;E</b>		
45	Eddras Berote	M&E Advisor
46	Judith F.M. Daniel	M&E Advisor
47	Caroline Jean Louis	M&E Advisor (Jan-Mar 2010)

Annex IV: LMS/Haiti Associate Award Performance Monitoring Plan (PMP)

Indicator (value in parentheses at the end of each indicator denotes original numbering before project scope changed)	Baseline	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Trend	2014 Target	Progress to Date
1.1.1 Percentage of products in stock between 6 months (minimal stock) and 12 months (fully stocked) on all products at the central warehouse for the current reporting period (1.E)	86%	N/A	100%	100%	100%	100%		100%	
1.1.2 Percentage of quantities of each product lost per total quantities procured for use in the previous 12 months at the central warehouse (1.M)	N/A	N/A	N/A	0%	0%	0%		3%	
1.2.1 Percentage of USG facilities that maintain acceptable storage conditions for the current reporting period (1.A)	46%	75%	94%	96%	95%	94%		90%	
1.2.2 Percentage of USG sites with between 1.5 months (minimal stock) and 4.5 months (fully stocked) on all products for the current reporting period (1.D)	90%	68%	75%	86%	49%	58%		100%	
1.2.3 Percentage of USG facilities that had a stock-out of a particular product for the current reporting period (2.F)	N/A	N/A	N/A	N/A	N/A	3%	N/A	0%	
1.2.4 Number of targeted condom service outlets (2.F)	315	368	343	313	273	280		280	
1.2.5 Mean duration of stock-out by commodity for the current reporting period (1.K)	.33 days	N/A	N/A	0.37	1.4	0.6		6 days	
1.3.1 Percentage of accuracy between forecasts for the past six months, and actual products and consumption data for the same six-month period (1.F)	80%	61%	45%	68%	77%	71%		85%	
1.3.2 Ratio of the quantities of contraceptives forecasted in the previous 12 months to the distribution in the same period (2.G)	N/A	N/A	N/A	N/A	N/A	0.7	N/A	0.9	
1.4.1 Percentage of USG sites with appropriate staff that have obtained a USG policy and legislative requirements for family planning course certificate (1.I)	20%	50%	87%	98%	100%	98%		100%	

Indicator (value in parentheses at the end of each indicator denotes original numbering before project scope changed)	Baseline	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Trend	2014 Target	Progress to Date
1.4.2 Percentage of USG sites with a written USG policy and legislative requirements for family planning action plan (1..J)	20%	50%	87%	98%	100%	98%		100%	
1.4.3 Percentage of non-USG public sector sites with appropriate staff that have obtained a USG policy and legislative requirements for family planning certificate (1.0)	0%	10%	57%	82%	87%	94%		100%	
1.4.4 Percentage of non-USG public sites with a written USG policy and legislative requirements for family planning action plan (1.N)	0%	10%	57%	82%	88%	94%		100%	
1.5.1 Percentage of USG sites that keep accurate logistics data for inventory management with a percentage of error of 10% or less for the current reporting period (1.G)	73%	68%	90%	53%	59%	76%		100%	
1.5.2 Percentage of discrepancy between stock record balance (bin card) compared to physical inventory by product for the current reporting period (1.C)	N/A	N/A	N/A	7.5%	1.4%	2%		7%	
1.5.3 Percentage of USG sites that complete and submit accurate and timely LMIS reports for the current reporting period (1.H)	35%	71%	85%	23%	53%	45%		65%	
1.B Percentage of sites that have no stock-outs (this indicator was added later at USAID's request).	100%	92%	98%	95%	90%	N/A		100% (2013 target)	
1.L Percentage of health facilities that received their order(s) in full and on time in the previous 12 months (indicator was added after PY3 but later removed, as health facilities do not place orders for commodities)	N/A	N/A	N/A	N/A	85%	N/A		85% (2013 target)	
2.1.1 Number of operational units (MSPP) receiving institutional capacity building (2.A)	13	13	15	2	2	2		2	
2.1.2 Number of capacity building activities conducted by LMS/Haiti and in collaboration with other donors and partners involved in the family planning commodity system, to improve the leadership of the MSPP (indicator added for PY5)	4	N/A	N/A	N/A	N/A	10		10	

Indicator (value in parentheses at the end of each indicator denotes original numbering before project scope changed)	Baseline	2010 Actual	2011 Actual	2012 Actual	2013 Actual	2014 Actual	Trend	2014 Target	Progress to Date
2.2.1 Number of participants, disaggregated by gender, involved in training activities organized by LMS/Haiti with MSPP and other partners to improve the functioning of the family planning commodity system (PY5)	124	N/A	N/A	N/A	N/A	465	N/A	325	
2.2.2 Number of CDAI and BCS that have a functioning commodity logistics system for the previous 12 months (2.C)	9	10	8	10	10	10		10	
2.2.3 Number of monitoring visits conducted in the departments by the MSPP with support from LMS/Haiti for the current reporting period (2.H)	0	0	22	30	21	15		15	
2.2.4 Number of staff involved in supply chain management who successfully completed an in-service training program related to family planning commodities during the reporting period (1.P)	208	121	989	471	243	468		475	
2.3.1 The number of policies and/or tools validated (or developed) by the MSPP, with support from LMS/Haiti and other partners, to support the single commodity management system for the previous 12 months [PY5]	N/A	N/A	N/A	N/A	N/A	3	N/A	3	