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SSQH NORD
SERVICES DE SANTÉ DE QUALITÉ POUR HAITI-NORD

SSQH-Nord

Services de Santé de Qualité Pour Haïti - Nord

Quarterly Environmental Mitigation Report
April 2015

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Acronyms and Abbreviations

CAL	<i>Centre de Sante à Lits</i> (Inpatient Clinic)
COR	Contracting Officer Representative
CS	<i>Centre de Santé</i> (Health Center)
CSL	<i>Centre de Sante sans Lits</i> (Outpatient Clinic)
EMPR	Environmental Mitigation Plan and Report
GOH	Government of Haiti
IP	Implementing Partner
MSPP	Haiti Ministry of Health
MWM	Medical Waste Management
MWMP	Medical Waste Management Plan
NGO	No-Governmental Organization
PIGD	<i>Prévention des infections et gestion des déchets</i> (Infection control and medical waste management)
QC	Quality Control
SCMS	Supply Chain Management System
SSQH-Nord	<i>Services de Santé de Qualité pour Haïti-Nord</i>
TCG	The Cloudburst Group
USAID	United States Agency for International Development
URC	University Research Corporation, LLC

Quarterly Environmental Mitigation Report

USAID MISSION DO Title: **Health and Nutrition Status of the Haitian Population Improved**

Activity Number: **IR 3.1 Access to essential health, nutrition and family planning services increased**

Title of IP Activity: **Services de Santé de Qualité pour Haïti-Nord (SSQH-Nord)**

Contract: AID-521-C-13-00010

IP Name: **University Research Corporation, LLC (URC)**

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Report Prepared by: Name: **Rachel Leeds** Date: **April 30, 2015**

Date of Previous EMPR: **November 27, 2013**

Summary

The *Services de Santé de Qualité pour Haïti–Nord* (SSQH–Nord) is a three-year (2013–2016) project funded by the United States Agency for International Development (USAID). The project works with the Republic of Haiti’s *Ministère de la Santé Publique et de la Population* (MSPP) to ensure quality of health service delivery in 84 public and non-governmental organization (NGO) health facilities and two (2) rally post community service points throughout the Nord, Nord-Est, Nord-Ouest, and Artibonite departments; covering a total population of approximately 1.6 million inhabitants. SSQH-Nord’s four main objectives are: (1) increase utilization of the MSPP’s essential package of services at the primary-care and community levels (particularly in rural or isolated areas); (2) improve the functionality of the United States government (USG)-supported health referral networks; (3) facilitate sustainable delivery of quality health services by institutionalizing key management practices at the facility and community levels; and (4) strengthen departmental health authorities' capacity to manage and monitor service delivery.

As reported in the previous period, SSQH-Nord hosted two trainings of quality improvement collaborative coaches focused on medical waste management and hygiene in the Nord and Artibonite departments as part of Phase 2: Sub-Project MWM Preparation. During these trainings participants developed and adopted a format for evaluating medical waste management practices at their respective sites and a plan for monitoring the indicators of the quality improvement collaboratives. SSQH-Nord also delivered MWM materials to thirteen (13) sites and received Medical Waste Management Plans (MWMP) from eleven (11) institutions during the previous period.

The SSQH-Nord project is currently in Phase 3: Sub-Project Implementation, as described in the Environmental Mitigation Plan and Report (EMPR) submitted on November 27th, 2013. The project and its partners have begun implementing various activities and increasing supported sites’ capacity for MWM. During this reporting period, the SSQH-Nord project led an emergency response to a cholera outbreak in La Tortue, supported several pharmaceutical stock management trainings, and conducted systematic, comprehensive, and integrated supervision visits at 81 out of 84 supported sites to assess their progress to date, including their progress on certain MWM indicators. The project received twenty-nine (29) more MWMPs, for a total of 40 plans received to date. Appendix A features a summary of the status of each site’s MWM committee and MWMP submission.

Status of Phase 3: Sub-Project Implementation

Phase 3 will last the period of performance of the contracts and, subject to quality improvement will end with handover to local management. The objective, as regards the EMPR, is to create a capacity for proper medical waste management at the point of service and to ensure its sustainability through a management and administration structure to support the clinics with material inputs, financial resources, capacity building, and quality assurance. While the overall task of building organizational sustainability is a primary objective of the overall SSQH-Nord work, medical waste management and environmental impact mitigation are considered integral and complementary activities to the overall SSQH-Nord work plan. SSQH-Nord will put in place medical waste management practices and procedures that can be sustained in the context of the project supported services. Given the current weak MWM situation in the project catchment area, SSQH-Nord will first seek no cost and low cost practices to reduce risk from medical waste and carefully assess the return on investment and sustainability of higher cost options, such as installation of incinerators.

Actions Taken in Period

SSQH-Nord currently supports six (6) health institutions in La Tortue, including two (2) dispensaries and four (4) clinics, to improve primary health care. The lack of basic water and sanitation infrastructure makes La Tortue particularly vulnerable to waterborne diseases such as cholera, as does the lack of access to adequate health facilities for residents. Amid an increasing number of reported cases of cholera on the island—from three in October 2014 to 17 by early January 2015—SSQH-Nord quickly took action. With support from USAID for supplies and the collaboration of the *Département Sanitaire du Nord-Ouest* or DSNO (Nord-Ouest Health Department) and local partners, SSQH-Nord rapidly mobilized to distribute hygiene kits that included soap, chlorine bottles, Aquatab tablets, water jugs and buckets to ensure that local residents could protect themselves through hand washing and purifying and safely storing water. A total of 423 families benefitted from this activity.

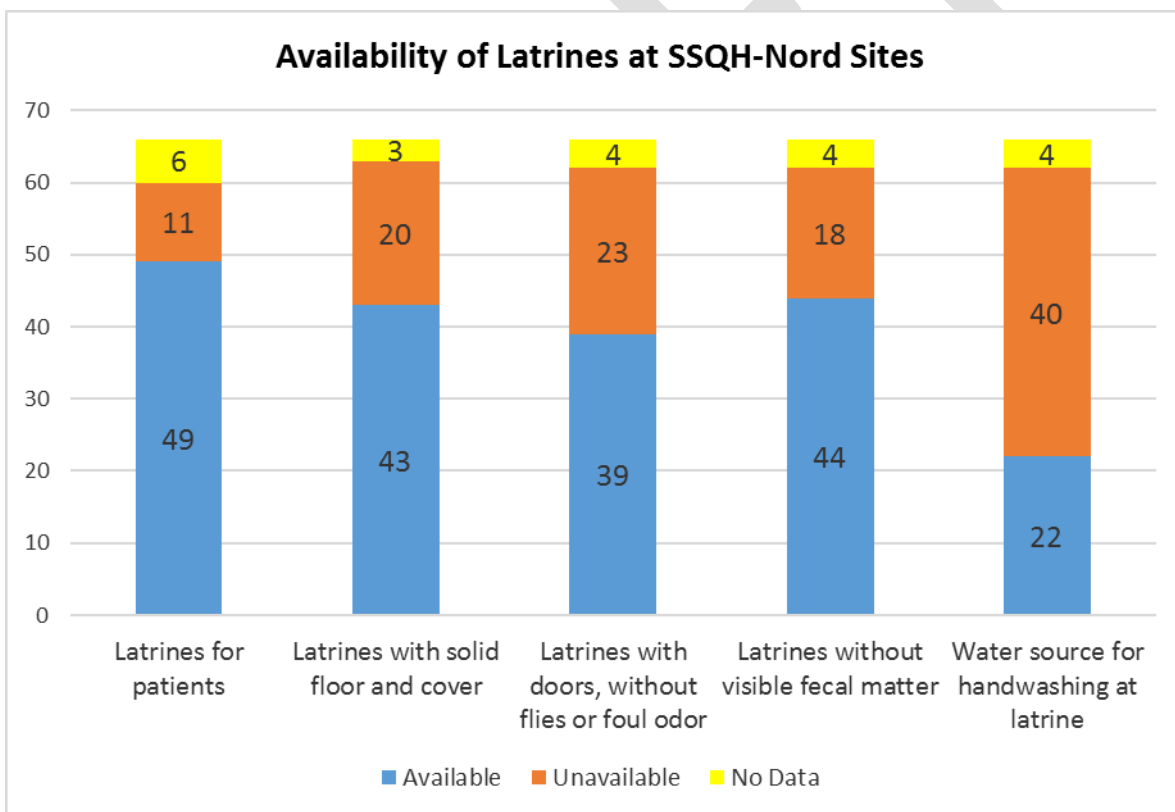
Since mid-January 2015, DSNO Ministry of Public Health and Population officials have noted a sharp decrease in the number of reported cases and patients hospitalized for cholera in La Tortue. In February, no new cases or hospitalizations were reported on the island.

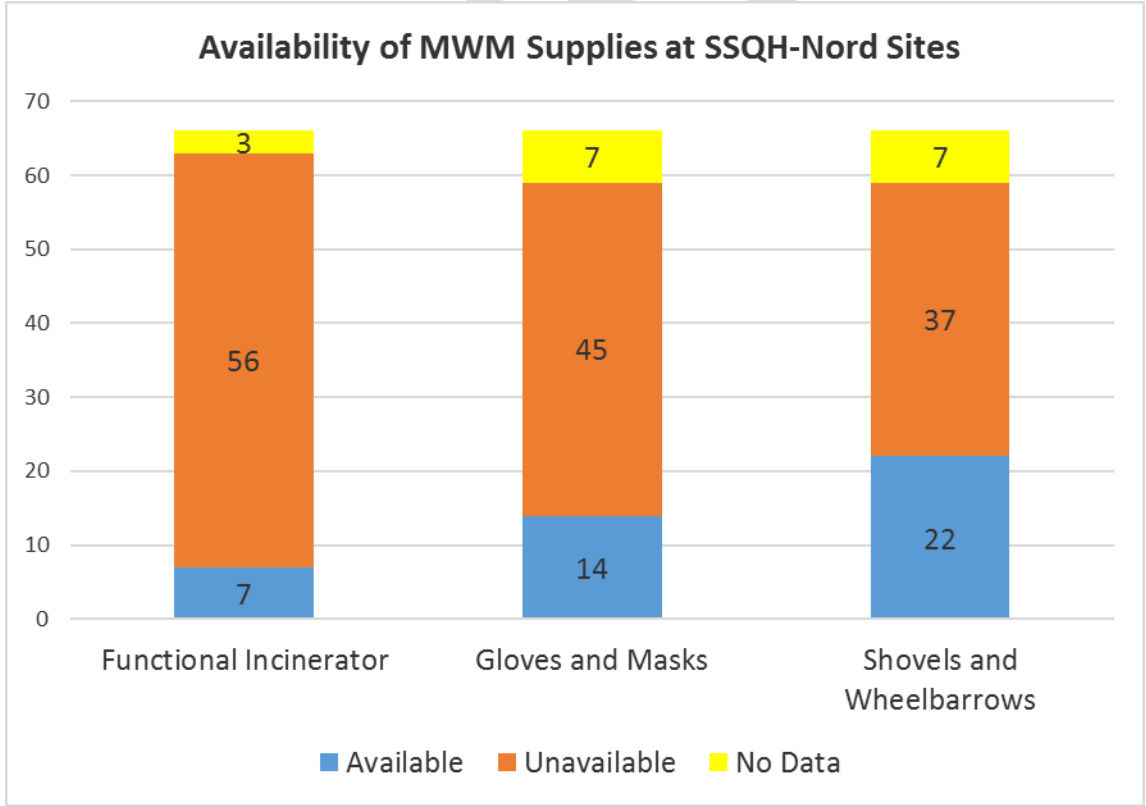
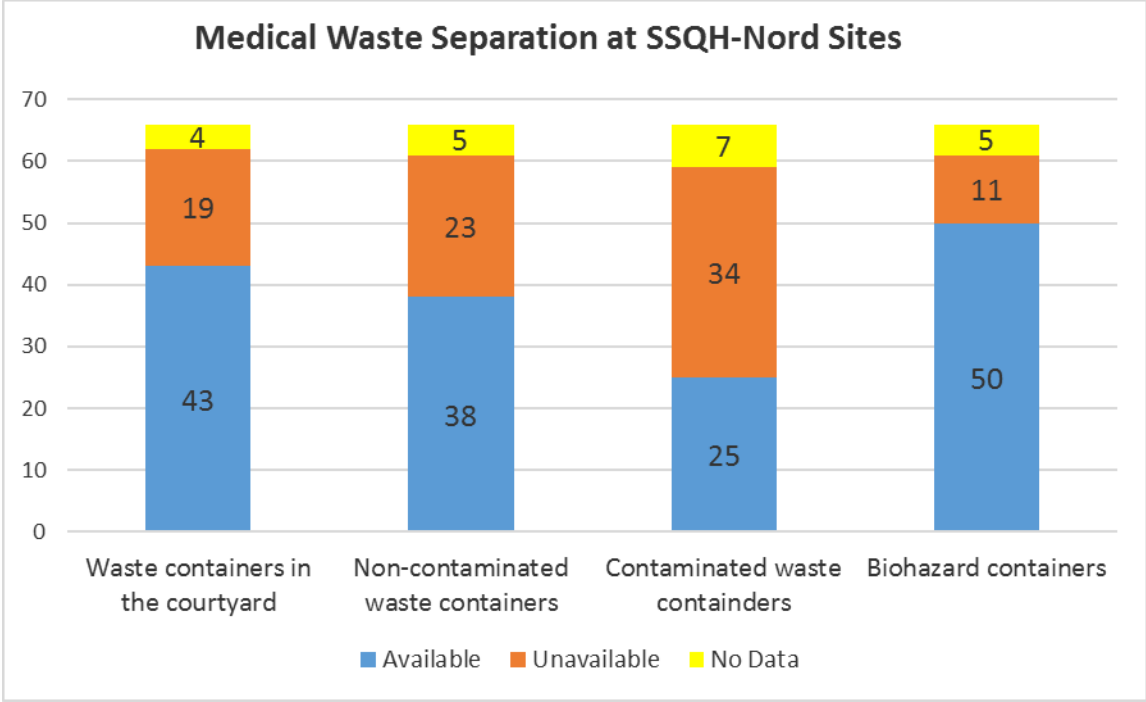
From March 3-6, 2015, nine (9) sites – CDS La Fossette, Centre Médicale et Chirurgicale Dugué, CMS Ouanaminthe, CSL Bois de Laurence, CSL Jacquezyl, CS Ferrier, CS Carice, CSL Capotille, CLS Ste Suzanne – participated in a training conducted by partner organization Supply Chain Management System (SCMS) that focused on effective management of HIV materials and expired medications. The participants consisted of HIV inventory managers from both the labs and pharmacies of these institutions. Additional trainings will be planned and implemented by SCMS, in coordination with SSQH-Nord, to target all of the remaining HIV and TB sites supported by SSQH-Nord in the Nord-Ouest and Artibonite departments.

Following this training, James Morisseau, a logistician for the SSQH-Nord Health Systems Strengthening team, identified a need for more extensive training in stock and inventory management for other general and essential medications that are not HIV- or STI-specific.

SCMS provides quality assurance and capacity building for HIV-related services, but not other products and materials. There are currently no standards for supplying and managing these general medications and therefore they are frequently out of stock. The Departmental Supply Center (CDAI) theoretically should provide vaccines and other essential medications, which they receive from a central depot in Port-au-Prince, but they are irregularly and insufficiently stocked.

Also during the month of March, systematic integrated supervision visits were conducted at 81 out of 84 of the SSQH-Nord supported sites. During these site visits SSQH-Nord staff assessed thirty-two (32) MWM indicators, namely: availability of waste separation containers, availability of latrines, availability of incinerators, availability of different water sources for hand washing, sterilization protocols, availability of sanitation materials such as gloves and masks, inventory and stock management, and whether the site has their updated MWMP posted on a bulletin board. Appendix B features an exhaustive list of the data collected, disaggregated by region. This list will serve as a basis for an evaluation of the needs of all eighty-four sites and help the SSQH-Nord staff determine how to best support and supply those sites and fill any MWM gaps.





During the integrated supervision visit at CDS Acul des Pins (Ouanaminthe, Nord-Est), SSQH-Nord representatives, Henriette Blot and Olibert Charles, noticed trash and other waste, including syringes and soiled linen used for cholera patients, scattered around the courtyard and surrounding the center. They discussed the dangers of such negligence with the site director and staff of the health center, and recommended immediate action, giving specifications for digging a proper pit on the grounds for medical waste disposal. Their advice prompted the director to hire a worker to dig the burial pit as recommended, and work was already underway the next day.



Photo 1: A man works to dig a pit for burning trash at CDS Acul des Pins.

One of the key lessons learned during these supervision visits, especially in relation to these MWM indicators, is that in addition to providing the necessary tools to accomplish these activities, SSQH-Nord staff need to support the staff at each site to ensure that they use the tools correctly. Emphasizing no cost and low cost practices that can be implemented immediately, as in the case described above at CDS Acul des Pins, builds capacity and reduces risk.

Next Steps

- *Preparation of final plans.* SSQH-Nord has received plans from forty (40) sites. The project will continue finalizing these plans and expect plans from the remaining forty-four (44) sites during the next reporting period. The plans will contain the minimum elements of a complete waste management program as described in the USAID Sector Guidelines for Healthcare Waste.¹ They will identify specific practices, personnel plans, capacity building, equipment, supplies, materials, and infrastructure requirements and procurement plans. SSQH-Nord quality improvement advisor will recommend approval to the Chief of Party who will have final approval authority.
- *Monitoring of MWMP implementation:* SSQH-Nord will continue monitoring medical waste management implementation through ongoing routine quality control inspections performed by SSQH-Nord and MSPP staff. They will be trained in MWM best practices and provided a checklist for inspections. Sites that consistently are receiving unsatisfactory rating will be provide additional technical assistance to determine the source of the problem and SSQH-Nord will work with the site to remedy these.
- *MWM quality improvement performance incentives:* SSQH-Nord will also support effective implementation of MWM through the SSQN-N performance award process where reimbursement in part depends on quality improvement. The process for determining MWM performance incentives will follow the overall SSQH-Nord model and be integrated into as a scoring sub factor. Unlike most medical practices of health providers in Haiti, MWM lacks a clear set of protocols and standards of service. Thus, SSQH-Nord will work closely with MSPP to determine a reasonable set of standards that is feasible. These will need to be tailored for rural, urban, low infrastructure and high infrastructure contexts.

APPENDICES

- A. *Sites with MWM committees and the status of their MWMPs*
- B. *Results of the Systematic Integrated Supervision Visits, March 2015*

¹ USAID Sector Environmental Guidelines Health Care Waste. March 2013

Appendix A: Sites with MWM committees and the status of their MWMPs

Health Department	Commune	Institution	Committee	MWMP	Comments
Nord-Est 6	Ferrier	CSL de Ferrier	Yes	No	
	Ouanaminthe	CAL de Ouanaminthe	Yes	No	
	Mont-Organisé	CAL de Mont-Organisé	Yes	No	
	Caracol	CSL de Jacquezyl	Yes	No	
		Disp de Caracol	Yes	No	
	Mombin Crochu	CAL de Mombin Crochu	Yes	No	
Nord 16	Cap-Haïtien	CSL La Fosette	Yes	Yes	
	Cap-Haïtien	Cal de Fort Saint Michel	Yes	No	MWMP in development
	Plaine du Nord	CMC Dugué	Yes	Yes	
	Pignon	Hôpital Bienfaisance de Pignon	Yes	Yes	
	La Victoire	CSL La Victoire	Yes	Yes	
	Saint Raphael	CAL de Saint Raphael	Yes	No	MWMP in development
	Dondon	Dondon	Yes	No	MWMP in development
	Ranquitte	CSL de Ranquitte	Yes	Yes	
	Acul du Nord	Disp Camp Louise	Yes	Yes	
		Disp de Pillatre	Yes	Yes	
		CSL Nativité	Yes	No	MWMP in development
		Disp La Bruyère	Yes	Yes	
		Disp de Thovar	Yes	No	
		CSL de Grison Garde	Yes	Yes	
	Borgne	CAL de Borgne	Yes	Yes	
		Disp de Petit Bourg de Borgne	Yes	No	MWMP in development

Artibonite 29	Marmelade	CAL de Marmelade	Yes	Yes	
	Saint Michel de l'Attalaye	CAL de Saint Michel	Yes	Yes	
		Disp de Camathe	Yes	Yes	
		Disp de Bas de Sault	Yes	Yes	
		Disp de Lacidras	Yes	Yes	
		Disp de Lalomas	Yes	Yes	
		Disp de l'Ermite	Yes	Yes	
		Disp Savane Diane	Yes	Yes	
		Disp de Marmont	Yes	Yes	
		Gonaïves	CSL K-Soleil	Yes	Yes
	CAL de Raboteau		Yes	No	MWMP in development
	Disp de Poteau		Yes	Yes	
	Disp de Pont Gaudin		Yes	Yes	
	Disp de Bayonnais		Yes	Yes	
	Disp de La Branle		Yes	Yes	
	Disp de Bassin		Yes	No	MWMP in development
	Grande Saline	CAL de Grande Saline	Yes	Yes	
	Marchand Dessalines	Hôpital de Claire Heureuse	Yes	Yes	
		Disp de Célio	Yes	Yes	
		Disp de Niel	Yes	Yes	
		Disp de Déseau	Yes	Yes	
		Disp de Sanoix	Yes	Yes	
		Disp de Coupe à l'Inde	Yes	Yes	
		Disp de Poste Pierrot	Yes	Yes	

	Saint Marc	CAL de Pierre Payen	Yes	No	
	Verrettes	HAS	Yes	Yes	Not in standard format
		CSI Liancourt	Yes	No	MWMP in development
		CSL Bastien	Yes	No	MWMP in development
		CSL Tienne	Yes	No	MWMP in development
Nord-Ouest 9	La Tortue	Hôpital Notre Dame des Palmistes	Yes	Yes	Not in standard format
		Disp aux Plaines	Yes	Yes	Not in standard format
		Disp Marouge	Yes	Yes	Not in standard format
		Disp Méance	Yes	Yes	Not in standard format
		CSL Marie Curie	Yes	Yes	Not in standard format
		Disp La Vallée	Yes	Yes	Not in standard format
	Port de Paix	Hôpital Beraca La Pointe	Yes	Yes	Not in standard format
	Baie de Henne	CSL de Baie de Henne	Yes	No	
	Anse à foleur	CAL d'Anse à Foleur	Yes	No	

Appendix B: Results of the Systematic Integrated Supervision Visits, March 2015

	Nord				Nord-Est				Nord-Ouest				Artibonite				Total Sites
	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	
Is there a covered trash can in the courtyard?	7	2	0	0	12	6	0	0	9	4	1	0	15	7	3	0	66
Are there at least two latrines on the compound?	8	1	0	0	16	2	0	0	10	3	1	0	15	5	5	0	66
Do the latrines have solid floors and covers?	6	3	0	0	14	4	0	0	11	2	1	0	12	11	2	0	66
Do the latrines have doors that close and are they free from flies and foul odor?	8	1	0	0	16	2	0	0	5	8	1	0	10	12	3	0	66
Are the latrines clean, without any fecal matter visible?	8	1	0	0	15	3	0	0	10	3	1	0	11	11	3	0	66
Is there a water source available next to the latrine for hand washing?	8	1	0	0	4	14	0	0	3	10	1	0	7	15	3	0	66
Is there a functional, utilized incinerator?	2	7	0	0	3	15	0	0	1	12	1	0	1	22	2	0	66
Is the incinerator isolated and secure?	0	3	0	6	2	2	0	14	0	3	1	10	1	8	2	14	66
Is there a bulletin board showing an updated MWMP?	1	8	0	0	2	16	0	0	2	11	1	0	4	19	2	0	66
Are there needles, syringes, or medical vials in the courtyard?	9	0	0	0	17	1	0	0	12	1	1	0	23	1	1	0	66
Are there used gloves and/or bandages in the courtyard?	9	0	0	0	16	2	0	0	12	1	1	0	22	2	1	0	66

	Nord				Nord-Est				Nord-Ouest				Artibonite				Total Sites
	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	
Is there organic waste and/or trash in the courtyard?	9	0	0	0	16	2	0	0	11	2	1	0	22	1	2	0	66
Are there contaminated waste containers in the health center?	8	1	0	0	10	8	0	0	7	5	2	0	13	9	3	0	66
Do the contaminated waste containers have lids and functional pedals?	0	8	1	0	5	13	0	0	6	5	3	0	14	8	3	0	66
Are there biohazard boxes?	9	0	0	0	16	2	0	0	9	3	2	0	16	6	3	0	66
Is there a water source for hand washing in the consulting room?	4	4	1	0	6	12	0	0	4	6	4	0	13	8	4	0	66
Is there a water source for hand washing in the bathroom?	5	2	1	1	6	5	0	7	2	1	4	7	8	3	2	12	66
Is there a water source?	8	0	1	0	14	3	1	0	9	3	2	0	16	6	3	0	66
Is there an autoclave available?	3	4	2	0	4	12	2	0	3	8	3	0	3	15	7	0	66
Is there a pressure cooker for sterilization?	5	0	2	2	12	1	2	3	7	2	3	2	5	11	7	2	66
Is there a posted sterilization procedure?	3	4	2	0	11	5	2	0	7	4	3	0	2	16	7	0	66
Is there stagnant water around the site?	9	0	0	0	16	1	1	0	11	1	2	0	22	0	3	0	66
Are there gloves and masks available?	1	8	0	0	2	16	0	0	7	3	4	0	4	18	3	0	66
Are there shovels and wheelbarrows available?	6	3	0	0	3	15	0	0	6	4	4	0	7	15	3	0	66
Does the site use inventory management tools?	6	4	3	0	4	9	4	0	3	8	3	0	18	8	3	0	73

	Nord				Nord-Est				Nord-Ouest				Artibonite				Total Sites
	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	Yes	No	No Data	N/A	
Does the site conduct regular inventory checks?	5	5	3	0	6	6	5	0	3	7	4	0	12	13	4	0	73
Are expired or damaged products properly separated?	8	5	0	0	11	2	4	0	7	2	5	0	17	6	6	0	73
Are medical supplies kept in the shade, protected from harsh light and heat?	10	0	3	0	13	0	4	0	12	0	2	0	26	1	2	0	73
Is the stock free of insects and rodents?	10	0	3	0	12	1	4	0	11	1	2	0	20	5	4	0	73
Has the manager received an inventory management training?	6	4	3	0	8	5	4	0	7	5	2	0	21	4	4	0	73
Have there been any ruptures in stock?	3	6	4	0	8	1	8	0	8	3	3	0	6	18	5	0	73
Organized by "first in/first out"	10	0	3	0	10	1	6	0	9	3	2	0	15	7	7	0	73