

# Services de Santé de Qualité pour Haïti–Nord Annual Report

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**Distribution:**

Kathleen Mathieu, USAID Contract Officer Representative  
Wenser Estimé, USAID Alternate Contract Officer Representative  
Reginalde Masse, USAID MNCH Advisor  
Michele Russell, USAID Health Team Leader  
Nancy Fitch, SSQH–Nord Chief of Party  
SSQH–Nord Subcontractors  
File

**On The Cover: Featuring La Fossette Health Center**

Left: Health worker weighs baby at the vaccination room

Center: Lab technician at work

Right: Maternal and child health Indicator tracking for La Fossette Health Center and catchment area

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## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAL	Centre de Santé avec Lits (Inpatient Clinic)
CDS	Centres pour le Développement et la Santé
CHW	Community Health Worker, Agents de Santé Communautaire Polyvalent (ASCP)
COP	Chief of Party
CP	Child Protection
CQI	Continuous Quality Improvement
CSL	Centre de Santé sans Lits (Outpatient Clinic)
DDS	Direction Départementale de Santé (Departmental Health Directorate)
DSA	Département Sanitaire de l'Artibonite (Artibonite Health Department)
DSN	Département Sanitaire du Nord (North Health Department)
DSNE	Département Sanitaire du Nord-Est (North-East Health Department)
EmONC	Emergency Obstetric and Neonatal Care
EMPR	Environmental Mitigation Plan and Report
FOSREF	Fondation Pour la Santé Reproductrice et l'Education Familiale
FP	Family Planning
GBV	Gender-Based Violence
HFG	Health Finance and Governance Project
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
HtW	Health through Walls Project
IEC	Information, Education, and Communication
INHSAC	Institut Haïtien de Santé Communautaire
IPT	Isoniazid Preventive Therapy
KM	Knowledge Management
LAPM	Long-Acting and Permanent Methods
LMG	Leadership, Management and Governance
LMS	Leadership, Management and Sustainability
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MESI	Monitoring, Evaluation and Surveillance Interface
mHealth	Mobile Health
MOU	Memorandum of Understanding



MSPP	Ministère de la Santé Publique et de la Population (Ministry of Health)
MWM	Medical Waste Management
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PADF	Pan American Development Foundation
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider-Initiated Testing and Counseling
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPS	Point de Prestation de Services (Service Delivery Point)
PRISMA	Prise en charge intégrée de la santé de la mère et de l'enfant dans l'Artibonite (Integrated Management of Maternal and Child Health in Artibonite)
PSPI	Paquet de Services Prioritaires Intégrés (Integrated Package of Primary Care Services)
QI	Quality Improvement
RBF	Results Based Financing
RH	Reproductive Health
SCMS	Supply Chain Management System
SSQH-Nord	Services de Santé de Qualité pour Haït-Nord
SRH	Sexual and Reproductive Health
STI	Sexually-Transmitted Infection
TB	Tuberculosis
TCG	The Cloudburst Group
TBA	Traditional Birth Attendant
TOT	Training of Trainers
UAS	Unités d'Arrondissement de Santé (Health Districts)
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government



## Introduction

**S**ervices de Santé de Qualité pour Haïti–Nord (SSQH–Nord) is a three-year, \$26 million USAID project that works with the *Haïti 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 rally posts throughout four departments (North, North East, North West, and Artibonite), covering a total population of approximately 1.6 million inhabitants. The four main objectives of this project 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. The project is managed by University Research Co., LLC (URC) with partners Abt Associates, Save the Children Federation, Inc., *Fondation Pour la Santé Reproductrice et l’Éducation Familiale* (FOSREF), and *Centres pour le Développement et la Santé* (CDS).

Service delivery program elements supported by SSQH–Nord include a comprehensive HIV/AIDS package of services; maternal and child health (MCH); tuberculosis (TB) diagnosis and treatment; family planning (FP) and reproductive health (RH); gender-based violence (GBV) and child protection (CP); basic critical care services; and community-based activities. The MSPP integrated package of primary-care services (PSPI—*Paquet de Services Prioritaires Intégrés*) fosters availability of a broad set of services at the primary-care level, with specialized referral services available within each health district (UAS—*Unités d’Arrondissement de Santé*). At the community level, strategies such as rally posts and community mobilization are used to reach remote populations. A total of 753 community health workers (CHWs) and supervisors are supported by the project through training, materials and salaries. The project also works closely with traditional birth attendants (TBAs), women’s groups, and other grassroots organizations, such as religious organizations. In addition to service delivery, SSQH–Nord will support USAID in the implementation of two model referral networks in the Northern Corridor.

SSQH–Nord will continue to facilitate the sustainable delivery of quality health services by supporting simultaneous implementation of both quality improvement mechanisms and capacity-building in key management functions, at the facility and community levels. While the overall goal of the project is to improve access to health services, the focus is on providing substantive support so that service providers can offer a comprehensive package of high quality services, which will, in turn, influence the population to seek timely, appropriate care. To achieve this, the project is working in the 86 SSQH–Nord service delivery sites and the surrounding communities to establish a process of cross-fertilization and an intensive program of continuous quality improvement (CQI) that will strengthen the functioning of all associated systems such as health information, logistics, supervision, planning, financial management, and communication, while also improving referral networks and department-level management skills and supervisory practices.





# Summary of Key Achievements

## OBJECTIVE 1:

Increase demand for and utilization of the MSPP's essential package of services at the primary care and community levels

- Implementation of a continuum of care model that integrates CHWs with health facilities
  - Increased access by expanding the range of services and ease of obtaining them from supported facilities
  - Improved delivery of high quality primary care services that meet clients' needs
- 
- Trained 24 NGO administrators and departmental managers on business plan development
  - Trained 51 staff of 34 sites of the Nord-Est Department in financial management
  - Supported social and behavior change communication (SBCC) sessions for 388 community leaders in the Nord-Ouest Department **Supported** prevention of mother-to-child transmission (PMTCT) **service delivery at 19 sites** and HIV testing and counseling (HTC) **integration at 21 sites**
  - Worked with MSPP to increase the number of facilities providing postnatal care
  - Conducted assessments of nutritional activities (e.g., routine nutritional screening of at-risk populations, aptitude of personnel administering screening, use of referral system) in 21 institutions in the Artibonite, Nord and Nord-Est Departments
  - Trained 50 healthcare providers (doctors and nurses) in **long-acting and permanent methods (LAPM)**
  - Facilitated training on CP and GBV to 123 network health professionals

## OBJECTIVE 2:

Improve the functionality of the USG-supported health referral networks

- Implement model health referral networks
  - Improve referral and counter-referral practices at all 86 service delivery sites
- 
- Trained 413 community health workers in the two remaining modules of the MSPP-endorsed curriculum in preparation for certification by MSPP
  - Supported the Regional Health Directorate of Artibonite Department along with *Prise en charge intégrée de la santé de la mère et de l'enfant dans l'Artibonite* (PRISMA), to leverage the experience of the "Unités Communales de Santé" to further develop and implement the concept
  - Improved monthly HIV/TB stock reporting rates among 21 HIV service sites from less than 40% to over 90%



### **OBJECTIVE 3:**

Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels

- Support the implementation of quality improvement mechanisms
- Build capacities in key management functions at both the facility and community levels

- Identified Quality Improvement teams (five to seven people on each team) at 22 sites
- Developed a quality improvement collaborative on MCH with a focus on AMSTL, emergency obstetric and neonatal care (EmONC), infection prevention, and waste management
- Conducted extensive clean-up activities, installation of chlorinated water facilities, and a medical-waste-management (MWM) training at La Tortue, St. Michel de l'Attalaye, and the Marmont Health Dispensary
- Trained SSQH–Nord staff and staff from 20 sites in MWM

### **OBJECTIVE 4:**

Strengthen departmental health authorities' capacity to manage and monitor service delivery

- Improve capacity in key management functions including planning, coordination, and monitoring of services of health facilities and CHWs through supportive supervision
- **Signed Memorandum of Understanding (MOU) and Integrated Departmental Plans with the Direction Départementale de Santé (DDS) of all four departments, as well as developed action plans and budgets for the 63 MSPP sites**
- Developed USG-compliant systems to provide financial support for DDS activities related to project objectives and provided on-going support
- Contracted 915 service providers through the Pan American Development Foundation (PADF) at the 63 MSPP sites and have transitioned to electronic monthly payments
- Collaborated with Future's Group for improved data tracking
- Initiated planning for mobile health (mHealth) pilot in MCH at CHW level with subcontractor Dimagi



# Key Strategies and Approaches

SSQH–Nord implements the activities of each major objective through several main strategic approaches to achieve outputs and results:

- Scaling-up use of high-quality integrated services in USAID-supported catchment areas through increased access to the essential package of priority services, systems strengthening, enhancement of healthcare providers' skills, improvements in referral networks, and increased community-based care
- Increasing sustainability of the service-delivery system through developing and institutionalizing the planning, management capacity, supervision, monitoring, and continuous improvement processes at facility and departmental levels, providing the technical support and training needed for both levels, and engaging communities and local organizations
- Creating an environment conducive to improved performance through expansion of results-based financing and continuous quality improvement

## Results Areas

### OBJECTIVE 1:

#### Increase utilization of the MSPP's essential package of services at the primary care and community levels

To increase the utilization of the MSPP Integrated Package of Primary Care Services (*Paquet de Services Prioritaires Intégrés* - PSPI) at the primary and community level, services need to be available, of good quality, and affordable. Healthcare providers' skills need to be enhanced, essential drugs need to be available, and service delivery points need to be within walking distance as much as possible. At the same time, the community needs to be educated about health risks and warning signs to improve health-seeking behaviors, and linkages between the community and health center must be reinforced to foster the flow of information and patients across these levels, in close relationship with increasing demand.

Initial efforts in Year 1 of the SSQH–Nord project focused on assessing the actual capacity of the sites to provide services, identifying challenges and opportunities for improvement, and meeting needs for materials and training. Findings from this initial period informed site-specific action plans implemented throughout the year. A summary of work achieved over Year 1 of the project is described in the following sections.

## Key Results and Achievements

*IR 1.1: Incentivizing of high quality performance at supported facilities and communities through results-based financing (RBF)*

### Summary of achievements

- Conducted a baseline assessment of SSQH–Nord Institutions, incorporating the MSPP Quality Checklist
- Trained 51 staff from 34 sites of the Nord-Est Department
- Incorporated the MSPP Quality Checklist for Health Institutions into the SSQH–Nord baseline assessment, identifying 25 sites with a score of > 50%
- Set up RBF steering committee at the Nord-Est Departmental level
- Trained 24 NGO administrators and departmental managers in business plan development

### Evaluating RBF-readiness at partner sites

The effective implementation of results-based financing (RBF) is contingent upon site readiness. MSPP's RBF manual, published in September 2013, includes an evaluation instrument called the "Grille de Verification de la Qualité dans les Institutions Sanitaires" (MSPP Quality Checklist), which will be used to systematically assess all health institutions participating in the RBF program on an ongoing basis. This resource is comprised of 15 sections covering the PSPI, as well as a number of essential components required for the provision of quality health services, such as commodity management, laboratory services, and hygiene. It also covers key RBF areas, such as data management, reporting and financial management, and facility business plans.

The tool was used as an integral part of the SSQH–Nord baseline assessment. Twenty-five SSQH–Nord network sites had a quality score above 50% at baseline, and were therefore eligible to initiate the RBF strategy. The project used a combination of quality scores, demographic information, costing forecasts, input from the DDS, and knowledge of site-specific management capacity, to build a global list of institutions eligible to initiate the RBF strategy. Baseline data also helped to identify training needs and will inform the development of targeted training and support to project sites in Year 2.

### Reinforcing financial management capacity across partner sites

SSQH–Nord worked closely with the Health Finance and Governance Project (HFG) project to develop a financial management training curriculum, which has been submitted to MSPP and is pending validation. In project Year 2, SSQH–Nord will help pilot the curriculum, assist with training of trainers (TOT), and furnish

training to its supported health facilities. A supervision manual for administrative and accounting services within the service delivery points (PPS, *points de prestation de service*) has been developed and is also pending MSPP approval.

## Support to MSPP to roll out RBF

MSPP has selected the *Département Sanitaire du Nord-Est* (DSNE, the North-East Health Department) DSNE for the RBF pilot, financed by the World Bank. The DSNE subsequently requested SSQH–Nord’s collaboration to reinforce financial management of its sites. The project seized the opportunity to support the preparedness of the pilot and contribute to the RBF roll out, working with the DSNE to assemble and launch a departmental RBF steering committee.

SSQH–Nord engaged a financial specialist over a five-month period to assess the financial management capacity of Nord-Est sites and train their management teams on administrative and financial management to address existing gaps identified during the assessment phase. Two training sessions on administrative and financial management were held for administrators, accountants, and medical directors of Nord-Est health institutions. To date, a total of 51 administrators have been trained from all 34 institutions in the department. Thirty-two of these institutions received SSQH–Nord support to secure necessary tools permitting the operationalization of financial management systems. Follow-up supportive supervision has started to reinforce implementation.

The DSNE also designated an MSPP Departmental accountant to be embedded with SSQH–Nord on a limited full-time basis, participating in training and coaching opportunities to apply new financial and administrative norms, procedures, and tools. This collaboration will reinforce the Departmental accountant’s ability to supervise public-sector institutions. A joint work plan and timetable have been established with the financial focal point to ensure the assessment of financial management capacity within participating institutions, and ongoing training of financial managers.

In addition, the project facilitated training on developing a business plan—one of the key components of the RBF contract—for 24 NGO administrators and representatives from the DDS. With technical assistance from SSQH–Nord, four PPS, administered by two NGOs, have since successfully prepared a business plan.

### *IR 1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral*

## Summary of achievements

- ☞ Conducted initial site visits and piloted the Community Activity Questionnaire
- ☞ Coordinated and facilitated CHW trainings for 413 participants

- ☞ Supported SBCC sessions for 388 community leaders in the Nord-Ouest and Artibonite
- ☞ Facilitated cascade training for 390 group leaders across the Artibonite Department

## Training for CHWs using MSPP curriculum

MSPP’s national policy provides for the training of all of its CHWs using its 5-module curriculum. The SSQH–Nord baseline assessment identified the geographic location and training needs of the existing corps of CHWs within the catchment area. SSQH–Nord is using these data to support training of CHWs affiliated with project sites in accordance with the MSPP-endorsed curriculum.



*Orientation session with health staff and community health workers at the Déseaux dispensary in Artibonite*

In Year 1, training efforts targeted the Nord and Nord-Est departments. SSQH–Nord worked with MSPP and consortium member CDS to enlist certified trainers and master trainers to complete Modules 2 and 3 of the curriculum, which cover core CHW responsibilities, protocols, and processes for conducting community-level work, and prevalent health concerns at each life stage. The training also provided a platform for SSQH–Nord to both motivate the existing corps of CHWs and to emphasize the need for strong coordination between CHWs and the PPS to reinforce the reference network. Training was held in the two departments over a total of 27 days (16 days of theory and 11 days of practicum). A total of 413 participants received booster training; 11 were staff of local organizations seeking opportunities for skill-building, and 402 were members of both MSPP- and NGO-supported project sites pursuing MSPP certification, to be awarded upon completion of all training modules (see table on page 7).

At the same time, SSQH–Nord and MSPP prepared for roll out of CHW training in the Artibonite and Nord-Ouest departments by holding a three-day orientation session for trainers. Led by Artibonite-based master trainers, the orientation allowed participants to improve training methodologies—particularly the teach-back methodology—as well as to review and refresh



DEPARTMENT	TRAINING LOCATION	PARTICIPATING SITES	# OF PARTICIPANTS
Nord-Est	Mont- Organisé	Mont- Organisé, Carice	28
	Mombin Crochu	Mombin Crochu, Bois de Laurence	31
	Ste. Suzanne	Sainte Suzanne, Dupity	24
	Vallières	Vallières, Perches	31
	Fort Liberté	Caracol, Capotille, Fort- Liberté	57
	Ouanaminthe	Ouanaminthe	43
Total Nord-Est Department :			214
Nord	La Fossette	Lafossette	25
	Pignon	Pignon, Ranquitte, Lavictoire	37
	Borgne	Borgne	34
	Acul du Nord	Acul du Nord	32
	Konbit Sante	Konbit sante, Clinique Dugué	23
	Dondon	Dondon, St Raphael	48
Total Nord Department :			199
Total Participants :			413

curriculum content. An estimated 400 additional CHWs will be trained in the remaining departments during the first quarter of project Year 2.

### *IR 1.3: Increased access to services by increasing range and ease of obtaining services*

#### **Training for CHWs using MSPP curriculum Summary of achievements**

- ✔ Conducted 22 supervisory visits to identify Human Resources for Health challenges
- ✔ Supported 21 sites to integrate HTC, with an emphasis on training and coaching for provider-initiated testing and counseling (PITC) and facility- and community-based approaches
- ✔ Supported PMTCT service delivery at 19 sites and expanding testing for pregnant women for early screening and treatment
- ✔ Increased the number of pregnant women who know their HIV status through uptake of national testing guidelines
- ✔ Conducted on-site mentoring to all PPS on compliance with MSPP guidelines for tuberculosis (TB)

Although great strides have been made in the fight against HIV in Haiti in recent years, HIV/AIDS prevalence rate in the country remains one of the highest in the Latin America and Caribbean region at 2.0% of the adult population.<sup>1</sup> Efforts to stem the epidemic require the strengthening of primary-care-provider capacity to offer integrated HIV services, a core SSQH–Nord project strategy.

Of the 86 sites supported by SSQH–Nord, 21 provided HIV services in the first year. Eleven of these sites offer an integrated package of services, including HIV Testing and Counseling (HTC), palliative care, antiretroviral therapy (ART), and PMTCT. The project seeks to co-locate services as much as possible to reduce patient loss to follow-up, in addition to integrating HIV services with maternal and child health (MCH) and family planning (FP) services.

SSQH–Nord staff conducted initial supervisory visits in 18 out of 21 HIV service points—29 visits total, 25 for evaluation and four to validate data. Site visits allow staff to collectively identify service gaps and their root causes, formulate solutions and recommendations, and develop joint work plans with DDS and site managers. SSQH–Nord is also working towards increasing access to HIV services within the population. The project selected one pilot site in the Nord Department, the Centre de Santé avec Lits (CAL) Saint-Raphael, to support an upgrade enabling it to offer the complete package of HIV services; the site will begin delivering ART in project Year 2. Also in the Nord Department, the project has been working toward activation of the CAL Ranquitte to offer

<sup>1</sup> <http://www.unaids.org/en/regionscountries/countries/Haiti/>

HIV services for the first time, including HTC, ART, and PMTCT. SSQH–Nord is working closely with the site to ensure readiness and a successful launch in Year 2.

### HIV testing and counseling (HTC)

All 21 sites offer HTC services. Confidential counseling and testing within each facility is offered. Emphasis is on ensuring all clinical staff have training and coaching in PITC. A combination of facility- and community-based approaches (e.g., mobile clinics) for HTC will promote early identification and enrollment of people living with HIV/AIDS into palliative care and ART services.

### Prevention of mother-to-child transmission of HIV (PMTCT)

SSQH–Nord offers direct support for service delivery at 19 PMTCT sites, promoting the importance and availability of HIV testing for all pregnant women to eliminate of mother-to-child transmission of HIV through its technical support to health-center staff. Field-based service sites have been linked to fixed facilities to ensure immediate enrollment of all HIV+ pregnant women in prenatal care. SSQH–Nord is also ensuring coordination with the National Alliance of State and Territorial AIDS Directors (NASTAD), an organization partnering with MSPP to train data managers to improve reliability of PMTCT data, HIV case reporting, and active surveillance of HIV+ pregnant women. In Year 2, the project plans to add four additional PMTCT sites to expand access to testing for pregnant women. SSQH–Nord will also co-facilitate a training on PMTCT care service-delivery guidelines with partners INHSAC and the Caris Foundation.

### Community-based outreach

SSQH–Nord, along with partners such as PrevSIDA, participated in the development of a multi-stakeholder action plan to increase the number of patients receiving treatment and care through community-based activities and outreach. The project is also internalizing lessons from year one to orient future activities. For example, noting that the cost of transportation to health facilities presents a barrier to patient retention in care and support, SSQH–Nord developed and submitted a concept paper to USAID proposing a pilot of community-based ART distribution at four project sites (Ouanaminthe, Beraca, Pierre Payen and La Fossette) in Year 2. This concept paper is pending.

### Preventing HIV/TB co-infection

The project provides direct support for service delivery in all TB sites in the network to: (1) ensure that all HIV+ patients have access to TB screening, treatment, and prophylaxis, and (2) all TB patients are screened for HIV and enrolled in care, treatment, and supportive services as needed. Field-based mentoring to project sites focused on ensuring provider compliance with MSPP guidelines and recommendations for TB cases.



*Pharmaceuticals for opportunistic infections and Anti-retroviral treatment on the shelves at the Dugué Health Center pharmacy*

### Strengthening the supply chain, labs, and pharmacies to increase access to testing and therapy

Ensuring widespread, consistent availability of ART is critical to prevent the population from developing drug resistance or comorbidities as a result of interrupted or delayed treatment, and decreases the risk of further disease transmission. To ensure availability and safety of antiretrovirals (ARVs) and other needed health commodities, SSQH–Nord and its partners facilitated 23 on-site trainings in ARV stock management for stock managers (seven in Artibonite, seven in Nord-Est, five in Nord-Ouest, and four in Nord). The project coordinates closely with ARV suppliers, particularly the Supply Chain Management System (SCMS), to monitor stock consumption, product loss, and transfer to avoid stock-outs or disruption to supply. This work, as well as reinforcement of HIV-related lab services, is discussed further under Objective 2.

### Next Steps

The following activities are planned for Year 2 of the project:

- Train and reinforce the capacity of lab personnel to expand rapid testing and respond to other identified needs;
- Introduce other laboratory testing required for patients on ART, as well as opportunistic infection and sexually-transmitted infection (STI) screenings for all persons affected by HIV; and
- Provide ongoing monitoring to ensure the availability of all lab materials

## Improving access to care for Tuberculosis (TB)

### Summary of achievements

- Supported the implementation of the “3 Is” strategy: Intensified case finding, increased uptake of isoniazid preventive therapy, and enhanced infection control

### Promoting early detection of TB cases and uptake of IPT

The project collaborates with the DDS to support expanded diagnosis and treatment of TB through the implementation of the “3 Is” strategy: intensified case finding, increased uptake of isoniazid preventive therapy (IPT), and enhanced TB infection control. To ensure that HIV+ patients with TB co-infection are not missed during clinical evaluations, national guidelines recommend that HIV+ patients be screened for TB, and that TB patients be screened for HIV, at every clinic encounter. At the institutional level, SSQH–Nord reinforces these guidelines, as well as MSPP’s recommendations calling for access to TB prophylaxis for all HIV+ patients screened negative for TB. In the first project year, SSQH–Nord-supported sites achieved a screening rate of 90% among all HIV+ patients, surpassing its target of 64%.

At the community level, regular awareness-raising activities around the risks of HIV and TB co-infection are conducted during information, education, and communication (IEC) sessions in project-supported institutions. The project supports MSPP in ensuring that CHWs properly fulfill core responsibilities in the accompaniment of TB patients, including proper execution of directly observed treatment-short course and promoting HIV testing. Identifying active TB cases is also a routine part of CHW responsibilities, and home visits and IEC activities provide an opportunity for CHWs to encourage community care-seeking behavior for symptoms linked to TB.

### Managing HIV and TB infection within prison populations

Mechanisms of coordination are being developed to ensure a better synergy and complementarity of the interventions between SSQH–Nord, the Global Fund and other members of the President’s Emergency Plan for AIDS Relief (PEPFAR) Project Management Unit networks. The project will be working closely with the Health through Walls (HtW) project so that incarcerated TB and HIV patients are reintegrated seamlessly with the health care system upon release.

## Improving access to maternal and child health (MCH) service

### Summary of achievements

- Evaluated MCH services across SSQH–Nord catchment area, identifying service gaps and current needs, and followed-up with 47 site visits to partners

- Held planning meetings with departmental leaders to address problems related to MCH
- Supported prenatal care and related health education at project sites and mobile clinics
- Worked with the MSPP to increase the number of facilities providing postnatal care
- Supported CHWs and TBAs to raise awareness of the importance of postnatal care among women

MCH remains an important concern in Haiti, and although there are some signs of improvement, the health status of women and children still lags behind target indices. According to the World Health Organization, only 37.3% of births were assisted by skilled attendants in Haiti in 2013, and the country’s maternal mortality ratio (MMR) of 380<sup>2</sup> is the highest in the Latin America and Caribbean region. SSQH–Nord works to improve MCH across its catchment area by addressing the root causes of poor health outcomes, such as inaccessibility of care, disparities in quality and volume of services between urban and rural settings, lack of health information, and prevalent health beliefs. Specific project interventions include:

- Promotion of four prenatal visits among expectant mothers, as recommended by MSPP;
- Establishing linkages between community health workers and TBAs;
- Review and revision of birth plans, accounting for barriers such as transportation and local availability of needed health services;
- Implementation and support to obstetric committees to conduct surveillance of maternal mortality;
- Promotion of cell phone and tablet technologies to facilitate the emergency transfer of women at high risk for pregnancy complications;
- Diffusion of health information on birth spacing and family planning via prenatal visits;
- Delivery of health education on a variety of relevant topics, such as nutrition, exclusive breastfeeding, integrated breastfeeding and micronutrient supplementation, STIs, and immunizations for mother and newborn; and
- Promotion of postnatal home visits by CHWs—in the first 48 hours post-partum if possible, instead of 72 hours post-partum, and the second no later than day seven—to prevent health complications and neonatal death.

### Improving access to prenatal care

Support for prenatal care services and education is facilitated at project sites and at mobile clinics. Additional institutional and community activities include the management of pregnancy complications, especially hemorrhage and infection, and active

<sup>2</sup> [http://www.who.int/gho/maternal\\_health/countries/hti.pdf?ua=1](http://www.who.int/gho/maternal_health/countries/hti.pdf?ua=1)



management of the third stage of labor (AMTSL). SSQH–Nord implements a series of IEC activities to raise awareness of these services among pregnant women. At the community level, project-supported mothers' clubs provide an additional platform for promoting these health messages. CHWs are actively involved in follow-up for pregnant women who have missed prenatal appointments, and obstetric monitoring committees mobilize emergency transportation for women with high-risk pregnancies. The project has contributed to the activation of the referral system between primary- and secondary-level care sites and the referral hospital for pregnancy complications; this work will be further reinforced throughout the second year.

SSQH–Nord promotes delivery at a health institution whenever possible. Currently, five institutions provide emergency obstetric and neonatal care for caesarian sections and 16 provide basic EmONC within the catchment area; in the coming year, project activities will support the expansion of EmONC to additional sites. The project simultaneously supports MSPP's efforts to reduce the risks associated with home delivery through the distribution of sterile delivery kits to midwives and TBAs at prenatal visits, home visits, and monthly meetings, where they are trained to use their contents. These meetings also provide a forum for TBAs and midwives to share community birth reports, discuss and troubleshoot problems encountered in the field, share knowledge with peers, and learn collectively.

### Reinforcing high-quality neonatal care

SSQH–Nord encourages the uptake of essential neonatal care across its sites. Over the past year, the project has increased provider awareness of best practices, like Helping Babies Breathe, and worked with MSPP to promote the adoption of Kangaroo Mother Care, or skin-to-skin care, as a recommended practice. This work will continue throughout the coming year. At the community level, TBAs and CHWs have been trained to identify the signs of asphyxia and hypothermia and make appropriate referrals. The successful integration of new mobile phone technology, called *CommCare*, will further enable rapid triage and referrals. *CommCare* is now being piloted in Borgne with rollout to additional sites scheduled for Year 2. The project also encourages exclusive breastfeeding for babies zero to six months by means of training and outreach to providers, CHWs, and community groups.

Over the past year, the project has conducted initial site visits to six existing health centers of excellence in maternal and neonatal care (CBP/Pignon, Pierre Payen, Claire Heureuse, Beraca, Ouanaminthe, and Fort Liberté). Established in 2012, these six model centers will represent an important component of SSQH–Nord's activities to support the MCH continuum of care. In Year 2, SSQH–Nord will complete an evaluation of each site to identify capacity-building needs and develop joint work plans. Two additional centers, Hôpital Notre Dame des Palmistes La Torture and

Saint Raphael du North, have been identified to receive intensive technical support and capacity-building to join the cohort of centers of excellence, also slated for Year 2.

### Increasing uptake of postnatal care

Many of the institutions supported by the project regularly provide postnatal care in the first days after delivery, and SSQH–Nord is working closely with MSPP to increase the number. Over the past year, SSQH–Nord sites realized a total of 4824 postnatal consultations within six hours after birth, 3277 postnatal consultation six days after birth, and 2289 postnatal consultations within six weeks after delivery. However, the rate of postnatal care remains very low among women who give birth at home with TBAs. In response, CHWs have conducted 16,094 home visits over the past year to women within 72 hours after home delivery, using the postnatal checklist to identify and refer early postnatal complications. The importance of postnatal care is further reinforced through health education at prenatal clinics, during CHW home visits, and during monthly meetings with TBAs and mothers' clubs.

### Promoting infant and child health

Haiti's mortality rate for children under five is the highest in the Caribbean and Latin America region: 73 per 1,000 live births as of 2013.<sup>3</sup> Reducing the number of children who die before reaching their first month remains a major challenge, exacerbated by limited access to basic services and lack of health personnel, especially in rural areas. SSQH–Nord's work in the domain includes reinforcing MSPP's capacity to promote continuity of care across the lifespan, including a range of age-appropriate interventions targeting infants and children, youth, and pregnant women. SSQH–Nord emphasizes an integrated approach to care and a focus on preventable childhood diseases, supporting provider uptake of the essential packet of child health services.



Health worker weighs baby at the vaccination room at La Fossette Health Center

<sup>3</sup> <http://data.worldbank.org/indicator/SH.DYN.MORT>



## Increasing access to childhood vaccinations

Increasing vaccination coverage for children is vital to improving long-term health outcomes. However, progress toward this goal was hampered by disruptions in the supply chain across the country, resulting in the unavailability of essential supplies and vaccines, including Pentavalent (diphtheria-tetanus-pertussis, or DTP; hepatitis B; and Haemophilus influenzae type b) and Bacillus Calmette-Guerin Vaccine. As a result, vaccination rates have not improved in SSQH–Nord catchment area over the first year of the project, with only 23,339 children receiving full vaccination.

In response, SSQH–Nord contacted the Expanded Program on Immunization to investigate the cause of the shortage and to provide logistical support. This year saw integration of the new Rotavirus vaccination, which offers protection against life-threatening diarrheal illness for children <5. The project also supports the distribution of vitamin A supplements, with about 149,020 distributed in Year 1. In its second year, the project will focus on expanding the reach of rally posts to facilitate access to childhood vaccinations in rural settings.

## Preventing malnutrition

### Summary of achievements

- ✔ Provided technical assistance to expand appropriate infant feeding practices and improve nutritional counseling
- ✔ Compiled departmental points-of-distribution lists for Ready-to-Use Therapeutic Food to combat severe acute malnutrition and promoted referrals for patients after nutritional screening
- ✔ Participated in planning and coordination meetings with representatives from the Département Sanitaire de l'Artibonite (DSA), Département Sanitaire du Nord (DSN), and Département Sanitaire du Nord-Est (DSNE) to evaluate existing nutritional activities and identify training needs
- ✔ Conducted assessments of nutritional activities (e.g., routing nutritional screening of at-risk populations, aptitude of personnel administering screening, use of referral system) in 21 institutions in the Artibonite, Nord, and Nord-Est Departments
- ✔ Collaborated with health officials from the DSN to conduct joint supervision of five institutions of the Nord Department, including status of the cold chain, observance of norms and standards, child vaccination rates, and nutritional activities
- ✔ Facilitated education sessions for pregnant women to raise awareness of anemia, the importance of systematic iron-folic-acid supplementation throughout gestation, and where to procure nutritional supplements.

SSQH–Nord provides technical assistance to partner sites to expand recommended infant feeding practices among pregnant and postnatal women, including early initiation of breastfeeding, exclusive breastfeeding until six months, and appropriate complementary feeding until two years of age. The project is also encouraging supported health facilities to establish formal part-

nership with other food distribution and nutrition program intervening in their geographic area. The project continues to support health workers to provide appropriate nutritional counseling for mothers and their children at the facility and community levels.

A disruption in the national supply chain resulted in unavailability of vitamin A supplements during the first project year. In response to the shortage, SSQH–Nord worked with providers to promote the intake of foods rich in vitamin A among pregnant women, as well as exclusive breastfeeding for the first six months of life. Prescription of vitamin A supplements is encouraged when supplies permit. To fight anemia among pregnant women—a risk factor leading to low birth weight and post-partum hemorrhage—the project supports the systematic prescription of iron and folic acid supplements during antenatal care. Pregnant women are also encouraged to consume locally-available, iron-rich foods.

## Improving access to family planning and reproductive health

### Summary of achievements

- ✔ Trained 50 Healthcare providers (doctors and nurses) in LAPM
- ✔ Completed and submitted family-planning-compliance plan to USAID
- ✔ Supported 80 sites to continue providing family planning services
- ✔ Coordinated with DDS and the Leadership, Management and Sustainability (LMS) Project to address loss to follow-up and ensure continuity of services

Promotion of the family's right to choose and USAID family-planning-compliance regulations are integral to SSQH–Nord's support to improve accessibility and quality of FP service across its sites. Eighty SSQH–Nord sites provide family-planning services: 11 offer LAPM, such as voluntary surgical contraception; 79 offer contra-



Young woman receives depo provera shot at the family planning clinic at Ft St. Michel/Konbit Santé



ceptive pills and injectables; and 41 offer Jadelle contraceptive implants. Those sites with a religious affiliation that prohibits the provision of FP services are encouraged to refer patients seeking this care to other project sites.

SSQH–Nord efforts over the past year have included: the integration of the community network of health workers in facilitating access to care; promotion of free FP services to alleviate socio-economic inequalities; and expansion of the range of contraceptive methods available, including long-term and permanent options. Throughout the year, SSQH–Nord has participated in multi-stakeholder monthly coordination meetings with LMS and other partners to increase availability and accessibility of FP products and services. In addition, to ensure the visibility of FP services, the project conducted an inventory of existing audio-visual materials, with plans to expand the library of multimedia resources in Year 2 of the project. To date, SSQH–Nord staff estimates that about 75% of project sites have FP materials available for distribution, based upon observation during field visits.

## Community mobilization

### Summary of achievements

- Facilitated individual community mobilization evaluation meetings with the staff of 24 PPS across the Nord-Ouest and Artibonite Departments to identify current needs and ongoing work;
- Conducted 10 community introduction meetings for 338 community leaders to learn techniques for accompanying individuals accessing care;
- Presented the SSQH–Nord community mobilization strategy to the leadership of 11 PPS selected for pilot activities;
- Trained 390 group leaders in techniques for accompaniment and promoting sound health practices within their community groups via 13 training sessions.

Community mobilization is a transversal strategy to meaningfully engage communities in identifying and responding to shared health needs and concerns. Successful achievement of these activities requires a strong understanding of the local context and community actors; to that end, over the past year, SSQH–Nord developed and administered data collection tools to gather information on community-level structures and groups, including mother's and youth clubs at 30 sites across the Nord-Ouest and Artibonite Departments. The project implements community-level activities such as awareness-raising campaigns, training, and support to grassroots groups to promote health-seeking behaviors within the population, build the capacity of community-level providers to deliver quality health services, and promote access to care across all areas of technical intervention.

## Gender-based violence and child protection

### Summary of achievements

- Developed and piloted a Community Activity Questionnaire with questions assessing GBV and CP services and needs
- Supported select sites to provide GBV and child-protection-related care and to link those services with other services, including FP, sexual and reproductive health (SRH), and HIV/TB prevention, care, and treatment
- Facilitated training on CP and GBV to 123 network health professionals

The SSQH–Nord network includes specific sites that address GBV and CP needs. These sites provide clinical, legal, and psychological support for survivors of GBV. CP activities are aimed at increasing the percentage of community and clinical health staff at all SSQH–Nord sites trained to recognize and refer protection cases to the appropriate legal and social services. SSQH–Nord sites that provide GBV and CP services are closely linked to existing project services, including family planning and reproductive health, as well as HIV prevention, care, and treatment.

SSQH–Nord implements project activities with an emphasis on promoting protections for women and children. Over the past year, project staff evaluated existing reference systems and psychosocial support services for victims of violence within the Nord-Ouest and Artibonite Departments, drafting a protocol to establish a specialized CP and GBV referral network. In addition, the SSQH–Nord community team developed and delivered two training modules to build provider capacity to identify victims of abuse, deliver necessary care, and facilitate appropriate referrals. Four training sessions were held and 123 health professionals trained. The project also seeks to collaborate with other actors intervening in the sector, including the USAID-funded Collective Action for the Security of Children, Women and Youth (AKSE) project, and to make use of existing data and information to strengthen its own approaches whenever possible.

## Youth-friendly services

### Summary of achievements

- Supported planning for incorporation of youth-friendly activities and services in project Year 2

The Haitian population is young: in 2012, 22% of the population was between the ages of 10 and 19, with about 42% of the population under 18 years old overall.<sup>4</sup> Adolescence is an important time to build lifelong health behaviors and practices. Data show high birth rates among Haitian youth (66%), as well as negative attitudes related to GBV. Comprehensive knowledge of HIV is low (25.4% among males and 31.7% among females), and yet, the population is increasingly at-risk to be affected by this epidemic.

<sup>4</sup> [http://www.unicef.org/infobycountry/haiti\\_statistics.html](http://www.unicef.org/infobycountry/haiti_statistics.html)



FOSREF joined the SSQH–Nord consortium to assist the project in addressing these sobering statistics and is helping the project to plan for the development of youth-friendly reproductive health services through its participation in work planning and other coordination meetings with SSQH–Nord.

In Year 2, FOSREF will leverage youth centers it operates in communes throughout all four project departments, as well as a large existing network of trained youth peers and youth facilitators, to achieve project objectives and identify community-based services for youth, particularly HIV/AIDS, FP, and SRH services. Efforts will focus on raising provider sensitivity to the unique health needs of youth, developing age-appropriate interventions, and facilitating access to care among this demographic. Activities planned for Year 2 of the project include:

- Capacity building on youth health needs for RH/FP for health-care providers;
- Strengthening integrated service delivery for primary-care services for youth;
- Expansion and promotion of youth-friendly services, with the full involvement of youth in design and implementation; and
- Peer education in RH/FP/HIV/AIDS programs.

In all activities and services, FOSREF will emphasize the importance of involving youth in meaningful roles to support peer outreach and awareness-raising.

## Basic critical-care services Summary of achievements

🔗 Developed linkage with Project MEDISHARE to support provider training on basic critical care

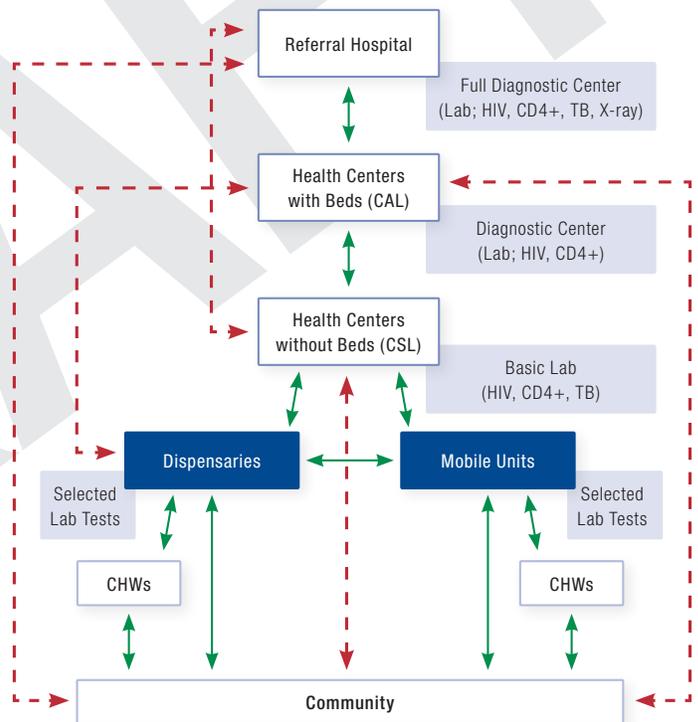
SSQH–Nord has studied the possibility of physical integration of routine and basic critical-care services at project sites, as well as support of the development of integrated skills to provide basic critical care among healthcare providers. Options for developing a curriculum for provider training in critical care with University of Miami, Project MEDISHARE, are being discussed for rollout in project Year 2. Follow-up and coaching will be ensured by MEDISHARE, in tandem with SSQH–Nord staff, to ensure quality implementation and adherence to best practices by trained staff.

## OBJECTIVE 2: Improve the functionality of the USG–supported health referral networks

The referral system model as conceived by MSPP is a completely integrated and harmonized health network that encompasses the entire continuum of care, from community-level health workers at one end, to tertiary-level departmental hospitals at the other. The proposed referral network would include vertical

programs such as HIV/AIDS and TB, maternity/obstetric care, both sick and well-child care, and basic critical care. At the local level, health services in Haiti will be overseen by newly-defined health districts, known as UAS (Unité d'Arrondissement de Santé; formerly called UCS, Unité Communale de Santé); these UAS interface with existing departmental- and central-level structures, as the DDS, to ensure that services flow from the planning level to the population (see diagram below). Given the transversal nature of SSQH–Nord's core strategies, each dimension of the project's support to MSPP across the four northern departments also functions in support of these networks, either directly or indirectly.

Additionally, USAID has identified two health-referral networks from within SSQH–Nord catchment areas to receive targeted assistance: the Ouanaminthe referral network, which is located inside the Northern USG Development Corridor, and the St. Michel referral network, which lies within the St. Marc corridor and is a part of the UAS of Marmelade. The project will align its efforts with USAID to reinforce these two networks in the coming year.



## Key Results and Achievements

*IR 2.1: Improved health workforce capacity within health referral networks*

## Summary of achievements

🔗 Participated in multi-stakeholder UAS planning meetings with DSA



## Supporting referral networks through activation of UAS

In year one, SSQH–Nord supported the first steps toward the institutionalization of the Artibonite Department UAS, in collaboration with MSPP and Canadian CIDA, including the co-financing of two preparatory workshops facilitated by the DSA. At the first workshop, the DDSA and its partners, including PRISMA and Zanmi Lasante, conducted a situational analysis and reviewed lessons learned from the UCS in order to identify requisite inputs and activities enabling the successful establishment of a UAS. The second workshop included a mapping exercise of available services and a needs assessment for each UAS. These data will be consolidated into a report and disseminated to stakeholders. SSQH–Nord will continue its participation as a member of the pilot UAS steering committee in Year 2, targeting capacity-building interventions to support the nascent UAS structure, according to identified need.

## Strategic development and reinforcement of referral network structure and capacity

Initial project efforts included the reinforcement of two referral networks: Fort Liberté (Nord-Est) and St. Michel (Artibonite) with multi-level support to communities and institutions, such as training and capacity-building of staff. St. Michel and Ounaminthe laboratories were selected for intensive capacity-building, with a particular focus on the ARV and TB medication supply chain (see IR 2.3). Training of CHWs, who represent a vital link within these networks, was facilitated for cadres from both Ounaminthe and Fort Liberté. This capacity-building effort was described at length under Objective 1.

The referral network remains largely in a theoretical stage of development, and further analysis and planning is needed to determine what structures must be put in place to translate MSPP's vision to practice and ensure functionality. To that end, in Year 1, SSQH–Nord engaged an expert consultant on referral networks to visit Haiti, conduct an analysis, and provide the project with recommendations for next steps to operationalize the network based upon international best practices and lesson learned. The consultant provided SSQH–Nord with a number of recommended activities necessary to any referral system and which can provide foundational building blocks of the referral model the MSPP eventually formalizes, summarized below.

### Next Steps

- Work closely with SSQH–Centre/Sud and MCSP to outline how the referral system will operate, delineating the roles and responsibilities of the various actors and planning for the eventual transition to MSPP oversight;
- Collaborate with MCSP to define their own roles, divide responsibilities, and establish mechanisms through which to interface;
- Leverage collaboration with the DSA for the UAS pilot to design an optimal UAS management structure to support referral networks; and

- Study the financial requirements of the referral system as it develops, including the potential for linking the proposed Results Based Financing system with the referral system.

In addition to these strategic development activities, the project will support MSPP in establishing linkages between project sites and peripheral service to institutional hubs, such as referral hospitals, with a particular focus on Ounaminthe and St. Michel. SSQH–Nord will accompany MSPP to ensure that each level of care is fulfilling its responsibilities and patients are triaged appropriately, and to identify personnel needs to achieve optimal staffing at each level.

## *IR 2.2: Strengthened information system and data flow within health referral networks*

### Summary of achievements

- 🔗 Initiated exploration and pilot of mobile technology to facilitate patient tracking and referrals
- 🔗 Identified software to improve stock and medical commodity management for rollout in Year 2

## Developing cell phone app to facilitate referral/counter-referrals

Infrastructural challenges such as unstable electricity, lack of Internet access throughout the catchment area, and poor cell phone network coverage present significant challenges to modernizing and maximizing health information and data flow systems. As a result, many health service providers and sites remain dependent on paper-based health information systems. Reliance on hard copies increases the risk for breaches of patient confidentiality, renders records vulnerable to deterioration over time, and slows the transmission of data and referrals between points of service and providers, especially in geographically remote settings.

As a first step to upgrade and increase utility of current data-sharing practices, the project contracted Dimagi to support collaboration with MCSP in the development of a user-friendly mobile phone app to facilitate referral/counter-referrals. This app will take into account the unique needs of its user groups (e.g., CHWs versus health facility staff), with the potential to adapt the interface in response to specific needs. Work achieved in Year 1, as well as plans for Year 2, are described in greater under Objective 4.

## Improving supply-chain-reporting systems at labs and pharmacies

Further, SSQH–Nord worked intensively with staff of select labs and pharmacies to improve reporting and streamline data flow through the supply chain. In the first year, work concentrated on increasing uptake of existing reporting tools. Over the coming year,

the project will work with USAID's SCMS to roll out Medistock software to these sites, which permits PPS to place online stock orders and review current stock in real time. These activities are described further in the following section (IR 2.3).

### *IR 2.3: Improved drug and other medical commodity supply chain / logistics management within health referral networks*

#### Summary of achievements

- ↻ Provided intensive support to St. Michel and Ounaminthe lab and pharmacy to conduct comprehensive inventories, ensure monitoring and follow-up of key medical commodities, optimize use of physical space and equipment
- ↻ Collaborated with SCMS, the National Laboratory (LNSP) and FIND DIAGNOSTIC to ensure maintenance and repair of necessary equipment
- ↻ Partnered with SCMS to offer coordination and training of HIV/TB stock manager at pharmacies and labs on health commodities management
- ↻ Improved monthly HIV/TB stock reporting rates among 21 HIV service sites from less than 40% to over 90%
- ↻ Oversaw disposal of faulty equipment and expired materials and drugs according to best practices for pharmaceutical and medical waste management

#### Encouraging best practices at laboratories and pharmacies

The lack of adequate infrastructure in Haiti, including poor roads and unstable electricity, and the absence of a standardized, national supply-chain system, make management of logistics and the drug and medical commodity supply chain an ongoing challenge for SSQH–Nord partner sites. In Year 1, the project identified two sites (Ounaminthe and St. Michel de l'Attalaye) at which to pilot a combination of supervisory visits and technical assistance, with the aim of improving the availability of key inputs and reinforcing the basic principles of stock and hazardous waste disposal.

Work focused on both laboratories and pharmacies at these sites. Initial comprehensive inventories permitted the identification of faulty equipment, clean-up and optimization of existing space, and safe disposal of expired inputs. SSQH–Nord partnered with SCMS to ensure the repair or replacement of needed equipment, as well as training and coaching of technicians. Throughout the year, project staff made regular visits to encourage best practices for monitoring and reporting of stock, as well as maintenance of medical commodities. SSQH–Nord mounted an informal campaign to ensure proper disposal of expired medications through training and visits to a majority of project sites. These visits also permitted collaborative problem-solving for emergent issues. For example, the project

worked with staff at St. Michel and Ounaminthe to respond to an urgent need for 120 ml specimen vials, which are now being restocked every three months.

#### Reinforcing HIV/AIDS-related laboratory services

As described under objective 1, SSQH–Nord prioritized support to labs and pharmacies at the 21 HIV/AIDS service sites to reinforce the supply chain and promote access to vital medications. During year one, the project began assessing site readiness to provide appropriate laboratory services for HIV-related treatment and care. This included an evaluation of personnel capacity and lab equipment to ensure technicians are trained to properly use and maintain these tools. Inventory results identified five functioning Pima machines that perform CD4 counts across the catchment area, and two functional Genexpert machines located at Ouanaminthe and CDS la Fossette, respectively.



*Lab technician at work at La Fossette Health Center*

In addition, SSQH–Nord worked intensively with lab and pharmacy staff to reinforce reporting cycle and uptake of reporting tools, including stock registers and monthly consumption reports. These tools are a critical component of the ARV and TB supply chain, allowing SCMS to place timely orders for essential medications. Thanks to the project's efforts, monthly reporting rates among its 21 sites increased from less than 40% at the beginning of the year to more than 90% by year end. This accomplishment is featured in one of SSQH–Nord's accompanying success stories (see Appendix 1).

#### Next Steps

- Conduct supervisory and monitoring visits to ensure ongoing adherence to best practices;
- Advocate for distribution of vital lab equipment to Saint Michel de l'Attalaye, including Pima or Facscount, Sysmex, Reflotron, and Spectrophotometer;



- Implement a standardized system to supply essential medicines;
  - Estimate vaccination input needs in collaboration with relevant technical teams;
  - Improve practices for storage of vaccines and reinforce the cold chain; and
  - Prepare for rollout of Medstock software to permit virtual management and ordering of stock.
- Facilitating improvement collaboratives to accelerate mutual learning and improvement for priority primary-care interventions.
  - Clarifying and strengthening management support and oversight for quality functions at health facility, district (UAS), and Departmental levels.

*IR 2.4 Improved oversight of network management by UAS coordinators to support referral network through quality improvement*

**Summary of achievements**

- 🔗 Developed project QI collaborative approach and held initial training

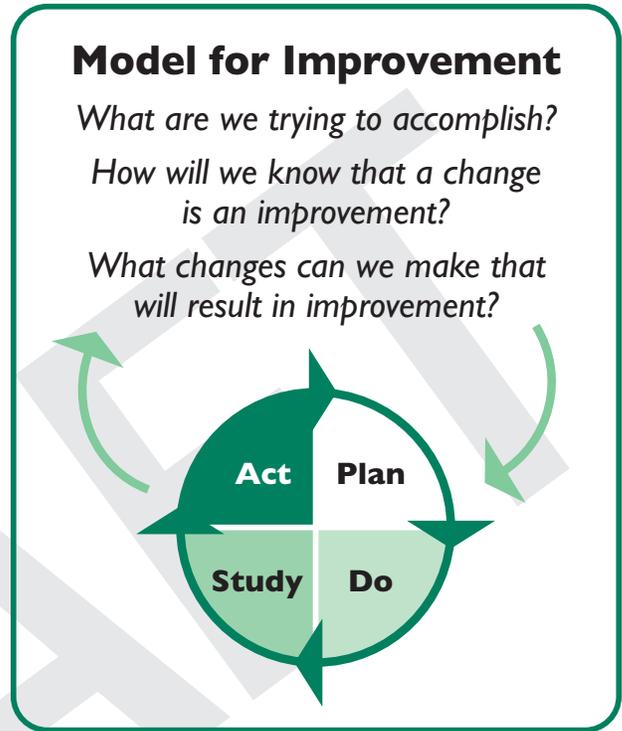
SSQH–Nord’s quality improvement (QI) work is discussed at length under Objective 3, IR 3.1. The project is working to ensure that QI approaches used in the project-supported health facilities are harmonized with, and support, the work being done with the referral system. The QI approach was first used by the project in MWM. In Year 2, QI work will expand into MCH, where the project has identified areas of possible collaboration between the project’s MCH component and a referral strategy that focuses on maternal care.

**OBJECTIVE 3:**  
Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels

SSQH–Nord’s assistance will improve the quality of primary health care and will help facilities to introduce the integrated service model adopted by the MSPP. Focus is on strengthening the content of care, (the clinical content provided), the processes of care (how the care is being offered to the clients), and the management-support systems necessary for optimal and efficient service delivery. Improved performance of health workers and front-line managers will be partly achieved through training, but this in itself will not lead to improved quality of care. Support for health workers to apply their newly acquired skills in the work setting is essential and is a major focus of continuous quality improvement, as is regular supervision and support to improve compliance with standards.

The project’s strategy to improve and sustain quality health services is anchored around the following:

- Creating a solid understanding of the basic concepts and tenets of continuous quality improvement.



**Key Results and Achievements**

*IR 3.1 Quality improvement mechanisms implemented in all project sites*

**Summary of achievements**

- 🔗 Held training for project staff and partners with QI expert on concepts and practices of QI and collaboratives
- 🔗 Developed a Year 1 QI Plan of Action focused on infection prevention, waste management, MCH, and overall management
- 🔗 Established QI committee structure within 30 PPS
- 🔗 Used QI methodology in rolling out improvements in MWM

**Stakeholder Training on the QI Collaborative Approach**

To achieve quality improvement of both individual services and the overall service structure, SSQH–Nord is implementing QI collaboratives comprised of diverse stakeholders who will work together to collectively address an identified QI issue. This approach leverages URC’s experience successfully using this strategy in a number of

African countries. In February and March 2014, SSQH–Nord hosted visits from Dr. Zakari Saley, Senior QI Advisor for URC based in Niger. Dr. Saley provided training to SSQH–Nord staff and partners on the concepts and practices of QI and QI collaboratives, as well as individualized coaching for SSQH–Nord’s QI Advisor. Dr. Saley also accompanied the SSQH–Nord team as it developed a detailed plan of action that adapts and applies the QI collaborative approach to the Haitian context.

Involving the DDS in QI activities is vital to the overall strengthening of the referral system. To that end, SSQH–Nord provided an introduction to the QI collaborative approach for representatives of the DSNE, who expressed interest in participating in the QI collaboratives, which will be structured as follows:

- **Departmental level:** The departmental QI committee will manage, support, and follow up on all QI initiatives undertaken;
- **Intermediate level:** The pool of QI coaches will provide technical support to QI teams at the site level (one coach for up to three sites);
- **Site level:** The permanent QI committee will ensure oversight of all quality aspects related to health services at the PPS, including monitoring data and identifying existing service gaps. This committee will work in tandem with temporary QI teams, which are responsible for carrying out planned activities to address identified gaps.

- MCH, with particular attention to Kangaroo Mother Care, AMTSL, and Essential Newborn Care (all 48 SSQH–Nord sites that offer support for labor and delivery)
- Improving governance across all four DDS, including coordination of activities between DDS, enforcement of regulations, and monitoring/evaluation

The quality checklist developed by MSPP and administered during SSQH–Nord’s baseline study established minimum standards and guidelines and provided a snapshot of the actual situation in each site. All SSQH–Nord sites will receive support to establish QI committees; in the first year, 30 were established, with five to seven members per committee and one committee lead. In Year 2, SSQH–Nord will visit the remaining sites to establish QI structures and roll out QI work. QI coaches deployed to the field will provide rigorous backstopping and technical support to these committees.

### Next Steps

- Support remaining 56 remaining SSQH–Nord sites to establish QI committees;
- Train QI committee members on QI concepts, QI collaborative approach, and orientation to various tools used in the context of CQI; and
- Provide technical support via QI coaches and QI committees as they implement activities.

### IR 3.2: Enhanced departmental staff skills for management and accountability of the health system

#### Summary of achievements

- ☑ Conducted extensive clean-up activities, installation of chlorinated water facilities, and MWM training at La Tortue, St. Michel de l’Attalaye, and the Marmont Health Dispensary
- ☑ Financed Health Sectoral Table meetings in two departments
- ☑ Conducted training and accompaniment of DDS staff in preparation for RBF rollout

#### Strengthening of the healthcare waste management systems

Medical waste management is a challenge across all 86 sites supported by the project. SSQH–Nord contracted Cloudburst to conduct two initial training sessions on the proper disposal of medical waste, attended by 68 URC staff, DDS representatives, and participants from select sites. Following this training, each site was asked to implement a waste management committee using the evaluation grid and elaboration guide to conduct a situational assessment and to develop waste management plans. A monitoring plan was developed to ensure the implementation of the measures cited above, including regular phone communication and field visits. To date, waste management committees have been mobilized at 12 sites.





Replication of the Cloudburst training and information sharing has since been achieved in almost all institutions for all categories of staff. Additional efforts include improved labeling of waste, purchase of materials (trash cans and liners, etc.) in select sites, and education sessions on sanitation and proper waste disposal were facilitated. SSQH–Nord has developed a list of necessary materials to facilitate best practices in waste management to recommend for procurement.

Furthermore, a pilot work session was held with staff from the UAS of both Saint Michel de l'Attalaye and Marmelade to follow up on QI scores obtained during the baseline study. During that meeting, SSQH–Nord shared a situational analysis of prevalent waste management issues, as well as a guide to best practices in waste management.

Ongoing distribution of essential inputs is planned across twelve SSQH–Nord sites in Year 2. SSQH–Nord will also continue to identify opportunities to improve waste management systems at partner sites.

## Support for Sectoral Table meetings

Sector coordination meetings, called Sectoral Table (Table Sectorielle) are the principle mechanism for coordination with Haiti's public sector. These meetings provide an opportunity for civil society and government partners to unite around a common theme, build understanding of national priorities, and foster collaboration to address shared concerns. These meetings are convened regularly by DDS staff and provide an important forum for MSPP leadership to communicate with stakeholders. In Year 1, SSQH–Nord provided financial support to enable three of these meetings in the Nord, Nord-Est, and Artibonite Departments. This financial support will be extended to all four departments in the second year (see Support to MSPP section).

## Strengthening financial management capacity of facilities

The project carried out activities to strengthen financial management, building capacity and readiness for the imminent rollout of RBF activities with the DSNE (see Objective 1). As described previously, SSQH–Nord leadership worked with the HFG project to design curricula used with the DSNE, as well as coaching staff of health sites, to successfully implement a level-appropriate financial system that will enable better management of the funds that support health activities. SSQH–Nord selected this particular department primarily to respond to the invitation of the DDS, but also so that SSQH Nord efforts may align with the World Bank pilot of RBF at six health facilities in the Northeast.

## Next Steps

- Conduct QI training for QI coaches from MSPP, partner and SSQH–Nord staff (this is to be done by Jean Nguessan, a QI specialist, who will travel to Cap Haitien in October 2014);
- Replicate the QI training for the four DDS and at all 86 SSQH–Nord sites;

- Launch the MCH QI collaboratives in the four DDS, at the 86 sites, with SSQH–Nord and its partners; and
- Begin supportive supervision of collaboratives, once they are launched, in tandem with quarterly quality assessments.

## OBJECTIVE 4:

### Strengthen departmental health authorities' capacity to manage and monitor service delivery

Reinforcing MSPP is the crux of the SSQH–Nord project and transects each objective. The project is built around exporting the concepts of multi-level quality- and team-based management. This translates to the field level through the upgrade of health services and the training and accompaniment of providers and staff to furnish better care and build the health system. The same approach is being applied at the departmental level, improving management of the health system and instilling a culture of quality. Many activities described under other objectives overlap here as well. In Year 1, support to DDS included capacity-building of personnel through multiple mechanisms, as well as logistical support for key activities. The partnership between SSQH–Nord and the health department was formalized via MOU during Year 1; these MOUs will be renewed for the entire second year of the project.

## Key Results and Achievements

### *IR 4.1: Improve management skills and use of management tools at Departmental level*

#### Summary of achievements

- 🔗 Developed and introduced financial and administrative management tools
- 🔗 Incorporated in-depth assessments of the financial and management practices at the health facility level into the baseline assessment being conducted in Nord-Est
- 🔗 Transitioned from paper checks to electronic payments for the 915 contracted MSPP staff

## Develop tailored management tools and timesheets

Initial project site evaluations revealed that a number of financial management tools existed and their use was outlined within MSPP protocol, but they were not being utilized regularly by staff. These included, among others: petty cash ledger, expenditure reports, bank reconciliation forms, bank and cash ledgers, and expense forms (expense request, disbursement authorization form, check request forms). Fifty-one financial managers were trained through two training sessions (see RBF under Objective 1). Follow-up site visits were also conducted to ensure that tools were being implemented as prescribed.



The development of the objectives and budgets associated with the Integrated Departmental Plans and the operating costs of the target zones were key accomplishments during the first year of the project. SSQH–Nord accompanied DDS staff to adjust activities and budgets in accordance with the project focus on quality and results.

Also in Year 1, SSQH–Nord signed a subcontract with the PADF to assist with payments to 915 MSPP staff. These payments began via a paper check system which involved significant logistical support from both PADF and SSQH–Nord headquarters. Upon SSQH–Nord request to switch to electronic payments by mobile money or wire transfers, PADF drafted a proposed strategy based on focus group interviews and selected wire transfers. In July 2014, PADF began using UNITRANSFER as well as direct deposit to make wire transfer payments to MSPP staff (this was based on the preference of the recipient; in September, 56% chose direct bank deposit and 44% chose UNITRANSFER). This change has not only decreased the number of staff needed to process payments, but it both increased the efficiency and security of the payments and improved documentation. PADF will continue payments with this method moving forward in Year 2.

#### *IR 4.2: Enhanced departmental staff skills for supportive supervision of quality health services*

### Summary of achievements

- ☞ Conducted joint supervisory visits for multiple topics with DDS staff, including their own supervision of staff, accounting, management, and vaccination protocols.
- ☞ Furnished logistical support to enable supervisory visits

### Joint supervisory site visits with Departmental representatives of the MSPP

SSQH–Nord is working closely with the DDS to update and reinforce the current supervision procedures, tools, and practices it uses for supervision activities, upholding MSPP’s national policy and promoting international best practices as much as possible. In addition, SSQH–Nord accompanies these senior MSPP staff members in the execution of their supervisory responsibilities, reinforcing their skills and practices while in action—an essential complement to formal training programs.

Project staff from various technical disciplines conducted joint supervisory visits with MSPP staff in Year 1. These visits are typically proposed by SSQH–Nord and are intended to promote MSPP’s national policy; site visit responsibilities are shared between partners depending on technical competency. For example, in Year 1, SSQH–Nord’s QI Advisor conducted site visits to observe and recommend best practices for waste management in the Nord-Ouest, Artibonite, and Nord-Est departments. The QI Advisor also conducted joint supervision to evaluate accounting management in the Nord-Est and service organization (physical environment and

material availability) in the Artibonite. Similarly, the project’s Nutrition Advisor conducted a joint supervisory with DSN representatives to evaluate the cold chain, observance of norms and standards, child vaccination rates, and nutritional activities (see Objective 1). The financial management consultant engaged by SSQH–Nord has also accompanied the Nord-Est Departmental accountant in visits to health service facilities to conduct in-depth assessments of the accounting and other management systems in place and interview administrative staff. These collective efforts leverage the strengths and knowledge of both the project and MSPP to and are an effective practice for improving practices on the frontline. Joint supervisions will increase in frequency throughout project Year 2, also a key part of the QI coaching methodology.

### Logistical support for supervisory visits

The limited availability of vehicles and drivers at MSPP represents a blockage to regular supportive supervision. On multiple occasions, SSQH–Nord provided drivers and vehicles from its own fleet to conduct field supervision with MSPP staff.

#### *IR 4.3: Enhanced departmental staff skills for monitoring*

### Summary of achievements

- ☞ Coordinated and hosted a joint M&E needs assessment workshop for the four departments
- ☞ Integrated MSPP department M&E staff into development of the baseline assessment
- ☞ Collaborated with DSA to evaluate neonatal tetanus vaccination campaign
- ☞ Participated in a workshop with Futures Group to discuss collaboration on M&E
- ☞ Initiated joint supervision with NASTAD in SSQH–Nord areas of intervention
- ☞ Provided monthly facility reports to Futures Group to populate DHIS 2.0
- ☞ Received training from Futures Group on data entry for DHIS 2.0 to take over data entry for project facilities

### Support to the departments for the development of dashboards

In February 2014, staff responsible for M&E from each of the four departments participated in an SSQH–Nord workshop for all of the partners. During this workshop, an overall assessment of the M&E needs of each department was jointly conducted and targeted actions to improve M&E were adopted. These activities will be followed by an in-depth assessment in each department in Year 2, based on the approved performance management plan (PMP). Project performance dashboards, using key indicators and graphic representations, will be discussed at quarterly departmental data-management workshops in Year 2



of the project, allowing partners to monitor progress and compare performance across sites and over time.

The SSQH–Nord M&E team collaborated with M&E managers from each of the four departments on the baseline assessment, building their capacity to analyze the client satisfaction questionnaires that will be administered quarterly in each department starting in Year 2 of the project. These questionnaires will be collected in non-SSQH–Nord sites as well, allowing each department to prepare its own profile. Departmental staff also participated in the implementation and supervision of the baseline assessment, further solidifying the partnership. In addition, the M&E team supported the DSA in assessing the national vaccination campaign against neonatal tetanus. This collaboration provided an opportunity for the team to introduce three new themes to strengthen the DSA’s campaign planning:

- Waste management at immunization campaigns;
- Tailored communication plans for target groups; and
- Surveillance of adverse reactions to vaccination.

### Collaborate with Futures Group and other stakeholders on M&E

In January 2014, SSQH–Nord’s M&E team participated with Futures Group in a two-day workshop to share mandates and planned activities and explore the potential synergy that will result from enhanced collaboration. Futures Group presented DHIS 2.0 and the representatives of both projects consulted on mechanisms for its introduction. A second, two-day workshop with Futures Group was held in September 2014 to introduce DHIS 2.0 to the SSQH–Nord technical team and orient them to MSPP’s reporting forms and requirements.

SSQH–Nord also met with NASTAD, an organization that provides training and coordination for existing data platforms in Haiti such as iSante and MESI (Monitoring, Evaluation and Surveillance Interface). They specialize in the active epidemiological surveillance of pregnant women and notify MSPP of new HIV diagnoses. The two projects are now conducting joint supervision of sites when NASTAD is in SSQH–Nord areas of intervention. The projects are also collaborating to facilitate on-site training of data managers and improve data quality related to PMTCT and HIV notifications.

#### *IR 4.4: Technology solutions for improved management introduced*

### Summary of achievements

- 🔗 Conducted initial user testing pilot of mHealth activities using CommCare application over four days with five CHWs

### Develop technology-based mechanisms to improve health services

Dimagi was contracted to support the development, introduction, and management of mHealth and technology solutions designed

to improve the management of CHW performance, use of data for quality improvement, patient referrals, community mobilization, and commodity tracking. In Year 1, the decision was made to work with Dimagi for mHealth to ensure greater alignment with SSQH (Centre/Sud). Efforts will be made to collaborate with the Haiti Mobile Money Initiative, to capitalize on the gains made by HI FIVE. The Dimagi mHealth application will allow CHW supervisors to monitor performance and mentor their teams. CHWs will use the app to refer patients identified in the field to appropriate facilities. This network will enable referral and counter-referral workflows to track patients at the household and facility level and will improve communication related to follow-up and outcomes.

Efforts to increase the utility of mobile technology are informed by MSPP performance guidelines and take into account available technology and related experience. The mHealth activity launched in August, 2014 and included SSQH–Nord staff, partners, and departmental staff. Sites for initial rollout were identified and visits made to each. Dimagi, in conjunction with SSQH–Nord staff, conducted a small initial user testing pilot using the SSQH–CS application as a starting point. The CommCare mHealth application, piloted by community health workers during home visits, tested a revised child-health workflow (covering nutrition status, immunizations, and basic disease identification), and family planning and pregnancy workflows. The mHealth team also worked with CHW supervisors and site management at the pilot facilities to share objectives and collect their input on application design.

### Next Steps

- Conduct larger-scale mHealth pilot with 28 CHWs from two sites in the commune of Borgne and focus on support services for pregnant women, FP, and child health; and
- Roll out mHealth to additional health sites and CHWs in referral networks surrounding Ouanaminthe.

## Monitoring & Evaluation

Establishing an effective monitoring and evaluation system is an essential prerequisite to the introduction of the two key strategic approaches designed to attain project success, namely, QI and RBF. Since project launch, SSQH–Nord has worked to develop a highly efficient M&E department, recruiting well-qualified professionals and securing opportunities for skill development and collaboration with partners. Project M&E staff not only ensure internal data management for project-supported sites, but they also contribute to national surveillance efforts overseen by MSPP.

### Key Results and Achievements

#### Summary of achievements

- 🔗 Project Performance Monitoring Plan Approved by USAID

- 🔗 Project baseline assessment developed, conducted, analyzed and shared
- 🔗 Project database conceptualized
- 🔗 Data collection tool developed
- 🔗 Collaborated on monitoring and evaluation activities with MSPP, NGO staff, and other partners

## Development of project PMP

The initial PMP was submitted to USAID within the first 90 days of award. A number of revisions were made with USAID/Haiti guidance and the final PMP was approved by USAID on July 15, 2014.

## Realization of the project baseline assessment

The project baseline assessment was conceptualized and completed in the first year of the award. Domain-specific indicators permitted the capture of data in each project intervention area. Key activities in the planning and realization of the baseline are as follows:

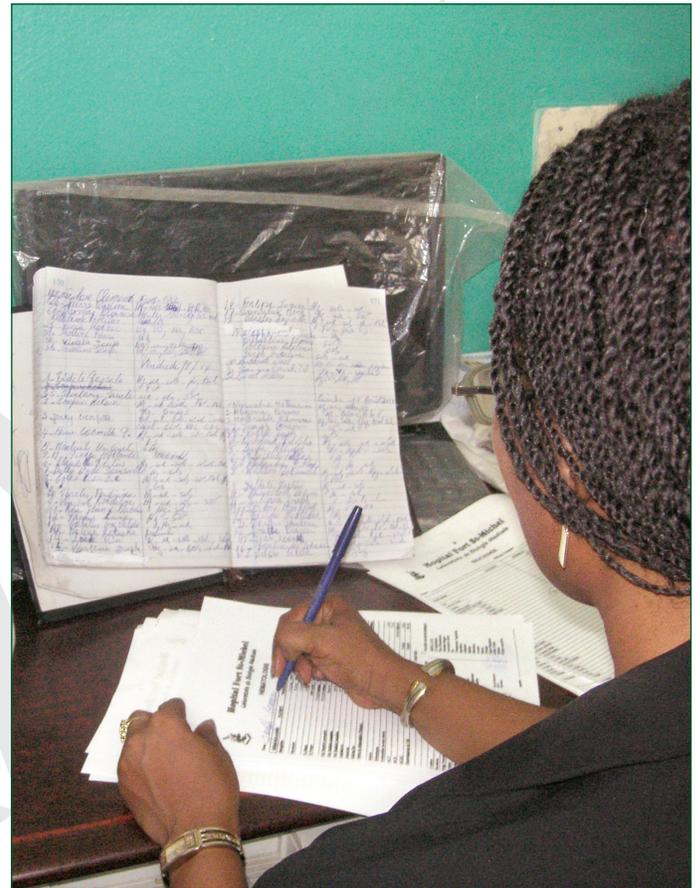
- Utilized existing data from previous projects, as well as from the Haiti Demographic and Health Survey and Service Provision Assessment, to identify gaps in information and needs for the project baseline assessment;
- Developed data collection tools for the baseline assessment covering waste management, availability of GBV and CP services, assessment of active CHWs and services provided, and client satisfaction with health services;
- Used an open-competition process to identify the Centre d’Evaluation et Recherche Appliqué (CERA) to conduct the SSQH–Nord baseline assessment;
- Oversaw project baseline assessment data collection, data cleaning, and analysis conducted by CERA in all four departments at 86 project sites; and
- Shared baseline results with stakeholders, including USAID.

The baseline report was submitted to USAID in two phases: (1) analysis of four project-specific questionnaires covering client satisfaction, waste management, referral system, and community activities submitted on June 27, 2014; and (2) analysis of the Grille de Verification de la Qualité dans les Institutions Sanitaires (MSPP Quality Checklist) submitted on August 29, 2014. Baseline results were also shared with facilities and department staff to inform the joint definition of specific, technical-assistance plans for each department and health facility.

## Project database and data collection tool development

The project database for monitoring, evaluating and reporting data was conceptualized through a review of the existing

health information systems in Haiti that contain project-relevant data (including MESI and DHIS2), an analysis of supplemental reporting required for project indicators, and a review of the existing tools used for data collection. Database development, using a combination of Microsoft Excel for simple data entry in-country, Microsoft Access for data analysis and storage, and Tableau for data visualization, began in August 2014. The database will be finalized in Year 2 of the project to simply and streamline data analysis and reporting.



*Laboratory technician filling in reporting forms at Ft St. Michel/Konbit Santé*

As the project expanded the activities implemented in the project area, new indicators and appropriate corresponding measurement tools were developed to capture related data. Tools developed in the context of the baseline assessment included:

- **Customer satisfaction survey form:** Captures patient perception of the quality of services received and type and quantity of services accessed;
- **Community activity management tool:** Collects data on existing community-level services, and available human and technical resources;
- **Waste management checklist:** Includes existence of a waste management plan, level of staff training, and availability of materials for treatment, storage, and disposal; and



- **Referral system evaluation tool:** Collects information on the organization of the referral system, including patient point-of-access, frequency and reason for referral, and linkage between institutions for monitoring and follow-up of patients referred

For the purposes of internal project management, SSQH–Nord has developed a number of additional tools, such as a site supervisory visit tool (to record observations and recommendations) and a training-tracking form for technical advisors (to facilitate reporting via Trainet). Additionally, SSQH–Nord developed tools for external data management intended to support the broader health system. For example, the PPS information tool provides up-to-date data on institutional capacity within the SSQH–Nord network and permits the expansion of services to better meet population needs. The tools have been shared with MSPP’s monitoring and evaluation committee to be assessed for potential national roll-out.

## Collaboration with MSPP & other partners to conduct project and national M&E activities

The M&E team has established good working relationships with relevant Ministry staff, both at the central level and in the Departments. The participation of DDS representatives in the baseline assessment is one example of this partnership. This collaboration works in both directions, where both parties encourage health facilities to submit their monthly service data and benefit from the exchange of available data. This extends to other agencies as well, including those mentioned under IR 4.3 (Futures Group and NASTAD).

SSQH–Nord also collaborated with service delivery subcontractors to understand their data constraints, including the collection of data, the availability of registers, and the production of a multiplicity of reports, in order for SSQH–Nord to help facilitate their work. The contracts between SSQH–Nord and these subcontractors require the submission of several reports on the twentieth day following each month, including technical, financial, and statistical reports for the agreed-upon service delivery indicators. While timely submission of these reports is an ongoing challenge, as a result of the established collaboration, several SSQH–Nord subcontractors now submit their reports well in advance of the deadline, some as early as the fifth day of the subsequent month. Early submissions subsequently enable the earlier release of programmed disbursements.

## Next Steps

- Finalize and roll-out the project specific database;
- Continue quarterly departmental meetings are necessary analyze data collectively and assess project achievements; and
- Provide hands-on technical support and coaching to departments to promote accurate and timely submission of service-delivery data for monitoring of field interventions.

# Project Management

## Partnerships and collaborations

### Summary of achievements

- ✔ Furnished targeted logistical and financial support to enable key MSPP activities
- ✔ Issued fixed-price contracts to eight NGOs for the management of 23 of the project’s supported health facilities
- ✔ Contracted with the PADF for contracting and verification of employment and payroll for 915 staff working in the MSPP sites

For extensive detail on SSQH–Nord partnerships and collaborations, see Appendix 5.

## Compliance with USAID environmental procedures

### Summary of achievements

- ✔ Completed two MWM managements training among SSQH–Nord staff and NGO counterparts

Environmental management expertise was provided by The Cloudburst Group (TCG) to develop the Environmental Mitigation Plan and Report (EMPR). TCG subsequently returned to facilitate a training on MWM, per the EMPR (see IR 3.2 for more details).

## Staffing

### Summary of achievements

- ✔ Filled the majority of essential staff positions
- ✔ Engaged critical input from external technical assistance

Project organizational structure has evolved as SSQH–Nord adapted to challenges related to recruiting and retaining talented staff and modifications to partner contracts that entailed staffing changes. By the end of Year 1, the majority of essential positions had been filled, with several candidates still pending approvals. Please find an updated copy of the project organizational chart in Appendix 3.

## Communications and knowledge management (KM)

### Summary of achievements

- ✔ Created an approved branding and marking plan
- ✔ Identified developer for and launched the development of the project website



## Branding and marking

The branding and marking plan was approved by USAID/Haiti in April and based on that plan, the project produced brochures (in French and English) and signage for facilities and vehicles to promote visibility of USAID’s continued support at each of the supported sites.



USAID- Haiti supports the La Fossette Health Center through their contract with SSQH

## Stakeholder engagement

In order to follow proper protocol, engagement with MSPP initially occurred by sending formal letters of introduction from the project’s Chief of Party to the various MSPP regional offices. Site-level engagement followed from there.

During this period, support was also provided to MSPP Artibonite in their SBCC efforts leading up to and during the three-day, National Carnival festivities in Gonaives. This support covered the deployment of outreach workers which canvassed the Carnival route and surrounding areas, disseminating key messages around public health (information about hand-washing stations and portable lavatories; awareness around cholera prevention and STIs, especially HIV/AIDS, etc.). These same messages were reinforced through incorporation into the MSPP bleacher, in both a mural and a scrolling electronic banner visible in the evening.



Health promotion activities in Gonaives during the Carnival Period February 2014

## Project website

During Year 1 of SSQH–Nord, the project carried out a website needs assessment and submitted a website development request to the USAID Website Governance Board, per requirements from USAID’s Bureau for Legislative and Public Affairs restricting creation of new USAID-funded websites. The project was notified on April 30, 2014 that SSQH–Nord had received clearance to begin development of the website. Following this approval, the project developed a highly detailed scope of work and request for proposals to select an appropriate web-development vendor. SSQH–Nord requested quotes from ten vendors on July 31, 2014; received seven proposals by the August 15 deadline; and signed a purchase order with Confluence on September 18. The project has already held a kick-off and several follow-up meetings to discuss design and functionality requirements, data dashboard integration, content management, French language options, and information architecture. SSQH–Nord has also procured the [www.SSQH-nord.com](http://www.SSQH-nord.com) domain for the website; the URL is currently redirecting to the project description on URC’s website until the launch of the stand-alone site.

## Knowledge management

The project began its knowledge management activities internally in Year 1, setting up a local, shared directory for the archiving and retrieval of knowledge. The project now relies on a more conventional library of reference documents on Haitian health policy and norms, but documents and other relevant information will eventually be posted on the project website for internal and external use.

SSQH–Nord also developed a documentation pipeline during the period and will use it to plan and track the project’s communications materials, including success stories (like those included in the Appendix), technical briefs, and improvement collaboratives’ “knowledge nuggets” and lessons learned.



# Implementation Challenges

CHALLENGES	PROPOSED SOLUTIONS
<b>Inadequate human, material, and financial resources</b> <ul style="list-style-type: none"><li>• Lack of staff/difficulties recruiting</li><li>• Lack of incentive payments</li><li>• Inadequate outreach to populations</li><li>• Limited access to drugs and medication</li><li>• Limited capacity to provide care</li></ul>	<b>Scale up programs and maximize current resources</b> <ul style="list-style-type: none"><li>• Mobilize the community to support programs</li><li>• Collaborate with DDS to ensure consistent stock of medications</li><li>• Ensure internet access across all PPS as well as access to software and smartphone apps</li><li>• New HTC and PMTCT sites</li></ul>
<b>Irregular systems and/or implementation</b> <ul style="list-style-type: none"><li>• Logistical challenges</li><li>• Poor quality of healthcare services</li><li>• Lack of standardized, systematic protocol</li><li>• Untimely reporting</li></ul>	<b>Follow national and WHO guidelines</b> <ul style="list-style-type: none"><li>• Appropriate training and coaching of all staff and community health workers</li><li>• Collaborate with DDS to encourage ongoing supervision, technical support, and quality implementation</li><li>• Reinforce CHW-PPS bidirectional coordination</li></ul>
<b>Lack of cross-sector integration</b> <ul style="list-style-type: none"><li>• Need to simultaneously address HIV, TB, nutrition, and psychosocial activities, and how they affect each other</li></ul>	<b>Establish mechanisms for collaboration</b> <ul style="list-style-type: none"><li>• These mechanisms could include: early infant diagnosis of HIV, psychosocial support interventions, integrating GBV and CP in HIV discussions, screening all HIV+ patients for TB, treating for co-infection, trainings on population-specific nutritional needs, and working with IT and KM to consolidate materials in easy-to-access locations and programs.</li></ul>
<b>Unreceptive target population</b> <ul style="list-style-type: none"><li>• Patient retention</li><li>• Poor adherence to treatment</li><li>• Lack of active case finding in community</li></ul>	<b>Plan educational/advocacy activities</b> <ul style="list-style-type: none"><li>• This could include: home visits, health education “fairs” and demonstrations in public places, community ART distribution, and others.</li><li>• Trainings should be tailored to their target populations</li></ul>



## Appendices

- Appendix 1: Success Story 1
- Appendix 2: Success Story 2
- Appendix 3: SSQH–Nord Organizational Chart
- Appendix 4: Progress Against Project Results
- Appendix 5: Partnerships and Collaborations

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# Appendix 1: Success Story 1

## Ensuring access to life-saving medication: Reinforcing the HIV and TB pharmaceutical supply chain

In countries where solid infrastructure and resources are abundant, most people, when filling a prescription, would not think twice about the logistics involved in getting that medication safely to the pharmacy shelves. But in Haiti, where passable roads and stable electricity are the exception, the process of procuring medication and getting it from the distributor to the pharmacy and then to the sick patient who depends on it requires a highly functional system that is communicative and well-equipped to confront infrastructure challenges. When supplies are not ordered on time, or if logistics are not properly managed to ensure the safe storage of pharmaceuticals, the results can be dire: damaged medications and, in the worst case, stock-outs—total unavailability of life-saving medication.

For people living with a long-term illness that requires careful, consistent management—like HIV or TB—the stakes are high. At 2.0%, the rate of HIV prevalence in Haiti remains the highest in the Caribbean.<sup>5</sup> An uninterrupted and viable supply of anti-retroviral drugs (ARVs) and other medications to treat common opportunistic infections (OIs), like TB, is therefore critical to initiate treatment and improve the health status of newly-diagnosed patients. For patients who already rely on ARV therapy or TB medications to control or treat infection, the consequences of a sudden gap in drug availability can be grave, including developing drug resistance, relapse, or co-morbidities and an increased risk of transmitting the disease to others.

A main objective of the SSQH–Nord project is to strengthen the functionality of US-government-supported referral networks. A critical component of that objective is improving drug and other medical-commodity supply chains and logistics management within these networks, particularly for vital HIV and TB medications. USAID’s Supply Chain Management System (SCMS) is one of the principle suppliers of Haiti’s ARV and OI supply chains, coordinating procurement of essential medications to partner sites. SSQH–Nord currently supports 21 laboratory and pharmacy sites within the SCMS network that supply these specialized therapies to patients across Haiti’s four northern departments: Artibonite, Nord-Ouest, Nord, and Nord-Est. When the project launched in October 2013, less than 40% of these sites were submitting timely, monthly stock-consumption reports to SCMS. These reports are an important field-to-supply-point communication tool,



Pharmacy shelves at CSL La Fosette.

<sup>5</sup> <http://data.worldbank.org/indicator/SH.DYN.AIDS.ZS>

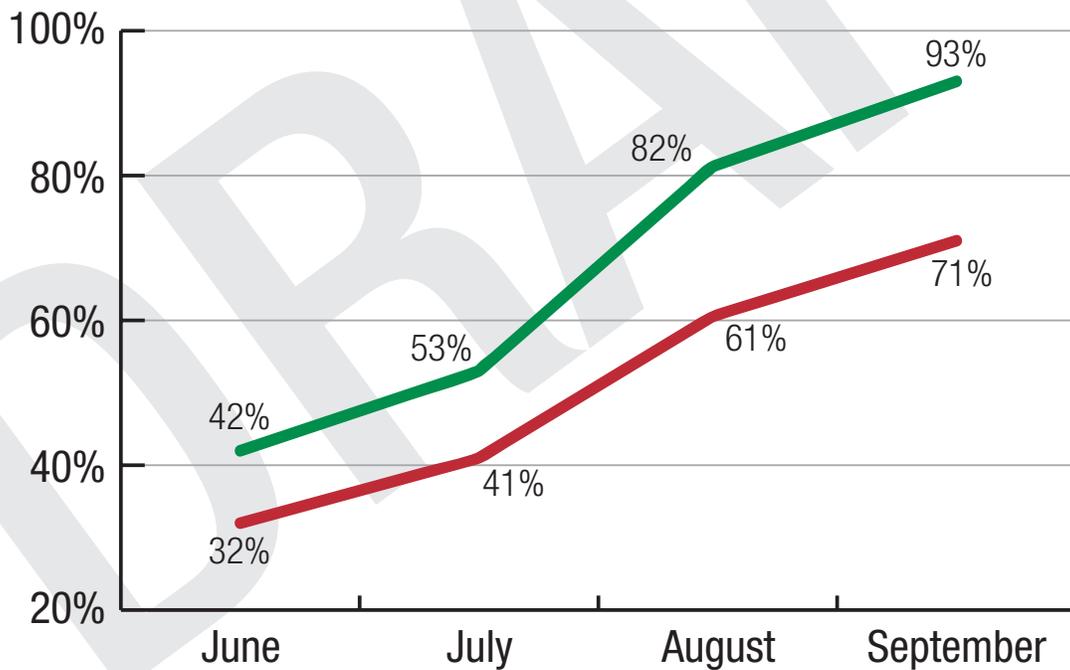


enabling SCMS to place drug orders for national distribution based upon need. Inconsistent and inaccurate reporting among sites compromises the entire supply chain and contributes to crises like insufficient supply or total stock-outs of life-saving medications, leaving patients and communities vulnerable to poor health outcomes.

In response to this urgent need, SSQH–Nord collaborated with SCMS to identify the source of the problem, namely, the need for training and reinforcement of best practices for stock management and reporting. Together, they quickly mobilized technical assistance to the 21 SSQH–Nord-supported sites. Specific activities included: training HIV/TB stock managers on basic pharmaceutical management; identifying communication focal points and developing phone, mail, and text-based strategies to increase reporting rates; and reinforcing the reporting circuit and adherence to best practices through follow-up supervision visits from SSQH–Nord team members.

Over the year, monthly network tracking reports compiled by SCMS demonstrate a dramatic trend of improvement as the project's consistent reinforcement of these messages and practices, through accompaniment of lab and pharmacy staff, began to yield results. With each site preparing three separate reports per month, the overall target for SSQH–Nord sites is timely submission of all 63 reports. By the end of SSQH–Nord's first year, reporting rates among its 21 supported sites climbed from less than 40% to an annual best of 93%, making it one of the most successful partners within the network, well above the peer average of 71% (see graph, below). The success of this collaboration between SCMS, SSQH–Nord, and the supported pharmacies and labs not only ensures that more Haitians will have access to the HIV and TB medications they need to live longer, healthier, and more productive lives, but it also promotes the overall wellness of communities by reducing the spread of disease and increasing the number of community members able to contribute to their society.

**2014 Monthly Reporting Rate to SCMS for Lab, ARV and Opportunistic Infection Drug Supplies**  
URC-supported sites compared the network average



- On-time Reporting Rate (%) - URC-supported sites
- On-time Reporting Rate (%) - Average among all SCMS network members

## Appendix 2: Success Story 2

### Psychosocial support crucial for treatment adherence for people living positively with HIV

In her early 30s, Miss Joelle Télusma, a nursing student and mother to a three-year-old boy, had a bright future ahead of her until an unfortunate accident: during her first nursing internship, she was exposed to a patient's blood while inserting an IV.

"At the time, the health facility where I worked did not have an HIV program in place. No one working there knew about the importance of testing the patient or myself," says Miss Télusma, discussing the event. "But the patient did display what looked like stage 4 AIDS symptoms, including extreme weight loss, weakness, blotchy skin and sores, and so it always stayed in the back of my mind." Four months later, back home and finishing her training, she found the courage to call the health institution where she enquired about the patient.

Much to her dismay, the patient had passed away in the interim and the staff confirmed that it was of AIDS-related causes. Miss Télusma turned to Clinique Médico-Chirurgicale Dugué (CMC Dugué) for testing, but left before the staff could give her the results. Luckily, CMC Dugué has a USAID-supported palliative care team trained for such situations and they were able to contact her regarding her positive test result. Through prevention, assessment and treatment of pain, and provision of support for other physical and psychosocial challenges, HIV-positive patients and others with life-threatening illnesses see an improved quality of life for themselves and their families.

USAID support has been crucial in CMC Dugué's capacity to establish and continually expand access to HIV/AIDS care and support. From an initial palliative care program, over the years CMC Dugué has been able to integrate comprehensive HIV/AIDS services, including counselling and psychosocial support, as part of its continuum of care. With USAID assistance, the clinic was able to provide training to its staff, ensure appropriate supplies and drugs for testing and treatment, and receive additional support to better integrate HIV services into the service delivery processes.

Nurse-Counsellor Gaëlle Dugué recounts the tale. "I know my community very well, and I've known Miss Télusma's family for years. I visited her at home to provide her with her test results. As we do with all our patients, we were prepared to provide her comprehensive support, recognizing the challenges of learning to live with HIV." On her visit, she found that Miss Télusma's emotional state had unraveled to the point that she was keeping her son home from school, dirty and neglected. Nurse Dugué, undeterred,



*Social Worker Jodelyn Innocent counsels an HIV patient at CMC Dugué.*

returned two days later with her colleague Mr. Jodelyn Innocent, a social worker. Together they convinced Miss Télusma to return to the clinic for psychosocial support.

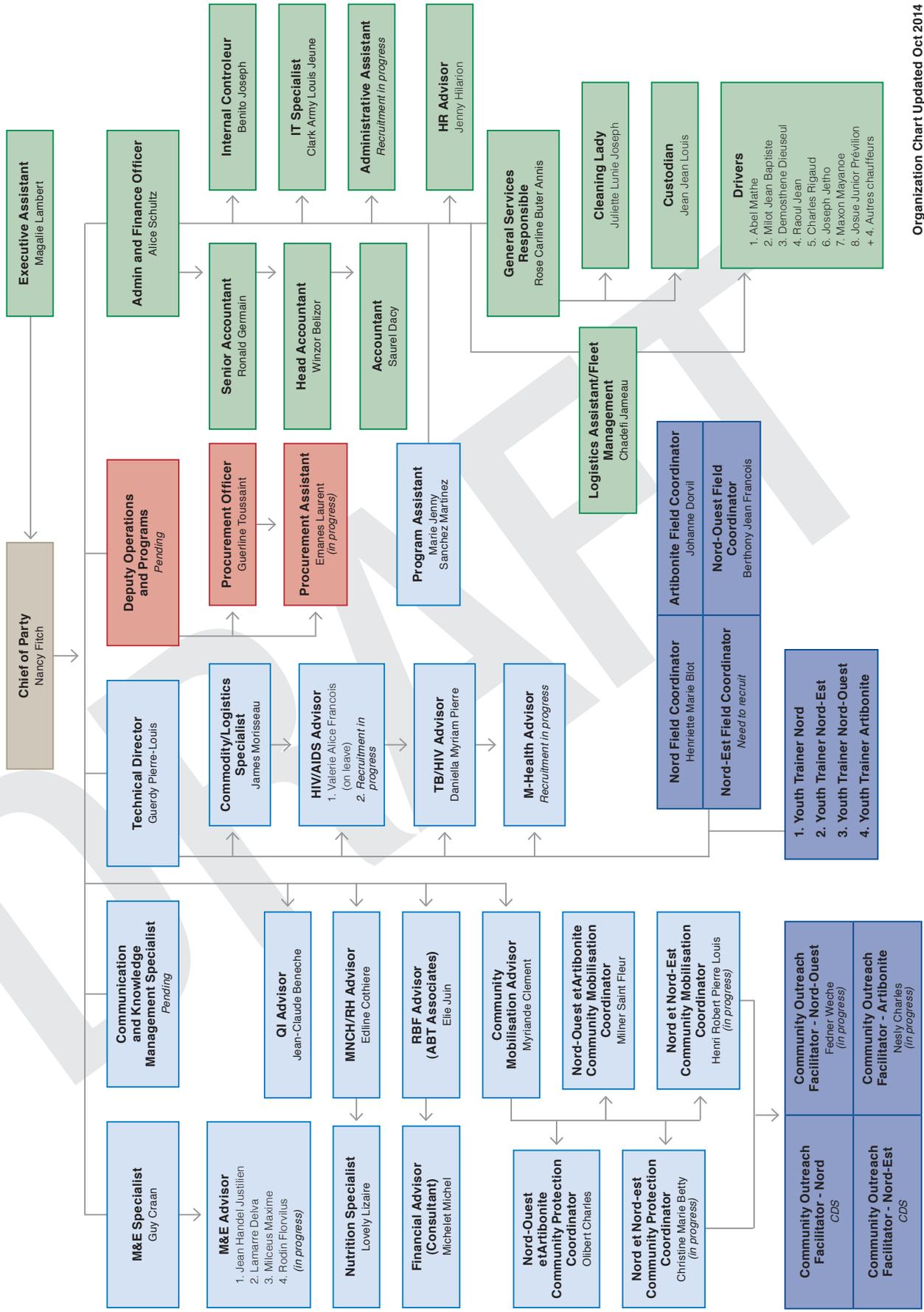
After several home visits carried out either by Nurse Dugué, Mr. Innocent, or Ms. Arielle Chérisca, the psychologist hired through the USAID-funded HIV treatment program, Miss Télusma's emotional well-being has improved. She is back in school, follows the treatments religiously and is an active member of the support group for people living with HIV. Now in her fourth year of studies, she seeks regular support from the antiretroviral (ARV) counsellor in charting a path towards a full life while protecting her health and that of her loved ones.

In order to provide the kind of outreach and care Miss Télusma received, USAID support has been crucial in helping CMC Dugué to establish and continually expand access to its HIV/AIDS program. The USAID SSQH–Nord project works with the Haiti Ministère de la Santé Publique et de la Population (MSPP) to ensure the quality of health service delivery in 86 public and non-governmental organization (NGO) health facilities, including CMC Dugué, to support such efforts.

# Appendix 3: SSQH-NORD Organizational Chart

**SSQHNORD**  
SERVICES DE SANTÉ DE QUALITÉ POUR HAÏTI-NORD

■ Technical Staff   
 ■ Field Staff   
 ■ Admin & Finance Staff   
 ■ Operations Staff



## Appendix 4: Progress Against Project Results

Below are data as collected and verified by SSQH–Nord staff. Where results could be not reliably verified, the indicator results are not included. The project is diligently working to improve the reporting and data verification procedures.

PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - SEPT 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
<b>Objective 1: Increased utilization of the MSPP integrated package of services at primary care and community levels, particularly in rural or isolated areas</b>						
1.H.1	USAID 3.1.1-24 PEPFAR P11.1D	Number of individuals who received HIV testing and counseling (HTC) services for HIV and received their test results	73,227	82,374	112%	The number of individuals who received HTC services for HIV and received their results exceeded the target set for the year. One of the reasons for this achievement is the expansion of rapid HIV testing in the facilities and the use of mobile clinics to test additional patients for HIV.
1.H.2	USAID 3.1.1-59 PEPFAR P.1.1.D	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	35,655	24,977	70%	One of the reasons for achieving 70% of the target is due to the fact that the expected number of pregnant women was calculated with a 4% coefficient while it should be at 2,8%, in accordance with the updated national average. We are going to review and harmonize target with national demographic parameters.
1.H.3	USAID 3.1.1-61 PEPFAR P1.2.N	Percentage of HIV positive pregnant women who received ARVs to reduce risk of mother-to-child transmission during pregnancy and delivery	90%	84%	93%	Numerator = 483 Denominator = 574
1.H.4	USAID 3.1.1-6 PEPFAR T1.1D	Number of adults and children with advanced HIV infection newly enrolled in ART	1,740	1,300	75%	To improve enrollment of eligible patients on ART, palliative care patients will be screened to identify eligible patients for ART. Protocols will be updated to include immunologic criteria (CD4 of 500). ART services will be expanded to more rural sites to decrease LTFU.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - SEPT 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.H.5	USAID 3.1.1-10 PEPFAR T1.2D	Number of adults and children with advanced HIV infection receiving ART (CURRENT)	3,487	3,333	96%	
1.H.6	USAID 3.1.1-78 PEPFAR T1.3D	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	65%	75%	116%	Numerator = 674 Denominator = 897  One of the reasons that we surpassed this target is mainly because it was underestimated. Targets will be set by 90% for this indicator instead of 71% for FY2015.
1.H.7	USAID 3.1.1-69 PEPFAR C1.1D	Number of adults and children provided with a minimum of one care service	6,530	5,479	84%	Challenges encountered by the project are linked to the number of patients tested positive vs. those who are actually enrolled in care. There are ongoing strategies to increase enrollment in care, as well as to identify more HIV-positive patients in the community within the MARPs, and to coach service providers so that those HIV service sites could also be MARP-friendly.
1.H.8	USAID 3.1.1-85 PEPFAR C4.1D	Percentage of infants who received an HIV test within 12 months of birth	55%	43%	78%	Numerator = 245 Denominator = 574  One of the reasons that we did not achieve our objective for FY2014 was due to the fact that exposed children's first PCR is done at 4 weeks of life based on national guidelines. If a child is not brought to the facility in this period, they may not receive virological testing. Caris, in collaboration with SSQH-Nord, will increase efforts to provide virological testing for exposed infants, even if they do not present at a facility until after the first four weeks of life, to enable infected infants to be enrolled earlier on treatment.
1.T.1	USAID 3.1.2.2-1	Percentage of all registered TB patients who are screened for HIV	90%	90%	100%	Numerator = 985 Denominator = 1092



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - SEPT 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.T.2	USAID 3.1.1-74 PEPFAR C2.4D	Number of all HIV positive patients who were screened for TB in HIV care or treatment settings	3,487	4,926	141%	The results for this indicator were higher than expected because SSQH-Nord provided coaching on the PNLT guidelines at project facilities. These guidelines recommend that all HIV+ patients are screened for TB. Additionally, SSQH-Nord implemented a monitoring system in all sites to capture TB screening, allowing data to be collected that was not previously reported.
1.T.3	USAID 3.1.1-75 PEPFAR C2.5D	Percentage of HIV+ patients in HIV care or treatment who started TB treatment	2.9%	2.0%	69%	Numerator = 107 Denominator = 5479  The project did not reach its target, possibly due to the fact that a lower percentage of HIV-positive patients contract TB because of the promotion of INH Prophylaxis. More HIV-positive patients were screened for TB than before, and according to the WHO guidelines, all HIV-positive patients not suspected of TB should be on INH Prophylaxis, protecting them against TB for at least 12 months. Based on that, fewer HIV-positive patients would developed TB and therefore start TB treatment. Of the number of 107 patients put on TB treatment, 123 was diagnosed for TB, which means that 87% of them were put on treatment. Therefore, we will continue to require sites to follow the WHO and the national guidelines to screen all HIV patients for TB and treat TB-infected patients in order to decrease transmission and mortality related to the disease.
1.T.4	PEPFAR C3.2N	Percentage of estimated HIV+ incident TB cases that received treatment for TB and HIV	18%	24%	139%	Numerator = 30 Denominator = 123  The target was underestimated and will be adjusted for 2015.
1.T.5	USAID 3.1.2.1-2	Case notification rate of new sputum smear positive pulmonary TB cases per 100,000	74	77		Numerator = 1039 Denominator = 1341567



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - SEPT 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.T.6	USAID 3.1.2-31	Percentage of estimated new smear-positive pulmonary TB cases that were detected under DOTS	15%	63%	420%	Numerator = 1039 Denominator = 1650  MSPP norms consider all TPM+ cases to be detected under DOTS which caused us to achieve 4 times the expected result.
1.T.7	N/A	Percentage adoption of TB infection control plan at supported facilities	100%	65%	65%	Numerator = 30 Denominator = 46  Challenges in implementation of infection control plans included the unavailability of the national reference guide. There is ongoing planning with TB departmental coordinators to have joint visits and assess TB infection control plan on sites in accordance with national protocols. We will also ensure that all TB sites in our network adopt an infection control plan.
1.T.8	N/A	Number of patients receiving IPT	4,714	4,524	96%	
1.T.9	USAID 3.1.2.1-4	Percentage of USG-supported laboratories performing TB microscopy with 95% or higher rate of correct results	63%	38%	60%	Only 18 of 32 sites have external quality assessment by the national lab. Of the 18, 12 scored higher than 95%. External quality assessment will be extended to the remaining 14 sites in year 2.
1.M.1	USAID 3.1.6.1-2	Percentage of pregnant women with at least 3 prenatal visits	34%	31%	91%	Numerator = 18088 Denominator = 59152
1.M.2	USAID 3.1.6.1-1	Percentage of births attended by skilled birth attendants in USG-supported programs	17%	15%	89%	Numerator = 8957 Denominator = 59152  Most births in Haiti are attended in the community by TBAs. The project is improving facility care and community education to improve skilled attended births.
1.M.3	USAID 3.1.6-30	Percentage of newborns receiving postnatal health check within two days of birth	17%	32%	190%	Numerator = 5292 Denominator = 59152  National data is reported on newborns receiving postnatal health checks within the first 72 hours of life. Systems will be put in place in year 2 of the project to track all visits within the two days of birth.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - SEPT 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.M.4	N/A	Percentage of children <1 fully vaccinated in project areas	95%	67%	71%	Numerator = 27820 Denominator = 41406  The prolonged national-level stock-out of vaccine antigen decreased the percentage of children vaccinated nationally. SSQH-Nord works closely with DDS to provide better quantification and stock management.
1.M.5	USAID 3.1.9-16	Number of children <5 receiving Vit.A from USG-supported programs	134,706	98,656	73%	There was a national-level stock-out of Vit A, supplied by UNICEF, limiting this indicator to 73%. SSQH-Nord will support national and regional logistics and collaboration with UNICEF in year 2.
1.M.6	USAID 3.1.9-15	Number of children <5 reached by USG-supported nutrition programs	157,156	197,353	125%	Both growth monitoring at facilities and communities were included in reporting this indicator. Parent education on growth monitoring in communities was done, stimulating demand, as well as systematic follow-up by providers. The target will be increased for year 2.
1.M.7	USAID 3.1.9-16	Prevalence of underweight children under five years of age	7.4%	8.6%	116%	Numerator = 18103 Denominator = 209687  The increase in underweight children might reflect the end of the food supplementation program by consortium of partners.
1.M.8	N/A	Percentage of children under age 5 identified with severe or moderate acute malnutrition (using MUAC)	10%	12%	122%	Numerator = 12054 Denominator = 103768  This indicator includes children tested by weight, height and MUAC. The result reflects community and institutional activities. Tools used to measure and report acute malnutrition and avoid double-counting will be improved in year 2 both at the community and facility levels.
1.M.9	USAID 3.1.9.1-4	Percentage of children under 6 months of age exclusively breastfed	43.7%	0%	0%	Activities supporting exclusive breastfeeding occurred in all project-supported sites. This indicator should be measured by a population survey, which was not done in 2014 and will be done in 2015.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.M.10	USAID 3.1.9-6	Anemia prevalence among pregnant women receiving antenatal care	19.3%	21%	110%	Numerator = 6769 Denominator = 31986  Exceeding this indicator can be explained by training providers to do systematic testing for anemia of pregnant women.
1.M.11	USAID 3.1.9-1	Number of people trained in child health and nutrition through USG-supported programs	297	0	0%	Child health and nutrition activities were focused on CHWs, which are reported below for indicator 1.2.a. Trainings in nutrition for providers are anticipated for larger sites.
1.R.1	USAID 3.1.7-38	Percentage of women of reproductive age using modern family planning methods	22.59%	17%	76%	Numerator = 69438 Denominator = 403309  The target was not achieved due to interruption of activities promoting FP.
1.R.2	N/A	Number of youth (15-25 yrs) accessing RH services	36,769	51,958	141%	The baseline value was underestimated.
1.R.3	USAID 3.1.7.1-1	Couple years protection in USG-supported programs	147,231	111,423	76%	Short-term methods predominate in Haiti. Training and other activities in long term methods will be emphasized in year 2.
1.R.4	USAID 3.1.7.1-3	Percentage of USG-assisted service delivery sites providing family planning (FP) counselling and/or services	100%	100%	100%	
1.G.1	USAID GNDR-6	Number of people reached by a USG-funded intervention providing gender-based violence services	121	120	99%	
1.G.2	N/A	Number of health institutions providing clinical assistance and referrals of child protection cases to legal and social services	21	11	52%	First-year activities focused at the community level to improve the training of CHWs and better understand the needs of the community. We will work in year 2 to develop capacity at the facility level.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.G.3	N/A	Number of community and clinical health staff and community-based actors trained to recognize and refer GBV and child protection cases to appropriate legal and social services	400	123	31%	First-year activities focused on gathering information on existing GBV and child protection actors and efforts in order to leverage existing resources to expediate progress in the second year. Additionally, contractual responsibilities on GBV and Protection were shifted to capitalize on partner strengths and local resources. These shifts, as well as changes in staffing structure, caused delays initially but will ultimately improve team efficacy in the coming year.
1G.4	N/A	Number of children reached by protection services <sup>10</sup>	300	13	4%	Data is currently reported in the monthly facility reports. Systems will be put in place in year 2 of the project to better capture these services.
1.B.1	N/A	Average percentage performance according to standards for critical care practices	N/A	N/A		Reporting to begin after critical care activities are launched.
1.B.2	N/A	Percentage of eligible sites certified to serve as critical care stabilization centers <sup>11</sup>	N/A	N/A		Reporting to begin after critical care activities are launched.
1.C.1	N/A	Total number of client visits to project-supported facilities or CHWs	520,000	842,046	162%	The target was underestimated since all the visits, even the follow-up visits, are counted.
<b>IR1.1: Incentivizing of high quality performance at supported facilities and communities</b>						
1.1.a	N/A	Number of facilities with RBF contracts in place	8	0	0	Reporting to begin after RBF is launched.
1.1.b	N/A	Percentage of facilities where the performance (RBF) score increased from previous period	10%	0%	0%	Reporting to begin after RBF is launched.
<b>IR1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral</b>						
1.2.a	N/A	Number of CHWs able to provide full integrated package of services in USAID areas	400	425	106%	
1.2.b	N/A	Number of community members participating in community-level QI meetings	200	0	0%	Data will be reported in year 2 of the project.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
<b>IR1.3: Increased access to services by increasing range and ease of obtaining services</b>						
1.3.a	PEPFAR T1.5.N	Number of sites providing integrated ART	11	11	100%	
1.3.b	N/A	Number of sites providing pediatric treatment, care and support	19	19	100%	
1.3.c	PEPFAR P11.3.N	Number of health facilities that provide HIV testing and counseling services	21	21	100%	
1.3.d	N/A	Number of sites linking vulnerable populations to PL 480 Title II services	12	0	0%	A review of the services available was started and will be finalized in year 2 of the project. Depending on the availability of these services, data will be reported in year 2 of the project.
1.3.e	USAID 3.1.6-64	Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	3,000	0	0%	Systems are being established to track this indicator. Data will be reported in year 2 of the project.
1.3.f	N/A	Number of USG-supported facilities that provide appropriate life-saving maternity care	19	19	100%	
1.3.g	N/A	Number of newborns not breathing at birth who were resuscitated in USG-supported programs	40	0	0%	Systems are being established to track this indicator. Data will be reported in year 2 of the project.
1.3.h	N/A	Number of women reached with individual or small group level education on the benefits of exclusive breastfeeding	6,000	3,882	65%	This number includes only women reached in groups via NGO sites. Next year women in public facilities will also be included.
1.3.i	N/A	Number of individuals trained to implement improved sanitation methods	297	181	61%	First year activities focused on the NGOs. We will work in year 2 to extend this activities to public sector.
<b>Objective 2: Improved functionality of the USG-supported health referral networks</b>						
2.a	N/A	Number of health referral networks established (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	1	0	0%	Reporting to begin after health referral networks are launched.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
2.b	N/A	Number of individual referrals made (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	50	0	0%	Reporting to begin after health referral networks are launched.
2.c	N/A	Percentage of referrals completed	50%	0	0%	Reporting to begin after health referral networks are launched.
2.d	N/A	Ratio of CHWs to population attached to health facility	1 CHW to 2,000 persons	.84 CHW to 2,000 persons		The indicator did not include supervisors, which would increase the ratio.
2.e	N/A	Average percent case management score based on MSPP Quality Checklist at sites receiving ongoing roving team support	25%	54%	216%	Numerator = 5251 Denominator = 9701  The data for this indicator come from the baseline survey conducted in April 2013. The target was established before the baseline was conducted and therefore was lower than the current score at the facilities. The target for year 2 will be revised to better reflect the baseline score. In year two of the award, data will be collected on a semi-annual basis.
<b>IR2.1: Improved health workforce capacity within health referral networks</b>						
2.1.a	N/A	Number of health workers trained/re-trained to perform defined roles in referral network (total), by cadre (e.g. CHW, nurse, physician, lab tech, pharmacist, etc.)	20	0	0%	Reporting to begin after health referral networks are launched.
2.1.b	N/A	Number of health referral networks with rationalized health workforce plans (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	2	0	0%	Reporting to begin after health referral networks are launched.
<b>IR2.2: Strengthened information system and data flow within health referral networks</b>						
2.2.a	N/A	Number of health referral networks with defined SOPs for information flow (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	2	0	0%	Reporting to begin after health referral networks are launched.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
2.2.b	N/A	Number of health referral networks using data generated by referral information system for RBF indicators (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	2	0	0%	Reporting to begin after health referral networks are launched.
<b>IR2.3: Improved drug and other medical commodity supply chain / logistics management within health referral networks</b>						
2.3.a	N/A	Number of health referral networks with defined SOPs for drug/supply chain management (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	2	0	0%	Reporting to begin after health referral networks are launched.
<b>IR2.4: Improved oversight of network management by UAS coordinators to support referral network through QI</b>						
2.4.a	N/A	Percentage of health referral networks with supervisory visit documenting improvements in quality in last 6 months (total), by service type (e.g. critical care, labor and delivery, HIV/AIDS, TB)	100%	0	0%	Reporting to begin after health referral networks are launched.
<b>Objective 3: Institutionalization of key management practices at facility and community levels to facilitate sustainable delivery of quality health services</b>						
3.a	N/A	Number and percentage of sites maintaining auditable monthly financial reports	80%	19%	23.81%	SSQH-Nord recommends review of this indicator as sites only report on project funds received. An indicator reflecting application of best public financial management practices would be more useful to track improvements.
3.b	N/A	Percentage of sites implementing continuous quality improvement plans	100%	0	0%	Data will be reported in year 2 of the project.
3.c	N/A	Percentage of institutions implementing a timely and accurate procurement process for vital products	50%	0%	0%	We recommend changing this indicator to be more measurable, such as number of tracer drugs with reported stock-outs.
3.d	N/A	Percentage of sites providing services in compliance with QI-identified priority service issues	50%	0	0%	Data will be reported in year 2 of the project.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
3.e	N/A	Percentage of clients reporting satisfaction with services provided	40%	32%	80%	Numerator = 153 Denominator = 473  The data for this indicator come from the baseline survey conducted in April 2013. In year two of the award, data will be collected on a semi-annual basis.
3.f	N/A	Percentage of community members demonstrating improved health-seeking behavior	25%	0	0%	Systems are being developed to track this data. They will be reported in year 2 of the project.
<b>IR3.1: Quality improvement mechanisms implemented in all project sites</b>						
3.1.a	N/A	Percentage of sites with continuous quality improvement teams operating according to minimum criteria	30%	35%	116.28%	Numerator = 30 Denominator = 86  30 sites had CQI committees in place September 2014, among 84 facilities and 2 rally posts.
<b>IR3.2: Enhanced departmental staff skills for supportive supervision of quality health services</b>						
3.2.a	N/A	Number of departmental and zonal supervisors trained in supportive supervision and/or coaching	60	0	0%	Data will be reported in year 2 of the project.
<b>Objective 4: Departmental health authorities' capacity to manage and monitor service delivery strengthened</b>						
<b>IR4.1: Improve management skills and use of management tools at Departmental level</b>						
4.1.a	N/A	Number of management tools introduced and used at the Departmental level	2	0	0%	Tools to be introduced in year 2 based on need.
<b>IR4.2: Enhanced departmental staff skills for supportive supervision of quality health services</b>						
4.2.a	N/A	Percentage of sites receiving quarterly supervision visits with summary report produced	50%	0	0%	Data will be reported in year 2 of the project.
4.2.b	N/A	Percentage of sites in which priority recommendations from site visits are addressed properly	100%	0	0%	Data will be reported in year 2 of the project.
4.2.c	N/A	Percentage of health facilities providing services in compliance with MSPP Quality Checklist	20%	0	0%	Data will be reported in year 2 of the project.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
<b>IR4.3: Enhanced departmental staff skills in planning, coordination, monitoring, and supportive supervision</b>						
4.3.a	N/A	Number of departmental staff trained and/or mentored	25%	0	0%	Data will be reported in year 2 of the project.
<b>IR4.4: Support introduction of technology solutions for improved management</b>						
4.4.a	N/A	Technologies tested on pilot basis and approved for broader use	1	0	0%	Product testing is anticipated for early year 2 and will be reported on in the next reporting cycle.

DRAFT

# Appendix 5: Partnerships And Collaborations

## USAID Projects

PROJECT	CONTACT PERSON/TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
SSQH Central/South	Tanou Diallo, COP	Core project management and goals	<ul style="list-style-type: none"> <li>• Harmonization of HIV site activation strategy and PMP</li> <li>• Joint meetings with MSPP on roll out of RBF</li> <li>• Coordination on maternal health and health education and communication materials</li> <li>• Meetings between Finance Directors for both projects</li> <li>• Both Pathfinder and URC are using the same subcontractor Dimagi to roll out m-health applications in both Central/ South and the North.</li> </ul>	Regular communication and continued collaboration, with formal monthly meeting
HPP AKSE/ Futures Group	Philippe-Raymond Cantave, Program Director	GBV and CP service mapping	<ul style="list-style-type: none"> <li>• Initiated contact to learn about GBV and CP services mapping exercise and share information about SSQH–Nord sites in departments where projects overlap.</li> </ul>	Regular communication to identify areas for information-sharing and collaboration
ASSIST	Daniel Joseph	Norms in CP, Orphans and Vulnerable Children (OVC)	<ul style="list-style-type: none"> <li>• SSQH–Nord supported sites participated in training on new CP standards</li> </ul>	Centre Médico-Social of Ouanaminthe (Nord'Est) and Clinique Dugué (Nord) selected for implementation of norms in CP (specifically OVC)
AVANSE - Appui à la Valorisation du potentiel Agricole du Nord, à la Sécurité Economique et Environnementale	Bertrand Laurent, Chief of Party	Improving nutrition for OVC	<ul style="list-style-type: none"> <li>• Informal conversations at USAID-supported events</li> <li>• Formal meeting with URC Vice-President and Senior Health Systems Strengthening Advisor</li> <li>• Phone calls and with COP</li> </ul>	Formal meeting scheduled to share information and identify collaboration mechanisms related to nutrition for OVC



PROJECT	CONTACT PERSON/TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
BEST/Caris Foundation International	Nathaniel Segaren	Educational scholarships for children of HIV+ parents (primary-school level)	<ul style="list-style-type: none"> <li>• Meeting to discuss OVC approach and PMTCT and agree on division of responsibilities (Caris to focus on clinical settings and SSQH–Nord on community level OVC care)</li> <li>• SSQH–Nord and Caris agreed that all PMTCT patients from SSQH–Nord sites will be referred to Caris for community support and tracking, and to ensure EID at four to six weeks of age by PCR (2), prophylaxis within 72 hours of birth, and immediate initiation of ART.</li> <li>• CARIS and SSQH–Nord will collaborate to improve therapy adherence among PMTCT patients and reduce patients lost to follow-up</li> <li>• SSQH–Nord received information about BEST eligibility criteria for OVC school fee support</li> </ul>	Signing of a formal MOU between CARIS and SSQH–Nord. SSQH–Nord Community Mobilization and OVC Coordinator to coordinate activities with Caris.
EVIH-T - Avoid HIV and its Transmission	Elsie Lauredent	HIV/AIDS	<ul style="list-style-type: none"> <li>• Informal conversations at USAID-supported events.</li> <li>• Collaboration with EVIH-T and PSI to develop a joint community retention plan for people on ARV and submit to USAID.</li> </ul>	Approval from USAID of the joint strategy to start implementation among partners.
Haiti Strategic Information Systems/Futures Group	Donna Medeiros, Project Director HMIS Haiti Rikerdy Frédéric, DDV Senior Advisor Alain Dougé, Sheryl Martin, COP	Strengthening MSPP health information systems and providing outcome data	<ul style="list-style-type: none"> <li>• Meeting to discuss DHIS 2.0 facets: use (functionality, data entry modes, validity, tools for analysis, reports production); connection to “Cloud” and to mobile telephones; migration from paper-based information system to Web technologies; multiplicity of existing database and integration of DHIS2</li> <li>• Training of M&amp;E staff on DHIS2.</li> </ul>	Entering DHIS2 data from SSQH–Nord sites for Yr1 Q4  Training of advisers for configuration and large-scale deployment
HtW – Health Through Walls	Karine Duverger	Prison Health Care (VIH-TB)	<ul style="list-style-type: none"> <li>• Informal conversations during joint meetings with USAID</li> </ul>	Initiate formal contact, share information, identify areas of collaboration



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HFG – Health Financing and Governance	Marie-Jeanne Ofosse	Improving financial management at departmental and site level	<ul style="list-style-type: none"> <li>Multiple meetings and close collaboration with HFG to share responsibility for strengthening of financial management of DDS and health facilities.</li> <li>SSQH–Nord finance consultant is supporting the TOT and rollout of financial management training in the Nord-Est Department</li> <li>SSQH–Nord and HFG staff co-developed training modules on financial management and administration for health facility management</li> <li>SSQH–Nord developed financial and administrative supervision manual that is being reviewed by HFG and MSPP prior to adoption as national standard</li> </ul>	MSPP and HFG adoption of financial and administrative supervision manual initially developed by SSQH–Nord. Waiting for MSPP approval. Share with USAID.
HHIP/AECOM - Haiti Health Infrastructure Project	Gary Turk, Chief of Party Kenson Théus, Assistant Project Manager	Improving infrastructure at site-level	<ul style="list-style-type: none"> <li>Formal meeting to share renovation needs assessment and priorities for SSQH–Nord project sites with AECOM management.</li> </ul>	Ongoing coordination for infrastructural improvements as possible.
HMMI - Haiti Mobile Money Initiative / HIFIVE	Claude Clodomir, Chief of Party	mHealth and mobile payments	<ul style="list-style-type: none"> <li>Initial discussions held.</li> </ul>	Contact World Council for technical assistance in selecting mobile payment solutions.
I-Tech	Rachel Labbé-Coq, Program Director	Electronic medical records	<ul style="list-style-type: none"> <li>Established joint approach to electronic medical records</li> <li>Collaboration to support improvement of health care monitoring at department level</li> <li>Joint mentoring of health care providers</li> <li>Coordinated approach on health system information and quality improvement</li> </ul>	Sign MOU on joint activities
LMG – Leadership, Management and Governance	Olivier Inginda, RBF Principal Technical Advisor	Coordination of RBF support, UAS implementation and governance at departmental level	<ul style="list-style-type: none"> <li>SSQH–Nord and LMG are coordinating to facilitate national rollout of the RBF strategy; LMG at the central level and SSQH–Nord is supporting rollout in its four supported departments. Ongoing collaboration ensure a streamlined approach and information-sharing across these levels.</li> </ul>	Regular communication, sharing of information and continued collaboration



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LMS – Leadership, Management, and Sustainability	Sandra Benjamin-Guerrier, Project Director	Supply chain and training for reproductive and sexual health	<ul style="list-style-type: none"> <li>SSQH staff participated in regular coordination meetings with LMS to share information on contraceptive services in institutions.</li> </ul>	Coordination and sharing of information will continue.
MFK – Meds and Food For Kids	Patricia Wolff, Executive Director	Ready-to-use Therapeutic Foods	<ul style="list-style-type: none"> <li>Formal contact initiated</li> </ul>	Formal meeting, information sharing, identify collaboration mechanisms
NASTAD – National Alliance of State and Territorial AIDS Directors	Barbara Roussel, Program Director Nadjy Joseph, PMTCT Surveillance Manager	HIV/AIDS data and monitoring	<ul style="list-style-type: none"> <li>Formal meeting to learn about NASTAD’s work to provide training and coordination for existing data platforms in Haiti, such as iSanté and MESI.</li> <li>The two projects agreed to conduct joint supervision of sites when NASTAD is in SSQH–Nord areas of intervention.</li> <li>The projects are collaborating to facilitate on-site training for HIV/AIDS data managers.</li> </ul>	Joint planning of supervision, training and intervention in SSQH–Nord sites
NSP – Nutrition Security Program / Partners of America	Carl Abdou Rahmaan, Chief of Party, Yves-Laurent Régis, Technical Director,	Community-level activities related to maternal and child health and nutrition	<ul style="list-style-type: none"> <li>Formal meeting to discuss coordination of activities, introduction of NSP-developed nutrition module in SSQH–Nord ASCP training, use of common BCC tools, and planning of joint field activities (May 23).</li> <li>Meeting between the two COPs to strengthen collaboration and jointly pilot the “Foyers de Démonstration Nutritionnelle” (nutrition demonstrations) (June 12).</li> <li>SSQH–Nord personnel participated in NSP-hosted five-</li> </ul>	In Year 2, collaborate in the training of NSP CHWs who are based in SSQH Nord catchment areas.
PSI Haiti – Population Services International	Annick Supplice, Executive Director	Reproductive health, maternal health	<ul style="list-style-type: none"> <li>Informal conversations at USAID-supported events</li> </ul>	Initiate formal contact, share information, identify areas of collaboration



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SPRING - Strengthening Partnerships, Results, and Innovations in Nutrition Globally	Dr Lerebourg	Nutrition, NACS approach	<ul style="list-style-type: none"> <li>Information gathering</li> </ul>	Initiate formal contact, share information , identify areas of collaboration
SCMS - Supply Chain Management Systems	Patricia Rouzier, Lab Advisor Olivia Du Moulin, Deputy Program Director	Supply chain and training for HIV/AIDS and TB sites	<ul style="list-style-type: none"> <li>Provided equipment and materials for activation of two HIV and one TB service site</li> <li>Ensured site staff training on supply management</li> <li>SSQH–Nord staff attended SCMS–hosted workshops May 12-16, and May 19 -23 focused on developing a two-year plan for the purchase and delivery of laboratory supplies and overview of FORLAB ARV laboratory and supply management software.</li> <li>Coordination for training of sites staff in stock management.</li> </ul>	Continuous close collaboration to ensure provision of ARVs and laboratory reagents to SSQH Nord sites.
Specialist Training for Disabilities Technicians Project		Specialist Training for Disabilities Technicians	<ul style="list-style-type: none"> <li>Information gathering</li> </ul>	Initiate formal contact, share information , identify areas of collaboration

## Other Institutions

PROJECT	CONTACT PERSON/TITLE	AREAS OF COLLABORATION	PROGRESS TO DATE	NEXT STEPS
DRI - Direct Relief International	Catherine Hermant, Executive Director	Equipment and supplies for health sites	<ul style="list-style-type: none"> <li>Contact established.</li> </ul>	SSQH–Nord to assess needs for equipment, supplies and pharmaceuticals at supported sites and share information with DRI, who will respond to needs depending on availability
Digicel TchoTcho	Karly Benjamin	Mobile Money	<ul style="list-style-type: none"> <li>SSQH–Nord had several correspondences with Digicel and an in-person meeting.</li> <li>A contract was drafted and reviewed and is ready to be signed.</li> </ul>	Sign the contract and begin registering staff with mobile money via Digicel



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INHSAC - Institut Haïtien de Santé Communautaire	Dr. Paul Carrénard	Training of health care workers	<ul style="list-style-type: none"> <li>Multiple meetings with INHSAC director and technicians.</li> <li>SSQH–Nord developed SOW including post-training supervision; INHSAC submitted proposal to SSQH–Nord.</li> </ul>	<p>Analysis of INHSAC proposal and budget.</p> <p>Develop contract.</p>
PARC - Projet d'appui au renforcement des capacités en gestion de la santé	Jean-François Labadie, Technical Assistant	Health care management	<ul style="list-style-type: none"> <li>Contact identified; discussion underway.</li> </ul>	
PRISMA – Projet de prise en charge intégrée de santé de la mère et de l'enfant	Martine Bernier, Project Director	Maternal and child health, UAS	<ul style="list-style-type: none"> <li>May 27–29 SSQH–Nord and PRISMA co-hosted two-day workshop discussion on transition from UCS to UAS. Participants were: MSSP Artibonite, SSQH, PRISMA, ZL and other DDS partners (May 27–29).</li> </ul>	UAS implementation has started in the Artibonite Department. SSQH and PRISMA will jointly support the UAS Marmelade-Saint Michel de l'Attalaye
UNICEF			<ul style="list-style-type: none"> <li>UNICEF received \$US 12 million funding to help with WASH, mainly cholera control, diarrheal disease control, and environmental hygiene. MSSP and PRISMA asked UNICEF to discuss possible areas of collaboration with SSQH–Nord.</li> <li>Initial meeting between UNICEF and SSQH–Nord held on June 23 to lay the foundation of this collaboration for the Artibonite department, specifically the Saint Michel de l'Attalaye area. Outlined role of CHWs and waste management.</li> </ul>	Formalize the working collaboration in the Artibonite Department.
World Bank	Isabelle Siméon, Focal Point Health Specialist	Results based financing	<ul style="list-style-type: none"> <li>Contact identified; discussion underway.</li> </ul>	

**Services de Santé de Qualité pour Haiti–Nord (SSQH–Nord)**

#7 Bis, Route de l'ODN, Vertières  
Cap-Haïtien, Nord HT 1110, Haïti  
+509 28 16 67 67 / +509 28 16 67 68

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**University Research Co., LLC**

7200 Wisconsin Avenue, Suite 600  
Bethesda, MD 20814  
Tel: (301) 654-8338  
Fax: (301) 941-8427  
[www.urc-chs.com](http://www.urc-chs.com)