



Services de Santé de Qualité pour Haïti–Nord Semi-Annual Report

OCTOBER 1, 2013 – MARCH 31, 2014

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On The Cover

Left: Families wait for children’s health services at CDS La Fossette in Cap-Haïtian.

Center: SSQH–Nord works to strengthen the public health referral network, helping connect patients to hospitals like Hôpital Justinien, Northern Haiti’s Reference and Teaching Hospital

Right: Dr. Saley Zakari, URC Senior QI Advisor, trains SSQH–Nord staff and partners in the concepts and practices of QI and Collaboratives

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DRAFT



Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ART	Antiretroviral Therapy
ARV	Antiretroviral
BCG	Bacillus Calmette-Guerin Vaccine
CAL	Centre de Santé avec Lits (Inpatient Clinic)
CDS	Centres pour le Développement et la Santé
CHW	Community Health Worker
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)
DOTS	Directly Observed Treatment Short Course
EmONC	Emergency Obstetric and Neonatal Care
FOSREF	Fondation Pour la Santé Reproductrice et l'Éducation Familiale
FP	Family Planning
FRAS	Research and Situational Analysis Form
GBV	Gender-Based Violence
HBB	Helping Babies Breathe
HFG	Health Finance and Governance Project
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HTC	HIV Testing and Counseling
HtW	Health through Walls Project
IEC	Information, Education and Communication
IEE	Initial Environmental Examination
INSHAC	Institut Haïtien de Santé Communautaire
IPT	Isoniazid Preventive Therapy
KM	Knowledge Management
KMC	Kangaroo Mother Care
LAPM	Long-acting and Permanent Methods
LMG	Leadership, Management and Governance Project
LMS	Leadership, Management and Sustainability Project
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health



MESI	Monitoring, Evaluation and Surveillance Interface
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Health)
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Governmental Organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PDI	Plan Départemental Intègre (Integrated Departmental Plan)
PEPFAR	President's Emergency Plan for AIDS Relief
PEV	Programme Elargi de Vaccination
PITC	Provider-initiated Testing and Counseling
PLWHA	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPS	Point de Prestation de Services (Service Delivery Point)
PSPI	Paquet de Services Prioritaires Intégrés (Integrated Package of Primary Care Services)
QCI	Internal Control Questionnaire
QI	Quality Improvement
RBF	Results Based Financing
RFP	Request for Proposal
RH	Reproductive Health
RUTF	Ready-to-Use Therapeutic Foods
SCMS	Supply Chain Management System
SDSH-II	Santé pour le Développement et la Stabilité d'Haiti II Project
SSQH-Nord	Services de Santé de Qualité pour Haïti-Nord
SRH	Sexual and Reproductive Health
STC	Save the Children Federation, Inc.
STD	Sexually Transmitted Disease
STTA	Short-term Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
UAS	Unités d'Arrondissement de Santé (Health Districts)
UGP	Unité de Gestion de Programmes (Project Management Unit)
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
VSC	Voluntary Surgical Contraception



Introduction

SSQH-Nord is a three-year \$26 million USAID project that works with the Haiti 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 2 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: a) Increase utilization of the MSPP's essential package of services at the primary care and community levels (particularly in rural or isolated areas); b) Improve the functionality of the USG-supported health referral networks; c) Facilitate sustainable delivery of quality health services by institutionalizing key management practices at the facility and community levels; and d) 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, FOSREF, and CDS.

The main 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) fosters availability of broad set of services at the primary care level, with specialized referral services available within each health district (UAS). 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 also support USAID in the implementation of two model referral networks in the Northern Corridor.

SSQH-Nord will facilitate sustainable delivery of quality health services by supporting the implementation of quality improvement mechanisms while building capacities in key management functions at both 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 appropriate care in a timely fashion. 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 raise the functioning of all the associated systems such as health information, logistics, supervision, planning, financial management and communication while simultaneously improving referral networks and department-level management skills and supervision practices.

Summary of Key Achievements

INTERMEDIATE RESULTS	WHAT DO WE HOPE TO ACCOMPLISH?	KEY RESULTS - OCTOBER 2013 TO MARCH 2014
<p>OBJECTIVE 1: Increase utilization of the MSPP's essential package of services at the primary care and community levels</p>	<ul style="list-style-type: none"> • Implementation of a continuum of care model that integrates community health workers (CHW) 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 	<ul style="list-style-type: none"> • Provided technical assistance to 38 sites and assisted four Departmental Directorates in planning field activities • Contracted 915 service providers at the 63 MSPP sites • Expanded HIV service delivery • Provided financial support to all 86 sites • Planned for and initiated comprehensive baseline assessment of each of the 86 delivery sites using 5 evaluation instruments • Prepared for training of community health workers • Initiated supportive supervision visits to supported sites focusing on high-impact interventions, such as waste management
<p>OBJECTIVE 2: Improve the functionality of the USG-supported health referral networks</p>	<ul style="list-style-type: none"> • Implement model health referral networks • Improve referral and counter-referral practices at all 86 service delivery sites 	<ul style="list-style-type: none"> • Submitted a concept note on referral networks to USAID describing essential components as part of health systems strengthening framework and providing a detailed costed plan for two model networks • Held meetings with Regional Health Directorate of Artibonite Department along with PRISMA, to leverage the experience of the "Unités Communales de Santé" to further develop and implement the concept
<p>OBJECTIVE 3: Facilitate sustainable delivery of quality health services through the institutionalization of key management practices at the facility and community levels</p>	<ul style="list-style-type: none"> • Support the implementation of quality improvement mechanisms • Build capacities in key management functions at both the facility and community levels 	<ul style="list-style-type: none"> • Conducted initial quality improvement training for SSQH–Nord staff and partners as well as senior health managers from Northwest Department • Initiated design of collaboratives focusing on priority service delivery areas: MCH, with particular attention to Kangaroo Mother Care, Active Management of Third Stage Labor (AMTSL) and Essential Newborn Care; infection prevention and waste management • Initiated collaboration with Departmental Director of Northeast to improve the financial management and administrative functioning of health facilities
<p>OBJECTIVE 4: Strengthen departmental health authorities' capacity to manage and monitor service delivery</p>	<ul style="list-style-type: none"> • Improve capacity in key management functions including planning, coordination, and monitoring of services of health facilities and CHWs through supportive supervision 	<ul style="list-style-type: none"> • Signed MOU with DDS of each of four departments • Developed and signed Integrated Departmental Plans & plan of activities for all Zones Ciblées with budgets • Established collaboration with Northeast DDS to jointly reinforce the functioning of the health facilities in the Northeast • Posted mHealth RFP and, as of April 2014, made a subcontractor selection



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, improvements in referral networks, and increased community-based care
- ↻ Increasing sustainability of the service-delivery system through developing and institutionalizing the planning, management, 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 utilization of the MSPP Integrated Package of Primary Care Services (PSPi) at the primary and community level, services need to be available, of good quality, and affordable to the majority of target groups. 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. During the first reporting period of the project, October 1, 2013 – March 31, 2014, focus of the SSQH–Nord staff was on formative research: assessing the capacity of the sites to provide services, identifying challenges and opportunities for improvement, and working to meet needs for materials and training. The information gathered during the current period will inform site-specific improvement plans to be implemented during the next period (April – September 2014).

Key Results and Achievements

IR 1.1: Scaled up access to service by expanding the range of services and ease of obtaining them from support facilities

HIV/AIDS

Integration

- ↻ Conducted 12 supervisory visits to identify Human Resources for Health (HRH) challenges
- ↻ Upgrading of Centre de Santé avec Lits (CAL) Saint-Raphael and activation of CAL Ranquitte to offer HIV services

Main strategies of the project during the reporting period included strengthening capacity of primary care providers to offer integrated HIV services. Among the 86 sites supported by SSQH–Nord in the four departments, 21 currently offer HIV services. Eleven of these sites offer an integrated package of services including HIV Testing and Counseling (HTC), palliative care, antiretroviral therapy (ART), and Prevention of Mother-to-Child Transmission of HIV (PMTCT). The project seeks to co-locate services as much as possible to reduce the 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 12 out of 21 HIV service points. These visits allowed the staff to identify gaps related to staff motivation and lack of training. SSQH–Nord is working towards increasing access to HIV services for the population. During the reporting period, one site is being upgraded to offer the complete package of HIV services: Centre de Santé avec Lits (CAL) Saint-Raphael in the North. In the same department, another site, CAL Ranquitte, is being activated to offer HIV services for the first time in HTC, ART and PMTCT. By September 2014, the project will have a total of four newly activated sites providing HIV services: CAL Saint-Raphael, CAL Ranquitte, Centre de Santé sans Lits (CSL) Baie de Henne (Northwest), and CSL Dondon (North).

HIV Testing and Counseling (HTC)

- ↻ Supporting 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

SSQH–Nord is currently supporting 21 sites to offer HTC services. SSQH–Nord is working with each facility individually to look at the organization of services and identify opportunities for confidential counseling and testing at multiple locations within each facility. Emphasis is on ensuring all clinical staff have training and coaching in provider-initiated testing and counseling (PITC) which will contribute to correct test results and care, treatment and other services as needed. 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 (PLWHA) into palliative care and antiretroviral therapy (ART) services.

Prevention of Mother-to-Child Transmission of HIV (PMTCT)

- ↻ Supporting PMTCT service delivery at 19 sites and expanding testing for pregnant women for early screening and treatment
- ↻ Supporting mothers' clubs and support groups



SSQH–Nord offers direct support for service delivery at 19 PMTCT sites. The project is encouraging testing to be made available for all pregnant women working towards elimination of mother-to-child transmission of HIV. During sites visits, emphasis was put on: 1) importance of testing all pregnant women for their health and to eliminate pediatric HIV; and 2) compliance with MSPP guidelines.

The project is also working toward adding four additional sites that will allow more testing opportunities for pregnant women. Testing is being made available for all pregnant women in order for early screening and treatment. The mobile clinics have been linked to fixed facilities to ensure immediate enrollment of all HIV+ pregnant women in prenatal care.

Coordination is ongoing with NASTAD, an organization working in the field with the MSPP. This organization is training the data managers to ensure reliability of data in PMTCT. Trainings are planned for staff of new sites to be activated in HIV services this year.

The project also provides support for mothers' clubs to provide peer-to-peer counseling and support.

Care and Support

- 🔗 Conducted site visits to identify barriers to patient retention in care

The project is working closely with partners to help provide access to quality health care for all HIV patients. During site visits this reporting period, project staff learned that the cost of transportation serves as a barrier to patient retention in care and support. The project is current exploring options to ensure that patients have the necessary funds to access services for follow-up visits.

TB/HIV

- 🔗 On-site mentoring to all sites on compliance with MSPP guidance for tuberculosis (TB)

The project provides direct support for service delivery in all TB sites in the network to ensure that all HIV patients should have access to TB screening, treatment, and prophylaxis and all TB patients are screened for HIV and enrolled in care, treatment, and support as needed. On-site mentoring to sites focused on compliance with the MSPP guidance for TB.

Orphans and Vulnerable Children (OVC)

- 🔗 Identification of potential support groups through Save the Children's Youth Clubs

SSQH–Nord is working closely with partner Save the Children (STC) with their activities for Youth Clubs. Community-based support groups will be identified and reinforced through information, education, and counseling in order to improve the quality of life and provide psychosocial support for those affected by HIV.

Treatment

- 🔗 Technical assistance on PITC and network linkages to care and treatment services
- 🔗 Coordination and training, along with Supply Chain Management System (SCMS), on health commodities management

It is critical that caregivers understand the importance of ART in the prevention phase of the disease. The project is providing technical assistance to ensure all clinical staff have training and coaching in provider-initiated testing and counseling (PITC), which will contribute to correct test results and all patients being linked to care, treatment, and other services as needed. For facilities that do not provide care and treatment services, the project is working closely with the DDS to establish a system for referring PLWHA to locations that offer the needed services.

To ensure availability of ARVs and other health commodities, on-site training in stock management is being provided to the stock managers by our partners. The project is coordinating closely with ARV suppliers, mainly SCMS, to avoid stock-outs through forecasting future needs, documenting consumption, product loss, and transfer.

Laboratory Services

- 🔗 Site evaluations on laboratory readiness, including staffing and equipment
- 🔗 Training provided based on the outcome of the site evaluations

During the reporting period, the project began evaluating sites and assessing their readiness to provide appropriate laboratory services. During the process, it became evident that many of the health facilities were not structurally appropriate or properly equipped to provide high-quality services and most were in need of renovations. SSQH–Nord has identified the need for minor renovations for the Ranquette Laboratory in order for it to be eligible to become an HIV site. The project has also evaluated the lab personnel and lab equipment to ensure technicians are prepared and trained. Existing lab training needs have been identified during the reporting period and appropriate steps will be undertaken and reported in the next period. The following activities are planned for the next period of the project:

- Improvement of the infrastructure and reinforcement of capacity of the central lab with Mobil Lab and rapid testing availability,
- Training for laboratory personnel,
- Introduction of other laboratory testing required for patients on ART and OI and STD screening for all persons affected by HIV, and
- Ensuring the availability of all lab materials.

Tuberculosis (TB)

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



- 🔄 Upgrading the laboratory in Coupe à l'Inde, Artibonite
- 🔄 Raising community awareness for care-seeking behavior
- 🔄 Developing coordination mechanisms with the Global Fund, PEPFAR network members, and Health through Walls project

The project is supporting the expanded diagnosis and treatment of TB through the implementation of the "3 Is" strategy, which is comprised of intensified case finding, increased uptake of isoniazid preventive therapy (IPT), and enhanced TB infection control. The upgrade of the laboratory in Coupe à l'Inde, in the department of Artibonite, is underway. This will enable the facility to provide TB screening and diagnosis in addition to the services that are already being offered (TB treatment and HTC).

To ensure that HIV-positive patients with TB are not missed during clinical evaluations, the project is emphasizing that HIV-infected patients are screened for TB and TB patients are screened for HIV at every clinic encounter. Depending on the result, all HIV patients should have access to prophylaxis or treatment according to MSPP guidelines for TB management.

Community awareness is being raised regarding the importance of HIV in TB patients during IEC sessions in project-supported institutions. At the community level, each CHW is encouraged to follow a specific number of TB patients to ensure proper directly observed treatment-short course (DOTS), and promote HIV testing. Active case findings is also part of the routine of CHWs activities. During home visits and IEC activities, awareness of the community is raised regarding care-seeking behavior for symptoms linked to TB.

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 PEPFAR Unité de Gestion de Programmes (UGP) networks. The project will be working closely with Health through Walls (HtW) project so that TB and HIV patients in prison can reintegrate the health care system when they are released from jail.

Maternal and Child Health (MCH)

- 🔄 Evaluated the MCH situation within the SSQH–Nord catchment area, identifying service gaps and current needs
- 🔄 Conducted 38 sites visits and held planning meetings with departmental leaders to address problems related to MCH
- 🔄 Supporting the six Maternal and Neonatal Health Centers of Excellence

Over the transition period from SDSH-II to SSQH (October 2013 - March 2014), through financial support provided by the USAID-funded project SSQH–Nord, 86 have continued offering the package of maternal and child health services. This start-up period has facilitated an evaluation of the overall MCH situation within the SSQH–Nord catchment area, including identifying service gaps and current needs, understanding the work already done through the SDSH-II, and planning next steps to improve quality of care, particularly for pregnant

women, breastfeeding mothers, and children under the age of five years old. More than 30 sites have been visited to date, permitting the SSQH–Nord team to observe current site functioning, as well as to identify strengths and areas needing improvement.

Planning meetings were held with departmental leaders to address problems related to MCH. Key problems to be addressed include maintaining and expanding the availability of emergency obstetric and neonatal care (EmONC). Currently, 5 institutions provide comprehensive EmONC and 16 provide basic EmONC.

The project is also continuing to support the six Maternal and Neonatal Health Centers of Excellence (CBP/Pignon, Pierre Payen, Claire Heureuse, Beraca, Ouanaminthe, Fort Liberté), which were established in 2012 and form an important complementary component of the continuum of care for SSQH–Nord's MCH activities. The project is putting emphasis on support for other two health centers (Hôpital Notre Dame des Palmistes–La Tortue and Saint Raphael–Nord) to increase their technical expertise and performance so that they can join the Centers of Excellence group.

Prenatal Care

- 🔄 Continued to support prenatal care and related health education provided at project sites and mobile clinics

Prenatal care is provided at all institutions, as well as at mobile clinics, to reinforce MCH interventions at the community level. Additional institutional and community activities address pregnancy complications, particularly hemorrhage and infection. Care is typically offered throughout pregnancy and childbirth. Pregnant women are encouraged to access these services through information, education and communication (IEC) activities promoting prenatal care. Even though they are not fully functional around the public sector managed facilities, the mothers' clubs continued to participate in health promotion activities. CHWs are actively involved in the search for all pregnant women missing their third appointments. At community level, the "comités de surveillance des urgences obstétricales" are still supporting the transport of emergency cases to decrease second delay. The project will reinvigorate those existing "comités" in the next period. The referral system between primary and secondary institutions and the reference hospital is functional within some institutions for cases presenting pregnancy-related complications.

Deliveries

The project is providing support for promotion of institutional deliveries. At the community level, CHWs and TBAs are encouraged to refer women to deliver in health institutions. To reduce risks of home deliveries, sterile packages are distributed to the trained TBAs during monthly meetings. Issues reported by the TBAs are addressed during those meetings.

Neonatal Health

Providers at health facilities are encouraged to follow norms related to essential neonatal care. The six Centers of Excellence continue to



provide emergency neonatal care. Coaching had begun to help staff apply acquired knowledge in Kangaroo Mother Care (KMC) and Helping Babies Breathe (HBB). At the community level, TBAs and CHWs receive orientation to identify signs of asphyxia and hypothermia and make proper referrals.

Postpartum Care

- Working with the MSPP to increase the number of facilities providing postpartum care
- Supporting CHWs and TBAs to discuss the importance of postpartum care with women

Many of the project-supported institutions routinely provide postpartum care during the initial days after childbirth. The project is working with the MSPP to increase the number of facilities providing postpartum care. In addition, the rate of postpartum care is very low among women who give birth at home with TBAs. This is likely due to women's health beliefs; in response, community health workers are being supported to systematically conduct home visits within 72 hours after delivery, using the postnatal checklist to identify and to refer early postpartum complications. The importance of postpartum care is also emphasized in monthly meeting with TBAs and at mothers' club meetings.

Vaccination

In this reporting period, progress in this technical area has been impeded by supply chain disruptions across the country, resulting in unavailability of vital supplies and vaccines, including Pentavalent¹ and BCG². For this reason, rates of immunization have not improved within the SSQH–Nord catchment area during this reporting period. Contact has been established with the Director of the Programme Elargi de Vaccination (PEV) to investigate the cause of the stock-out and offer logistical support.

Nutrition

- Provided technical assistance to expand appropriate infant feeding practices and improve nutritional counseling
- Promoted distribution of Ready-to-Use Therapeutic Food (RUTF) to combat severe acute malnutrition

The project is providing technical assistance to expand appropriate infant feeding practices among pregnant and postpartum 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 partnership 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.

Due to the lack of availability of Vitamin A, the project encouraged health institutions to put more emphasis on intake of Vitamin A-rich food, as well as exclusive breastfeeding for the first six months of life.

To fight anemia among pregnant women, which is a risk factor leading to low birth weight and inability to manage successfully postpartum hemorrhage, iron and folic acid supplements are systematically prescribed during antenatal care. Pregnant women are also encouraged to consume iron-rich food.

Family Planning and Reproductive Health

- Completed and submitted family planning compliance plan to USAID
- Supported 80 sites to continue providing family planning services
- Coordinated with DDS and the LMS Project to address loss to follow-up and ensure continuity of services

During the reporting period, the SSQH–Nord Project submitted a family planning compliance plan to USAID. Currently, 80 project-supported sites are offering family planning services: 11 offer long-acting and permanent methods (LAPM), such as voluntary surgical contraception (VSC); 79 offer contraceptive pills and injectables; and 41 offer Jadelle contraceptive implants.

Discussions with DDS staff and site visits have demonstrated that FP users are often lost to follow-up. Some of this may be attributed to customs among migrant worker populations who abandon FP protection once their partner is away. Other family planning patients may obtain their contraceptive supplies through community health workers or from other sites. Home visits and phone calls are current strategies for locating family planning patients lost to follow-up. The project will continue working with the DDS and health institutions to analyze the root cause of the loss to follow-up and implement strategies to address this issue.

Several institutions facilitated youth meetings with the objective of training young people to take charge of their reproductive health and family planning choices. This will be continued and expanded in the upcoming reporting period.

The project also held planning and coordination meetings with the USAID-funded Leadership, Management and Sustainability (LMS) project to ensure continuity of family planning-related care.

Gender-based Violence and Child Protection

- Developed and piloted a Community Activity Questionnaire at 8 sites in Artibonite that included assessment questions related to GBV and CP

¹ Introduced in Haiti in 2012, the Pentavalent vaccine is a combination of five vaccines in one: diphtheria, tetanus, whooping cough, hepatitis B and Haemophilus influenzae type b (the bacteria that causes meningitis, pneumonia and otitis). www.unicef.org.

² The Bacillus Calmette-Guerin (BCG) vaccine protects against tuberculosis. www.nlm.nih.gov.



Continued supporting selected sites to provide GBV and child protection-related care and to link those services with other services, including family planning and reproductive health as well as HIV prevention, care, and treatment

The project developed and piloted a community data collection tool for the SSQH–Nord baseline assessment, ensuring inclusion of key questions relating to incidence of child protection and GBV within intervention communities, as well as training needs and availability of response services. Questions included in the Community Activity Questionnaire tool addressed:

- The process for obtaining child birth certificates
- Number of cases of child abandonment
- Observed child protection risks within the community
- Current child protection services offered by the PPS
- Number of cases of child abuse
- Characteristics of recorded child abuse cases
- Availability of specialized psychosocial services for children
- Number of cases of GBV recorded
- Characteristics of recorded GBV cases
- Existing services/initiatives responding to GBV
- PPS staff training on GBV and Child Protection training

In March 2014, the Community Mobilization and Child Protection & GBV Coordinators piloted the Community Activity Questionnaire at a sample of eight SSQH–Nord sites in Artibonite: Hôpital Claire Heureuse, Poste Pierrot, Liancourt, Bastien, Tienne, Deschappelles, Coupe à l'Inde, and Niel. In addition to testing the tool, the purpose of these visits was to begin gathering information about community needs, and to evaluate existing structures and conditions. Observations from these initial site visits showed that anecdotal evidence of both GBV and child abuse cases was abundant, but that health workers lacked necessary training to identify and record cases of GBV and child abuse, conduct follow-up, and make appropriate referrals for victims. Further, respondents reported widespread problems with reporting births to local vital records offices and obtaining official birth certificates. Birth certificates are considered a fundamental human right, and efforts to secure these documents are an important intervention in the field of child protection. Findings from the baseline survey of all SSQH–Nord sites will further enrich existing understanding of child protection and GBV needs within catchment areas and inform future Child Protection and GBV programming.

SSQH–Nord has 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 SSQH–Nord services, including family planning and reproductive health as well as HIV prevention, care, and treatment.

Youth-friendly Services

The Haitian population is young, with more than 50 percent below the age of 25 (Enquete sur les Conditions de Vie en Haiti – ECVH 2003). Special attention therefore is focused on adolescents. FOSREF is responsible for helping SSQH–Nord institutions develop youth-friendly reproductive health services and has a strong presence in many communes of the project catchment area. In all four departments, FOSREF has youth centers, as well as a huge network of community agents (trained youth peers and youth facilitators).

For the youth-friendly services element, the project is actively identifying community-based services for youth in various areas, such as HIV/AIDS, family planning, and reproductive health. The project is currently gathering data to better inform activities planned for the second half of Year 1, which include:

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

Youth will become key actors in activities and services targeting the youth.

Basic Critical Care Services

SSQH–Nord is studying the possibility of both physical integration of routine care and basic critical care services, as well as developing integrated skills of healthcare providers to provide basic critical care. A curriculum will be developed by INHSAC for provider training in critical care. Follow-up and coaching will be ensured by INHSAC and SSQH–Nord staff to maintain the level of performance of trained staff.

IR 1.2: Continuum of care strengthened through integrated CHWs with higher level care

Review of Baseline Results on CHW Performance and Geographical Distribution

Conducted initial site visits and piloted the Community Activity Questionnaire

Community-based work to improve the integration of CHWs with higher level care will begin in earnest with the results of the SSQH–Nord baseline assessment. Through initial site visits and the piloting of the Community Activity Questionnaire, staff recommend that the existing corps of CHWs needs to be remobilized and reinvigorated, and that coordination mechanisms between CHWs and the PPS require reinforcement. Challenges include frustration among CHWs related to the transitional period and irregularity of pay. In addition,



facilities have reported a lack of clear communications channels between CHWs and the PPS; some PPS staff lacked basic information about the whereabouts or area of interventions for CHWs. Results of the baseline study will build upon current understanding of community needs related to continuum of care and help determine future directions for SSQH–Nord programming.

Review of Curriculum and Initiation of Training for CHWs

- ✔ Coordinated and planned CHW trainings scheduled for May 2014

At the request of MSPP, SSQH–Nord will also support training of MSPP’s corps of CHWs using the MSPP curriculum. Initial coordination meetings for the CHW training have been held with consortium members CDS and STC, who will help to facilitate these trainings in collaboration with MSPP’s master trainers. Trainings are tentatively slated to begin in May 2014. The CHW training will provide a concrete opportunity for the SSQH–Nord to both remobilize the existing corps of CHWs and to reinforce and promote the need for strong coordination between CHWs and the PPS.

IR 1.3: Results-based financing system established in consultation with the MSPP

Establishment of Baseline Site Data Related to RBF-readiness

- ✔ Incorporated the MSPP Quality Assessment Scale for Health Institutions into the SSQH–Nord baseline assessment

A key foundation for the introduction of results-based financing (RBF) is accurate information about the current status of each of the 84 SSQH–Nord health facilities. After reaching consensus on the design of the baseline assessment, SSQH–Nord determined that one of the data collection instruments would focus on assessing readiness for RBF. The RBF Manual, published in September 2013 by the MSPP, includes as its Annex 6 an evaluation instrument called the “Grille de Vérification de la Qualité dans les Institutions Sanitaires” (Quality Assessment Scale for Health Institutions). The MSPP intends to use this tool to periodically assess all health institutions participating in the RBF program. It contains 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. Areas key to RBF, such as data management and reporting as well as the management of finances, are also included as is a section concerning the status of the facility’s business plan. The information collected using this tool during the baseline assessment will assist SSQH–Nord to target the training it offers and the support it provides to the 84 health facilities.

Support for Improvement Needs Identified in Baseline Assessment

- ✔ Signed contract with an expert in financial, management and administrative assessments to provide training for health institutions

Although the MSPP is still finalizing eligibility criteria to determine which institutions will participate in its RBF program, essential prerequisites include accurate data management and reporting as well as the proper management of finances, both income and expenditures. SSQH–Nord is working closely with the HFG project to develop and implement a financial management training curriculum. SSQH–Nord will help pilot the curriculum, assist with the training of trainers and provide training to its supported health facilities.

Support the MSPP to Roll out RBF

- ✔ Initiated dialogue with the Departmental Director in the Nord-Est Department about preparing institutions for the introduction of the RBF pilot in Nord-Est
- ✔ Developed a detailed scope of work for a partnership with the MSPP Nord-Est Departmental Accountant during the pilot

The MSPP pilot for RBF will occur in the Nord-Est Department, an area included in the SSQH–Nord area of intervention. It is funded by the World Bank. The SSQH–Nord COP initiated intensive dialogues with the Departmental Director in the Northeast about how best to prepare institutions for the imminent introduction of RBF, especially public sector institutions. The Departmental Director offered to make the MSPP Departmental Accountant available to collaborate with SSQH–Nord, up to full-time when needed and for as long as needed. Together with SSQH–Nord staff and consultants, he will receive assistance and training to apply the financial and administrative norms, procedures, and tools adopted by the MSPP. This collaboration will be particularly effective for public sector health facilities where the Departmental Accountant carries supervisory status in the targeted areas of intervention. SSQH–Nord’s Finance and Management Consultant had already met with senior SSQH–Nord staff to develop next steps.

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

A functioning referral system is a fundamental pillar for improving the quality and ensures continuity of priority health services. In order to accelerate universal health coverage and achieve sustainable health impacts in the northern departments of Haiti, the SSQH–Nord project is prioritizing building the capacity of the Unité d’Arrondissement de Santé (UAS), or Health District. The UAS has already been established by the MSPP, but its management responsibility or specific parameters



for an integrated primary healthcare referral network have not yet been operationalized.

In addition to service delivery, SSQH–Nord is also supporting USAID in the implementation of two referral networks in the Northern Corridor. SSQH–Nord supports 22 health facilities in the Northern Corridor, all of which provide maternal health services; 21 provide child health services; 13 provide TB services (diagnosis and/or treatment); five provide HIV services (including four which provide PMTCT and three which provide ART). At the community level, activities in the Northern Corridor are implemented by 142 CHWs and 446 matrons (traditional birth attendants).

Key Results and Achievements

I.R. 2.1: Improved health workforce capacity within health referral networks

Definition of the Network Referral Model Components and Identification of Options for Network Pilots

Developed and submitted to USAID a concept paper on the essential components of the SSQH-North referral network model and a detailed proposal for two model referral networks

In this first six months' period of the project, two concept papers were developed and submitted to USAID:

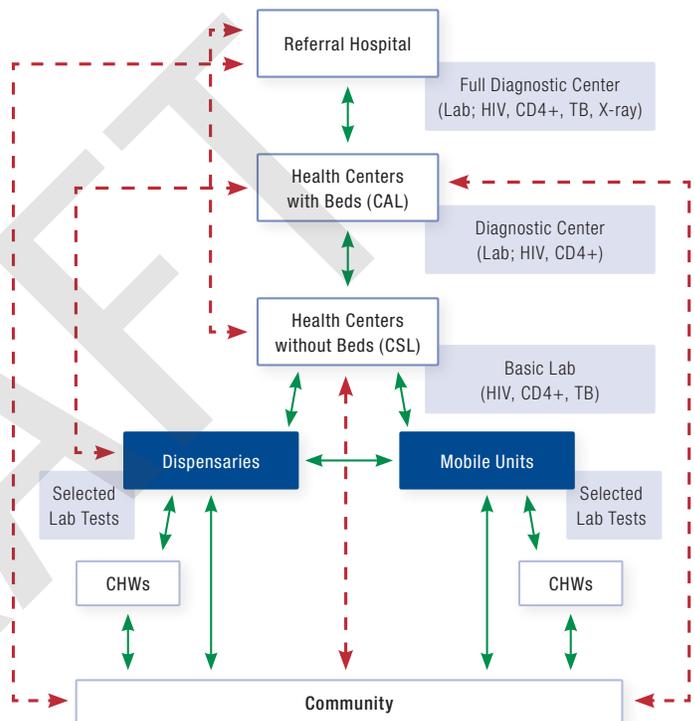
- A **concept note** which described the essential components of the SSQH-North referral network model necessary to deliver comprehensive healthcare services that are well-coordinated, cost-effective and ultimately responsive to the individual patient's needs across the continuum of care and family life cycle.
- **Detailed proposal for two model referral networks** in the Health Districts (or UAS) of Fort Liberté and St Michel de L'Attalaye. This detailed proposal defined target population, package of services offered at different levels of the network, staffing needs, administration, and necessary materials and equipment.

General objectives of a Model Referral Network are to:

- Reinforce **primary care services** integrated with HIV/AIDS and Tuberculosis at all health facilities in the network
- Provide quality **basic maternity services** (Basic Emergency Obstetric Care) at 5 health centers 24/7
- Reinforce **Advanced Emergency Obstetric Care** services at the referral hospital
- Improve **emergency care** at the referral hospital
- Improve **reporting and surveillance** systems at these facilities

- Improve **community outreach** in surrounding communes
- Improve linkages between health facilities to **strengthen referral/counter-referral systems**
- Improve the **quality of services** at the sites
- Improve coordination through the setting up of a **UAS coordination unit** that will plan, monitor and supervise the network

The diagram below illustrates the service delivery structures required within the UAS and the levels of referral and counter-referral patient flows anticipated.



One of the objectives of the support contemplated for the model referral network is to better understand the parameters for sustained quality service delivery including financing. To fully determine the costs of model referral networks, three categories are to be considered: start-up costs, recurring costs, and cost that are the responsibility of the Ministry of Health and/or would benefit from external technical assistance. The concept paper for the two pilot sites was submitted with an accompanying budget to USAID.

The project will help the MSPP to establish referral linkages between SSQH–Nord sites and the appropriate referral hospital. It will provide technical assistance to participating sites to help implement the system and overcome any challenges that may arise. Strengthening the referral system presents an opportunity to explore the use of mobile phones for the transfer of information among networks units.



Participatory Stakeholder Engagement

Participated in stakeholder meetings with Artibonite Department and PRISMA

The project team has been working closely with all stakeholders. The COP and Technical Director participated in the Artibonite Department discussion, along with PRISMA, to leverage the experience of the “Unités Communales de Santé” to further develop and implement the concept.

Next Steps

Next steps to proceed with the support for the integrated referral network include:

- Receiving approval and funding from USAID to move forward with the two pilot referral networks
- Establishing close links with other USAID implementing partners to identify synergy opportunities and possibilities to leverage technical support and financial resources
- Assessing in greater detail than the baseline assessment existing referral-counter referral systems in each UAS to identify strengths and weaknesses, with particular focus on the two-way functioning of the system.

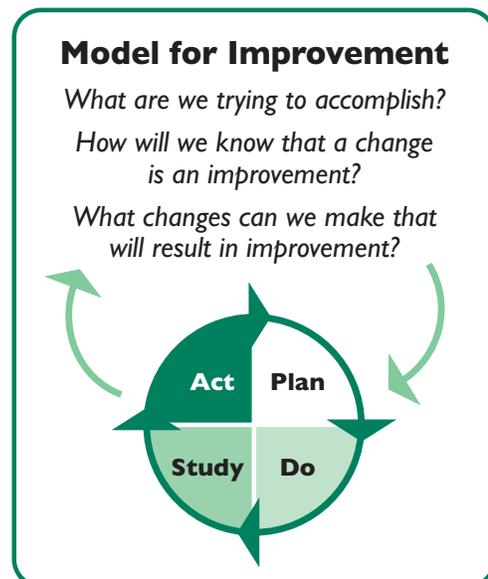
Following these assessments, technical assistance and training appropriate to each UAS will be provided in a phased approach that includes the following components: i) Planning - participatory stakeholder workshops and mapping exercises to determine current service delivery structures/patient flows and to generate demand and buy-in for the network model; ii) Defining and/or refining existing MSPP network referral model components (e.g. types/levels of service delivery units, such as hospital and its satellite service delivery units, community health structures, information systems, commodities/drugs/lab equipment, etc.); iii) Confirming the MSPP package of services to be delivered at each level of the referral network; iv) Planning, training and retaining human resources at all levels of the system, including definition of job descriptions and qualifications, as well as pre-service/in-service education requirements; v) Defining or refining existing MSPP standard operating procedures for the functioning of the referral and counter referral network ; vi) Capacity-building in monitoring and evaluation for continuous quality improvement and evaluation of program impact on service delivery outputs, including a quarterly discussion forum among different levels of the network so as to encourage problem solving and continuous improvement of the system.

- Obtaining commitment from MSPP at central and departmental health directorate levels and agree on level of technical support to be provided
- Finalizing costing exercise including reaching agreement with MSPP on recurring costs to be assumed by the Government of Haiti; and agreeing on a combination of reimbursement of fixed costs and results-based financing

- Organizing steering committee for each pilot UAS/Model Referral network which include civil society representatives
- Carrying out a longer-term series of studies that will lead to an optimization of the service delivery system, including staffing, distribution and utilization of facilities. These could be done by a team of international experts drawn from URC and partners together with Haitian health experts and in conjunction with the MSPP, and using other similar work which may have already been done, particularly by the World Bank.
- Integrating technical assistance across clinical and management support system components to ensure harmonization between UAS/network facility support and those facilities receiving non-network specific technical assistance

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

SQH-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 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.** These are: understanding and focusing on client needs; understanding how processes of care function within the system; using data to measure results; and engaging teams of health providers, administrators, community members and other key stakeholders in improvement.
- **Facilitating Improvement Collaboratives to accelerate mutual learning and improvement for priority primary care interventions.** To successfully address specific barriers to implementation of best practices unique to each setting, SSQH–Nord has begun to train in and organize several Improvement Collaboratives. They are anchored around RBF performance indicators.
- **Clarifying and strengthening management support and oversight for quality functions at health facility, district (UAS) and departmental levels.** SSQH–Nord has begun working closely with UAS and Departmental Health Directorates to identify roles and responsibilities, and the incorporation of QI functions within existing management structures.

Key Results and Achievements

IR 3.1: Quality improvement mechanisms implemented in all project sites

Stakeholder Education on the Improvement Collaborative Approach

- 🔗 Held training for project staff and partners with Quality Improvement expert on concepts and practices of QI and Collaboratives

Quality Improvement (QI) working through Collaboratives is one of the main strategies SSQH–Nord has adopted to continuously improve the quality of both services and the organization of services at all 86 SSQH–Nord sites. URC has successfully used this strategy in many other countries and Haiti is benefiting from this enormous experience. In February and March 2014, Dr. Saley Zakari, Senior QI Advisor for URC based in Niger, trained SSQH–Nord staff and partners in the concepts and practices of QI and Collaboratives. He also coached SSQH–Nord's Quality Improvement Advisor and accompanied the SSQH–Nord team as it developed a detailed plan of action that adapts and applies to the Haitian context URC's successful QI experience from Africa.

Review of Baseline Assessment Results and Development of Initial Improvement Plans

- 🔗 Designed and initiated the baseline assessment to underpin future QI endeavors
- 🔗 Conducted in-depth self-assessments of the quality of health services, including the associated supporting services and practices

- 🔗 Site visits to half of the 86 supported sites, offering targeted technical assistance to address urgent issues
- 🔗 Developed a Year 1 QI Plan of Action focused on MCH, infection prevention, waste management, environment, and overall management

The Plan of Action adopted by SSQH–Nord selected three major areas of intervention as the initial focus of QI efforts in Year 1:

- MCH, with particular attention to Kangaroo Mother Care, Active Management of Third Stage Labor (AMTSL) and Essential Newborn Care (all 48 SSQH–Nord sites that offer support for deliveries)
- Infection Prevention, Waste Management and a Clean & Attractive Environment (all 86 SSQH–Nord sites)
- Overall Management (at four DDS, SSQH–Nord and, where possible, Departmental Hospitals)

The essential first steps in all QI endeavors are the identification of norms and standards and an assessment of the current status of the target institution(s). The SSQH–Nord team has successfully identified the MSPP norms for both maternal health and waste management.

For the purposes of QI, the selection of the tools used for the baseline carries particular importance since these will be the tools used to measure improvements in quality over the life of the project. SSQH–Nord invested considerable effort in selecting and devising its baseline instruments. With these instruments in hand, the official, external baseline assessment of the 86 SSQH–Nord sites was initiated at the end of March 2014; this baseline is described in significant detail elsewhere in this report.

In addition to the baseline assessment, SSQH–Nord staff has started complementary site visits as a precursor to supportive supervisory visits that will be conducted jointly with DDS staff.

By the end of March, SSQH–Nord staff had already provided half of its 86 sites such supportive visits; it was anticipated that all 86 sites would receive visits by the end of April 2014. In addition to reinforcing SSQH–Nord knowledge of the current quality of health services and the actual conditions under which they are offered, these site visits allowed the staff to offer targeted technical assistance to address urgent, high impact issues.

Strengthening of the Healthcare Waste

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

Management Systems

- 🔗 Conducted extensive clean-up activities, installation of chlorinated water facilities, and WM training at La Tortue, St. Michel de l'Attalaye, and the Marmont Health Dispensary



Nearly all public sites visited did not meet minimum standards for a clean and aseptic environment for the delivery of health services. This problem was also identified in some NGO sites. In a number of sites, measures were taken to improve the physical environment, hygiene and sanitation. At sites with critical issues, including La Tortue, SSQH–Nord took targeted actions. On La Tortue Island in the Northwest Department, an extensive cleaning of the sites was organized. This cleaning was accompanied by a short training on waste management, distribution of garbage cans to allow for the proper segregation of the various forms of waste, and installation of three points of chlorinated water for hand washing. This intervention to enable appropriate hand washing was especially important at the PPS (Health Dispensaries) where cholera patients are being treated.

Similar actions related to waste management were undertaken at two other health delivery sites in the Artibonite Department, the St. Michel de l'Attalaye Health Centre and the Marmont Health Dispensary.

One of the challenges related to waste management that was uncovered during this semester is the difficulty of identifying people willing and able to empty latrines. Another challenge observed is the reality that training in waste management, by itself, is insufficient. In addition to training, the means to take practical measures are essential. And, most important, hygiene and waste management require changes in behaviors, with all that this entails.

Strengthening of the Financial Management Capacity of the Facilities

- ☞ Initiated dialogue with the Departmental Director in the Nord-Est Department about preparing institutions for the introduction of the RBF pilot in Nord-Est
- ☞ Signed contact with an expert in financial, management and administrative assessments for training of health institutions
- ☞ Began coordination with the USAID HFG project to adapt existing MSPP financial management tools and procedures for interoperability

As discussed under IR 1.3, the Chief of Party is working with the Northeast Department to coach the staff of all health sites in that department to successfully implement a level-appropriate financial system that will enable better management of the funds that support health activities. SSQH–Nord confirmed to the Director its commitment to provide solid support and accompany him and the Departmental Directorate staff in this crucial undertaking, especially for all the SSQH–Nord health facilities.

SSQH–Nord met with the USAID-funded Health Finance & Governance (HFG) project to share information, results of field activities, and key documents. The mandate of HFG project covers the development of a computerized financial management system for the MSPP central level, department directorates and departmental hospitals. The HFG mandate does not cover sites

beyond the department level or the development of a manual financial management system. In addition, many of the SSQH–Nord sites do not have computer capabilities or even electricity. SSQH–Nord's Finance and Management Consultant will work in close collaboration with the HFG project and the Departmental Directorates to adapt existing MSPP financial management tools and procedures so they can easily interact with the computerized system being developed by HFG. He will also collaborate closely with DDS staff to accompany the sites in implementing these tools and procedures. SSQH–Nord started the roll-out of this initiative with the Northeast Department; eventually, all departments will be supported. SSQH–Nord selected this particular department primarily to respond to the invitation of the Departmental Director, but also so that SSQH–Nord efforts will align with the World Bank pilot Results-based Financing endeavor at six health facilities in the Northeast that will occur during 2014. This experience will enable SSQH–Nord to build on a solid financial management foundation when RBF activities are subsequently introduced.

Next Steps

Dr. Saley Zakari is scheduled to return in June 2014 to conduct quality improvement (QI) training of coaches from among both MSPP, partner and SSQH–Nord staff. Once coaches are trained, they will replicate the QI training in the DDS of the four SSQH–Nord departments and at all 86 SSQH–Nord sites.

The training in Quality Improvement will be accompanied by the establishment of Collaboratives at the 4 DDS, at the 86 sites and at SSQH–Nord and its partners. Once Collaboratives are established, supportive supervision will begin immediately accompanied by quarterly assessments of quality by each Collaborative.

OBJECTIVE 4: Strengthen departmental health authorities' capacity to manage and monitor service delivery

SSQH–Nord is built around the concepts of quality and team-based management. Health services are being upgraded and health workers are being trained to provide better quality care to their clients. SSQH–Nord is doing the same for management: improving the quality of management of the health system and instilling a culture of quality. "Management capacity development" means that health managers will acquire the knowledge, skills and tools that they need in order to assess needs, develop responsive plans, monitor planned activities and evaluate performance.

In conjunction with other USAID-supported projects focused on financial management and health information, SSQH–Nord is improving departmental capacity in key management functions including planning, coordination, and monitoring of services of health facilities and CHWs through supportive supervision.



In order to begin shifting paradigms, the SSQH–Nord team has begun to promote ownership of the health system, of field interventions and strategies, as well as accountability, sustainability and autonomy in all four departments. The interventions of SSQH–Nord during the past six months which are presented in the previous sections of this report provide evidence of this change. Greater direct involvement of departmental health authorities will accelerate the shift. The results expected represent a marked improvement in program performance: greater effectiveness, greater efficiency, more responsiveness to the needs of the population, and greater long-term sustainability.

Key Results and Achievements

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

Develop Tailored Management Tools

- 🔗 Developed and introduced management tools and timesheets
- 🔗 Incorporated in-depth assessments of the financial and management practices at the health facility level into the baseline assessment being conducted in Nord-Est

The development of the objectives and budgets associated with the Integrated Departmental Plans (PDI) and the Operating Costs of the Zones Ciblées were key accomplishments during the first six months of SSQH–Nord. Building on the experience of the departments during the past several years, SSQH–Nord accompanied the staff of the MSPP Departmental Directorates to adjust activities and budgets in accordance with the focus of the project on quality and results.

The Baseline Assessment includes a basic assessment of management practices at all 86 SSQH–Nord health facilities. This is being supplemented by the collaboration between SSQH–Nord’s Finance and Management Consultant and the Departmental Accountant described in detail in Section IR 1.3, which is focused on an in-depth assessment of the administrative and financial management tools and practices found at the health delivery sites themselves. This collaboration is making a significant stride in reorienting the working relationship between the Departmental Directorate staff and the project. As described elsewhere in this report, the joint evaluation of current management practices at the facility level is being used to prepare targeted, appropriate training for the staff working at the various levels of the health system. In addition, these assessments are serving as the foundation of the learning process involved in adapting MSPP manuals and tools to the realities present at the site level and offering targeted technical assistance to the staff of these facilities aimed at systematically raising their work performance to meet the desired standards.

Although in-depth assessments of the financial and management practices at the health facility level have only started in the Northeast, the COP and the Departmental Director for the Artibonite have already agreed that a similar effort will begin shortly in that department. The other two SSQH–Nord departments will follow. These efforts at the

facility level, jointly undertaken by SSQH–Nord staff and their counterparts at the Departmental Directorate, will be complemented by the thorough Management Assessment of each of the four departments announced in the Year 1 Workplan and which will be accomplished in conjunction with the further roll-out of the Quality Improvement training and introduction of Collaboratives for Improvement described under IR 3.1 of this report.

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

Join Supervisory Site Visits with Departmental Representatives of the MSPP

- 🔗 Joint visits by the Departmental Accountant of the Northeast and the project’s financial and management consultant to health service facilities
- 🔗 Provided drivers and cars to two health departments, the North and Northwest, to conduct supportive supervision with MSPP staff

Following the final analysis and presentation of baseline data, SSQH–Nord will work with the Health Directorates to update and reinforce the current supervision procedures, tools and practices it uses for supervision activities, bringing them more into harmony with international best practices. In addition, SSQH–Nord will accompany 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. This model of SSQH–Nord technical assistance is well demonstrated by the current efforts in the Northeast to strengthen the financial management practices of health facilities in preparation for RBF.

The finance and management expert engaged by SSQH–Nord is accompanying the Departmental Accountant of the Northeast in visits to health service facilities in that department where they are conducting in-depth assessments of the accounting and other management systems in place at those facilities and interviewing staff responsible for their administrative functioning. During their assessments of some facilities, the Consultant and Departmental Accountant have found trained staff who had been given MSPP manuals and tools for financial and management functions, but these performance-enhancing instruments were not being used.

IR 4.3: Enhanced departmental staff skills for monitoring

Support to the Departments for the Development of Dashboards

- 🔗 Coordinated and hosted a joint M&E needs assessment workshop for the four departments

- 
- ✎ Integrated MSPP department M&E staff into the development of the baseline assessment

In February 2014, staff responsible for M&E from each of the four departments participated in an SSQH–Nord workshop for all partners where an overall assessment of the M&E needs of each department were jointly identified. Targeted actions to improve M&E were adopted. These activities will be followed by an in-depth assessment in each department once USAID approves the PMP. With the baseline data in hand, project dashboards will be prepared. These performance dashboards, using key indicators and graphic representations, are to be discussed at departmental data management workshops each quarter, allowing partners to monitor progress and compare performance across sites and over time.

The SSQH–Nord M&E team integrated the staff responsible for M&E in each of the four departments in the preparations for the Baseline Assessment with the intention that this would develop their capacity to analyze the client satisfaction questionnaires collected in each department every three months. These questionnaires are to be collected even in non-SSQH–Nord sites, allowing each department to prepare its own profile. Departmental staff were also integrated into the actual implementation of the Baseline Assessment.

Collaborate with Futures Group and Other Stakeholders on M&E

- ✎ Participated in a workshop with Futures Group to discuss collaboration on M&E
- ✎ Agreement with NASTAD on joint supervision in SSQH–Nord areas of intervention

In January 2014, SSQH–Nord participated with Futures Group in a 2-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.

Also, SSQH–Nord met in March with NASTAD which provides training and coordination for existing data platforms in Haiti such as iSante and MESI. It was agreed the two projects will do joint supervision of sites when NASTAD is in SSQH–Nord areas of intervention. The projects also decided to collaborate on on-site training of staff, the first of which will occur in mid-April for staff involved in the collection of HIV/AIDS data.

IR 4.4: Technology solutions for improved management introduced

Develop technology-based mechanisms

- ✎ Issued an RFP for an mHealth subcontractor and conducting a technical review

In February 2014, SSQH–Nord published a Request for Proposal (RFP) seeking a subcontractor to support the development, introduction, and management of mobile health (mHealth) and technology solutions designed to improve the management of community health worker performance, use of data for quality improvement, patient referrals, community mobilization, and commodity tracking. SSQH–Nord intends to use the subcontractor to support its efforts to strengthen the use of mobile technology as an integral component of better linking community health workers to the formal health system and to improve their performance and accountability, in line with MSPP guidelines, available technology and related experience.

The MSPP Departmental Directorates have qualified staff available to participate in reinforcing the knowledge, skills and practices of the staff working in health facilities, but, so far, financial resources are completely absent. When available Departmental Directorate staff join forces with SSQH–Nord staff and financial resources, the technical assistance offered is more readily accepted by public sector health facility staff.

Next Steps

In the coming period, the project will:

- Continue education/training
- Revise and update existing procedures
- Implement appropriate management tools
- Introduce RBF methodologies

Monitoring & Evaluation

Monitoring and Evaluation is the central nervous system of SSQH–Nord since it is an indispensable component of all the major approaches selected to achieve project objectives. The establishment of 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, Quality Improvement and results-based financing. Since project launch, SSQH–Nord has worked to ensure the establishment of a highly efficient Monitoring & Evaluation department, recruiting well-qualified professionals.

Key Results and Achievements

- ✎ Developed and submitted the project Performance Monitoring Plan

The initial performance monitoring and evaluation plan (PMP) was submitted to USAID within the first 90 days of award. A number of revisions have been made with USAID/Haiti guidance and, at the time of this report, a few final changes have been incorporated in response to clarifications from USAID. Once the PMP is accepted, SSQH–Nord can provide training to the M&E and technical staff of all 86 sites on the revised data collection tools that corresponds to the PMP.



Once the PMP is accepted, SSQH–Nord will intensify its support to all facilities to ensure the use of appropriate tools and data collection methodologies to document, monitor and summarize service delivery data for all required indicators.

- 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

At the start of the project, existing data on project sites was furnished by USAID; this data was analyzed by SSQH–Nord staff and provided initial basic information on the SSQH–Nord sites, including: number, geographic distribution, population served, services provided, and rate of coverage on basic health indicators. In addition, existing country data were also researched and analyzed to understand national trends in public health. Strengths, weaknesses, opportunities, and threats were identified. The project also analyzed existing data from the Santé pour le Développement et la Stabilité d’Haïti-II (SDSH-II) project and data reported to MESI to establish baseline values and targets for the project.

- Collaboration on monitoring and evaluation with MSPP and NGO staff

Other sections of this report describe the good working relations SSQH–Nord has established with the MSPP both at the central level and in the departments. The M&E team is also establishing good relationships with the relevant Ministry staff. Their participation in the baseline assessment is one example. 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 collaboration extends to other agencies, including those mentioned under IR 4.3 with Futures Group and NASTAD.

Collaboration with SSQH–Nord service delivery subcontractors involved understanding their constraints regarding the collection of data, the availability of registers and the production of a multiplicity of reports so SSQH–Nord can help facilitate their work. The contracts binding SSQH–Nord to these subcontractors require the submission of several reports on the twentieth day following each month – including technical, financial as well as statistical reports of the agreed-upon service delivery indicators. As a result of the collaboration established, several subcontractors now submit their reports well in advance, some as early as the fifth day of the subsequent month, and these early submissions result in an earlier release of programmed disbursements.

- Developed data collection tools for the baseline assessment covering waste management, availability of gender-based violence and child protection 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 its baseline assessment

The project also initiated a baseline assessment that includes questions pertaining to all project domains. After reaching consensus on the requirements of the baseline assessment, SSQH–Nord used an open competition process to identify the Haitian firm CERA to conduct its baseline study. SSQH–Nord finished negotiations with CERA during March 2014 and, on 1 April, will sign a contract with CERA to conduct the baseline study with substantial logistical support from SSQH–Nord.

Following in-depth consultations, SSQH–Nord determined that it would use five instruments in the baseline assessment of all 86 of its health facilities, including one MSPP tool – the adopted quality assessment tool which is included in the MSPP RBF Operations Manual. The baseline assessment will both verify the validity of the data collected prior to the actual start of the project and establish a more comprehensive analysis of the initial situation at each institution as SSQH–Nord gets underway. This will allow SSQH–Nord staff to design and implement an individualized package of technical assistance to address the particular needs of each health service delivery institution.

Next Steps

- Complete the project baseline assessment, share with stakeholders and utilize the results to jointly define specific technical assistance plans for each department and health facility
- Continue quarterly departmental meetings are necessary analyze data collectively and assess project achievements
- 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

Administration and Start-up

- Establishment of project offices in Cap-Haïtien and Port au Prince
- Formal introduction to the Minister of Health, Departmental Health Directors, and members of the central Ministry of Health
- Establishment of an initial transition/bridge period to support operational costs for the sites

The lease for the project office in Cap-Haïtien was signed on October 16, 2013 and the functional office opened on November 4. Additionally a small office was established in Port au Prince on February 6, 2014 to facilitate the frequent meetings in the capital of the Chief of Party and technical staff and coordination with other implementing partners.

The first formal introduction with the Minister of Health took place on October 31, 2013. Following established protocol, this meeting allowed the Chief of Party Dr. Simeon to formally meet the Departmental



Health Directors, members of the central Ministry of Health and begin visiting the health facilities in a formal capacity. URC began to transition program activities from the previous contractor. In this phase, USAID asked that the project ensure continued support for the MSPP service delivery infrastructure, which entailed contracting of staff working in the Ministry of Public Health and Population sites, as well as the support for operational costs of these sites. These were unexpected activities and costs, outside of the budget and project description. They required significant investment of time and lengthy negotiations with the Ministry of Health, the Regional Health Directorates and the contracting of a payroll management and verification firm. To do so, the project established an initial transition/bridge period, for the period November 16, 2013 to April 30, 2014.

Support to MOH and NGOs

MOH Support

- Approval of the model MOU given by the MSPP and authorization for the four Departmental Directors to sign copies of that MOU linking them to the SSQH–Nord project

Memoranda of Understanding were negotiated with each of the four Regional Health Departments. An important accomplishment of this period was the approval of the model Memorandum of Understanding (MOU) given by the central MSPP authorities and authorization for the four Departmental Directors to sign copies of that MOU linking them to the SSQH–Nord project. This process turned out to be much more complicated than anticipated. The central level of the Ministry of Health asked for a new series of Memoranda of Understanding including one at the central level in addition to the MOU already being negotiated for the departmental level (PDI) and zone ciblées, adding further delays. By March 17th, SSQH–Nord had signed all four MOUs with the Departmental Directors of the North-east, North, Northwest and Artibonite Departments. With central MSPP authorization in hand, SSQH–Nord was able within a few days to finalize the Departmental activity plans and budgets (PDI) and budgets for operating costs for the Zones Ciblées. SSQH–Nord had previously hired the Pan American Development Foundation to serve as its fiduciary agent to assure proper management of funds for the Departmental PDI and Zones Ciblées (ZCs) and to pay the 915 confirmed staff members seconded to work with ZC facilities and paid through November 15, 2013 by USAID’s previous contractor.

Performance-based Grants to NGOs

- Issued fixed-price contracts to eight NGOs for the management of 23 of the project’s supported health facilities
- Developed scopes of work with each NGO to clarify expected performance

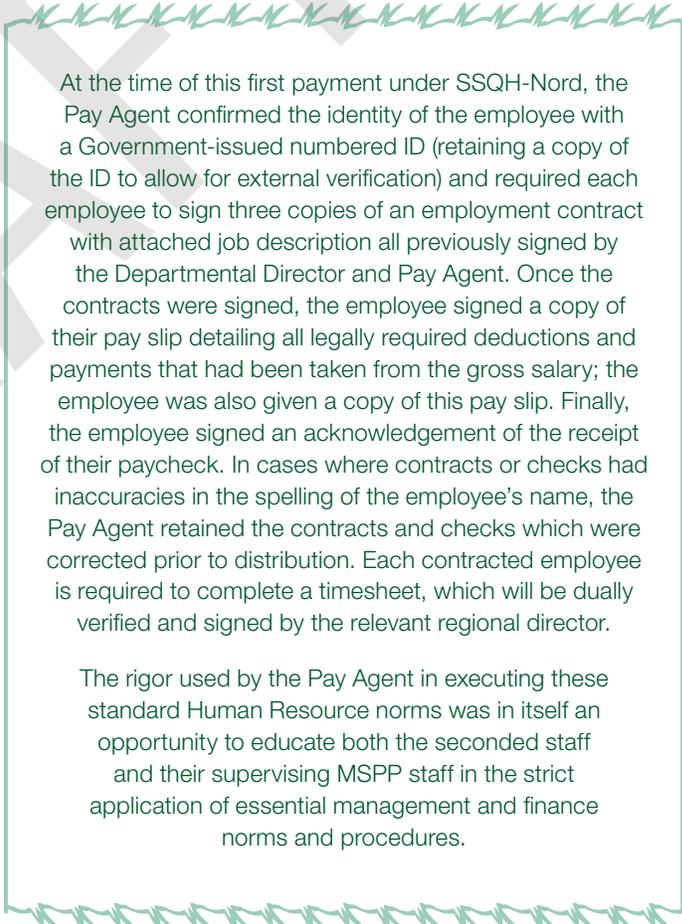
Fixed-price contracts were put in place for eight NGOs, continuing the same support as they had been provided during the predecessor contract. These NGOs together cover 23 of the project’s supported health facilities. Each NGO’s scope of work clarified the results it was expected to achieve, in accordance with the objectives of SSQH–

Nord. Documentation and verification of results was the condition against which disbursement are made.

Other Subcontracts

- Contracted with the Pan American Development Foundation for contracting and verification of employment and payroll for 915 staff working in the MSPP sites

The contracting and verification of employment and payroll for the 915 staff contracted to work in the MSPP sites is being done by the Pan American Development Foundation (PADF), which was contracted by URC (approved by USAID) to carry out this function. Thorough verifications of the prior employment of each staff member under the USAID-funded SDSH-II Project was done prior to signing a new contract signed by the department. These verifications included confirmation for each employee of the existence of a prior contract, job title, and prior salary. Of the original 949 proposed employees, prior employment could not be confirmed for 34 of these individuals, who were thus not contracted or paid.



At the time of this first payment under SSQH–Nord, the Pay Agent confirmed the identity of the employee with a Government-issued numbered ID (retaining a copy of the ID to allow for external verification) and required each employee to sign three copies of an employment contract with attached job description all previously signed by the Departmental Director and Pay Agent. Once the contracts were signed, the employee signed a copy of their pay slip detailing all legally required deductions and payments that had been taken from the gross salary; the employee was also given a copy of this pay slip. Finally, the employee signed an acknowledgement of the receipt of their paycheck. In cases where contracts or checks had inaccuracies in the spelling of the employee’s name, the Pay Agent retained the contracts and checks which were corrected prior to distribution. Each contracted employee is required to complete a timesheet, which will be dually verified and signed by the relevant regional director.

The rigor used by the Pay Agent in executing these standard Human Resource norms was in itself an opportunity to educate both the seconded staff and their supervising MSPP staff in the strict application of essential management and finance norms and procedures.

Additional competitively procured contract with Haitian firm CERA has been put in place for **baseline data collection**.

Additional subcontracts are being competed and put in place for mHealth and follow-on payroll verification and management.



Compliance with USAID Environmental Procedures

Environmental management expertise was provided by The Cloudburst Group to develop the Environmental Mitigation Plan and Report. Preliminary approval was received on April 24th pending amendment of the pillar IEE by USAID.

Staffing

Staffing of the project is almost complete. The location of the project in Cap-Haitien constituted a new paradigm for Haitian professional health and project management staff. Many qualified candidates were either not willing or able to move due to family obligations. This included key personnel positions. Given the work load additional staff positions (TB, Nutrition, M&E) are being recruited for.

International Short-Term Technical Assistance

- **Tisna Veldhuijzen van Zanten:**
URC Corporate Monitor to participate in start-up meetings, discussions with USAID, support for Chief of Party
- **Joanna Diallo:**
URC Technical Officer to participate in project start-up and ongoing technical and managerial support to SSQH–Nord team
- **Nathan Danielsen:**
URC Sr. Project Coordinator, to support project administrative and financial start up
- **Marni Laverentz:**
Support for Monitoring and Evaluation component
- **Mona Steffens:**
Consultant for helping with baseline organization
- **Richard Burns:**
Consultant to provide recommendations for support for site support (seconded staff and operational costs)
- **Zakari Saley:**
Organizing and training in Quality Improvement
- **Christine Ortiz (Abt Associates):**
Support for start-up and results-based financing
- **Telesphore Kabore (Save the Children):**
Support for community mobilization
- **Erik Swedberg (Save the Children):**
Support for start-up and interface with Save the Children local office
- **John Michael Kramer (Cloudburst):**
Environmental compliance

Local Short-Term Technical Assistance

- **Guy Ambroise and Rose Carline:**
For start-up administrative and financial support

- **Antoine Augustin:**
Review of MSPP Quality Improvement initiatives and policies; referral network concept paper
- **Michel Michelet:**
Long-term consultant for financial management strengthening

Partnerships

Ministry of Health at Central and Regional Levels

In addition to the lengthy but productive discussions on the establishments of the MOUs, the contracting of staff and support for operational costs, communication channels are established with MSPP's central office, including the offices of the Director General, Departmental Coordination, Contracting Unit, and HFG. Working relationships have also been developed with Departmental Directorates and staff at all levels. The SSQH–Nord project has been introduced, areas of collaboration discussed, needs assessed, and types of support available explained. Discussions were also focused on future content of the “Plan Départemental Intégré” (Integrated Departmental Plan, or PDI) as a vehicle to promote leadership, general management, as well as data management. Discussion related to “Unité d'Arrondissement de Santé (UAS) were held in the North East and Artibonite departments.

Coordination with other USAID Implementing Partners

SSQH–Nord conducted significant networking activities to coordinate actions and promote synergies of actions with other USAID-funded projects. These include:

- Multiple meetings with **Pathfinder** to discuss: M&E (for harmonization of HIV sites), the PMP, MOUs, project management, harmonization of approaches regarding the MSPP, harmonization of overall strategies, and organization of joint meetings with MSPP.
- Meetings with **Futures Group** to discuss Health Management Information Systems, common strategies, and use of common tools to collect data.
- Ongoing discussion with **LMG** to compare mandates and areas of overlap. An agreement was reached to closely collaborate on RBF support with LMG focusing most of its efforts at the central (national) level and SSQH–Nord at the departmental level.
- Multiple meetings and close collaboration with **HFG** to share responsibility for strengthening of financial management of DDS and health facilities. Long-term consultant Michel Michelet is supporting the training of trainers and roll-out of financial management training in the four health departments supported by the project.
- Two meetings with **I-Tech** to share projects objectives, strategies and perspectives, and to explore areas of coordination. The two projects agreed to work on specific areas: electronic medical records, departmental leadership to support man-



agement and monitoring of health service delivery, mentoring of health care providers, health system information, and quality improvement.

- Contact has been made with **Partners of America** to coordinate nutrition-related activities at the community level.
- Multiple meetings were held with **Supply Chain Management Systems (SCMS)** to coordinate HIV-related activities. A list of HIV sites and targets has been shared, including sites to be upgraded and activated to help a correct the forecast of HIV commodities for SSQH–Nord sites. Collaboration resulted in lab materials delivery and protective gear for TB services.
- Sharing of information on the La Tortue sites' assessment with the **Infrastructure Project** so that they can accelerate infrastructure assessment of healthcare centers on the island.

Coordination with World Bank

The World Bank is funding the piloting of RBF in the Northeast Department and is putting in place a rigorous evaluation of the pilot. The World Bank also is providing financial support to the MSPP for staffing to manage RBF at the central level. SSQH–Nord has participated in numerous technical and coordination meetings with the World Bank related to these efforts.

Communications and Knowledge Management (KM)

Branding and Marking and Communications Plans

The Branding and Marking Plan was approved on April 24th. This approval will now allow the project to move forward with the publication of the project brochure, the improved visibility of the project and the USAID continued support at each of the supported sites, and the implementation of a more comprehensive communication plan. This communication activities outlined in the plan will include a project website, a bi-monthly newsletter, and other initiatives to engage with stakeholders and celebrate achievements.

Stakeholder Engagement

A bi-weekly project update is currently being shared with USAID as well as partners.

During the period, support was also provided to MSPP Artibonite in their Behavior Change Communications efforts leading up to and during the 3-day National Carnival festivities in Gonaives. This support covered the deployment of outreach workers who canvassed the Carnival route and key areas surrounding disseminating key messages around public health (information about hand washing stations and portable lavatories; awareness around cholera prevention and STDs, especially HIV/AIDS, etc.). These same messages were reinforced by being incorporated into the MSPP bleacher, both in a mural and a scrolling electronic banner visible in the evening.

Project Website

The project carried out a website needs assessment. This document clarifies the role that the website and related social media will play both in project visibility and in helping achieve its goals. It describes the target audiences, the content that would be disseminated online, the structure and the technical specifications that would ensure a flexible site that would grow as the project activities increase and diversify. Targets were set in terms of site traffic and contacts that would be created via the website. Based on the conclusions of the website needs assessment, a website development request was submitted 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 30th April 2014 that SSQH–Nord received clearance to begin development of the website and is awaiting further instructions from USAID's Office of the Chief Information Officer about the clearance process.

Knowledge Management

The project is drafting a comprehensive KM approach to establish opportunities both in small groups and more organized meetings for shared learning and technical discussions on public health challenges and solutions. An initial component of the Knowledge Management strategy is the use of ICT tools such as an intranet and local shared directory for the archiving and retrieval of knowledge. Additionally, a more conventional documentation center is in development with a database of reference documents on Haitian health policy and norms and a small but growing lending library. Documents and other relevant information will eventually be posted on the project website.

Additional KM activities that facilitate knowledge exchange between the health facilities to scale-up learning will occur through the QI and Collaborative processes described earlier.

Implementation Challenges

IMPLEMENTATION ISSUE	RESOLUTION/CORRECTIVE ACTION	RESPONSIBLE PARTY	STATUS AND TIMEFRAME
Initial strong resistance on the part of the MSPP to the new project	Discussions at central and departmental levels of MSPP and advocacy with USAID; Close collaboration and joint actions with Pathfinder	COP	Major progress noticeable starting in March 2014
Delay in establishment of MOUs with Regional Health Departments	Strong advocacy on the part of COP with central level and departmental level MSPP authorities. Joint action with Pathfinder	COP, Technical project staff, USAID	Completed
Visit to all sites incomplete due to lack of approved staff and delay in MOU signing by Regional Health Directors	Signing of MOU completed Acceleration of site visits	SSQH technical and administrative staff	By end of April all SSQH–Nord supported facilities have received visit. All sites were part of baseline data collection
Excess of monitoring indicators With addition of new PEPFAR indicators PMP remains very large. Additional capacity for M&E will be needed for project	Additional staff to be hired. More URC HQ support for M&E; establish M&E coordination meetings with each region	COP, SSQH M&E Director, URC home office	Ongoing
Financial support for seconded staff and operational cost for MSPP sites not in project budget or scope of work	High-level consultancy and options memo developed and submitted to USAID	COP, URC home office, consultant	Pending response from USAID
Noted technical challenges for project staff	Additional capacity building and short-term assistance needed for SSQH–Nord technical staff	URC and partners	Being planned



Appendix 1:

Success Story: Psychosocial Support Crucial To Living Positively With HIV

In her early 30s, Miss Joelle Télusma³, a nursing student and mother to a 3-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 Telusma 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 the 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, 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.

³ This name has been changed to protect the patient's identity.



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 outreach and care like Miss Télusma received, USAID support has been crucial in helping CMC Dugué to establish and continually expanding 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 quality of health service delivery in 86 public and non-governmental organization (NGO) health facilities, including CMC Dugué, to support such efforts.

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Appendix 2:

Success Story: Expanded Availability Of Emergency Obstetric And Neonatal Care At Hôpital De Beraca

Marjorie Louis-Jeune's sixth pregnancy was turning out to be her most difficult ever, with regular pelvic pain and faint spells. On December 31st 2013, it took a sudden turn for the worse, when severe headaches kept her up most of the night, ruining the ringing in of the New Year. "I became very worried the next day when I started having contractions and saw that I was bleeding. The baby was not due for another two months!" Ms. Louis-Jeune immediately made arrangements for an emergency visit to Hôpital de Beraca in La Pointe des Palmistes, a small town outside of Port-de-Paix.

A resident of Port-de-Paix, Ms. Louis-Jeune had been receiving pre-natal care at her local hospital. However, she and her partner, Mr. Pierre Dieunel, had heard about the specialized birthing care available at Hôpital de Beraca. Despite the 45-minute travel time, they felt it was their safest option because of the strong qualifications of the skilled staff.

"With the support of USAID, we inaugurated the Emergency Obstetric and Neonatal Care Center in 2012," explained Dr. Andrémène Vilton, pediatrician and technical director at Hôpital de Beraca. "We are the only institution in the department to provide skilled obstetrical care with a surgical gynecologist and support staff available 24 hours a day, 7 days a week."

The presence of this qualified staff around-the-clock in a center offering delivery services according to evidence-based standards saved the lives of Marjorie Louis-Jeune and her baby. The severe headaches and blurry vision, combined with the troublingly high blood pressure detected by Hôpital de Beraca staff, were all tell-tale signs of preeclampsia. Additionally, the foetus showed an umbilical cord prolapse – the baby had been receiving little oxygen and blood supplies and had to be delivered quickly. In light of all of the above, Dr. Olès Dorcely, the staff gynecologist, called for an immediate C-section.

An hour later, Pierre Faniel Lewensky took his first breaths, weighing in at a slight 2.6 kilos. Although the initial Apgar score was low at 5 on the 10-point scale, the staff were able to increase Pierre's Apgar score to 7 (a normal signifying good health) by using the Helping Babies Breath techniques, especially during "the Golden Minute"—the first minute after birth.

Essential to all of this – including the seven days of in-patient care Ms. Louis-Jeune received after the operation – was USAID's financial and technical support. Whether it be via subsidizing salaries of key personnel such as the obstetrician-gynecologist or



nurse-midwives, providing grants for renovations or connecting Hôpital de Beraca to key equipment donors such as DRI – USAID’s support shines.

“I started the first day of the New Year sick with worry about my wife and our baby,” says Mr. Dieunel three months later, “but found devoted and skilled staff that took our situation to heart. We couldn’t have been happier with our experience.”

The timely arrival of Ms. Louis-Jeune at this birthing center, with well qualified staff and 24-hour services, was essential for the good outcome of a healthy mother and baby. Her attendance to prenatal care visits and her birth preparedness, including knowledge of danger signs and where to go for treatment, were important factors in the successful outcome. The USAID SSQH–Nord project works with the Haiti Ministère de la Santé Publique et de la Population (MSPP) to ensure quality of health service delivery in 86 public and non-governmental organization (NGO) health facilities, including Hôpital de Beraca, to support such efforts.

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Appendix 3: Progress Against Project Results

Below are data as collected and verified by SSQH–Nord staff. Not all departments are providing timely or reliable data yet. Thus, the results for several indicators are incomplete. 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 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
Objective 1: Increased utilization of the MSPP integrated package of services at primary care and community levels, particularly in rural or isolated areas						
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	24,273	33.1%	
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	10,827	30.4%	
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%	85%	94.0%	
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	489	28.1%	
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	3,069	88.0%	
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%	To be reported annually		



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
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	4,696	72.0%	
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%	44%	80%	
1.T.1	USAID 3.1.2.2-1	Percentage of all registered TB patients who are screened for HIV	90%	305		Data only available for Nord and Nord-Est. Denominator to be calculated at the end of the reporting year.
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	175	68	38.9%	Data only available for Nord and Nord-Ouest. Denominator to be calculated at the end of the reporting year.
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%	1%	50%	
1.T.4	PEPFAR C3.2N	Percentage of estimated HIV+ incident TB cases that received treatment for TB and HIV	18%	To be reported annually		
1.T.5	USAID 3.1.2.1-2	Case notification rate of new sputum smear positive pulmonary TB cases per 100,000	74	To be reported annually		
1.T.6	USAID 3.1.2-31	Percentage of estimated new smear-positive pulmonary TB cases that were detected under DOTS	15%	See comments		The Programme National de Lutte contre la Tuberculose is reporting this indicator to be 100%, which is not accurate. SSQH-Nord is working to establish systems for improved tracking of this indicator.
1.T.7	N/A	Percentage adoption of TB infection control plan at supported facilities (40 sites providing TB)	100%	30.4%	30.4%	Data only available for Nord and Nord-Ouest.
1.T.8	N/A	Percentage of patients receiving IPT	4,714	574	12.2%	Includes only new enrollees to avoid double-counting.



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
1.1.9	USAID 3.1.2.1-4	Percentage of USG-supported laboratories performing TB microscopy with 95% or higher rate of correct results	TBD (pending baseline)	63%		Data reported for 19 out of 32 laboratories.
1.M.1	USAID 3.1.6.1-2	Percentage of pregnant women with at least 3 prenatal visits	34%	28.1%	82.6%	
1.M.2	USAID 3.1.6.1-1	Percentage of births attended by skilled birth attendants in USG-supported programs	17%	15%	88.3%	Includes all institutional deliveries
1.M.3	USAID 3.1.6-30	Number of newborns receiving postnatal health check within three days of birth	22,587			Systems are being established to track this indicator. First report in October 2014.
1.M.4	N/A	Percentage of children<1 fully vaccinated in project areas	95%	37.7%	39.7%	
1.M.5	USAID 3.1.9-16	Number of children<5 receiving Vit.A from USG-supported programs	134,706	78,485	58.3%	
1.M.6	USAID 3.1.9-15	Number of children<5 reached by USG-supported nutrition programs	157,156	54,148	34.5%	
1.M.7	USAID 3.1.9-16	Prevalence of underweight children under five years of age	7.4%	21.3%		Some children are likely double-counted here. Project will work on systems to improve calculation for the annual report.
1.M.8	N/A	Percentage of children under age 5 identified with severe or moderate acute malnutrition (using MUAC)	10%			Systems are being established to track this indicator. First report in October 2014.
1.M.9	USAID 3.1.9.1-4	Percentage of children under 6 months of age exclusively breastfed	43.7%	To be reported annually		
1.M.10	USAID 3.1.9-6	Anemia prevalence among pregnant women receiving antenatal care	19.3%			Systems are being established to track this indicator. First report in October 2014.



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.11	USAID 3.1.9-1	Number of people trained in child health and nutrition through USG-supported programs	297	0	0%	
1.R.1	USAID 3.1.7-38	Percentage of women of reproductive age using modern family planning methods	22.59%	28.5%	126.1%	
1.R.2	N/A	Number of youth (15-25 yrs) accessing RH services	36,769	42,272		
1.R.3	USAID 3.1.7.1-1	Couple years protection in USG-supported programs	147,231	To be reported annually		
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%	91.9%	91.9%	
1.G.1	USAID GNDR-6	Number of people reached by a USG-funded intervention providing gender-based violence services	121	52	43%	
1.G.2	N/A	Number of health institutions providing clinical assistance and referrals of child protection cases to legal and social services	21	15	71.4%	Will be updated pending results of baseline assessment.
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	42	10.5%	
1G.4	N/A	Number of children reached by protection services	TBD			Systems are being established to track this indicator. First report in October 2014.
1.B.1	N/A	Average percentage performance according to standards for critical care practices	TBD			First report in October 2014
1.B.2	N/A	Percentage of eligible sites certified to serve as critical care stabilization centers		To be reported annually		
1.C.1	N/A	Total number of client visits to project-supported facilities or CHWs		288,281	N/A	



PROJECT CODE	USAID OR PEPFAR CODE	PERFORMANCE INDICATOR	TARGET NOV 2013 - SEPT 2014	PERFORMANCE NOV 2013 - MARCH 2014	PERCENT OF TARGET ACHIEVED	COMMENTS
IR1.1: Increased access to services by increasing range and ease of obtaining services						
1.1.a	PEPFAR T1.5.N	Number of sites providing integrated ART	16	11	68.8%	
1.1.b	N/A	Number of sites providing pediatric treatment, care and support	21	11	52.4%	
1.1.c	PEPFAR P11.3.N	Number of health facilities that provide HIV testing and counseling services	26	21	80.1%	
1.1.d	N/A	Number of sites linking vulnerable populations to PL 480 Title II services	TBD			Systems are being established to track this indicator. First report in October 2014.
1.1.e	USAID 3.1.6-64	Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	TBD			Systems are being established to track this indicator. First report in October 2014.
1.1.f	N/A	Number of USG-supported facilities that provide appropriate life-saving maternity care	19			Systems are being established to track this indicator. First report in October 2014.
1.1.g	N/A	Number of newborns not breathing at birth who were resuscitated in USG-supported programs	TBD			Systems are being established to track this indicator. First report in October 2014.
1.1.h	N/A	Number of individuals trained to implement improved sanitation methods	297			Systems are being established to track this indicator. First report in October 2014.
IR1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral						
1.2.a	N/A	Number of CHWs able to provide full integrated package of services in USAID areas	TBD (pending baseline)			First report in October 2014
1.2.b	N/A	Number of community members participating in community-level QI meetings	200	To be reported annually		



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IR1.3: Incentivizing of high quality performance at supported facilities and communities through RBF						
1.3.a	N/A	Number of facilities with RBF contracts in place	20			Reporting to begin after RBF is launched.
1.3.b	N/A	Percentage of facilities where the performance (RBF) score increased from previous period	10%			Reporting to begin after RBF is launched.
Objective 2: Improved functionality of the USG-supported health referral networks						
2.a	N/A	Number of health referral networks established (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	50%			Reporting to begin after referral networks are launched.
2.b	N/A	Number of individual referrals made (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	TBD			Reporting to begin after referral networks are launched.
2.c	N/A	Percentage of referrals completed	TBD			Reporting to begin after referral networks are launched.
2.d	N/A	Ratio of CHWs to population attached to health facility	1 per 2000	1 per 2230		
2.e	N/A	Average percent case management score based on MSPP Quality Checklist at sites receiving ongoing roving team support	TBD			Indicator will be reported in October 2014.
IR2.1: Improved health workforce capacity within health referral networks						
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.)	TBD			Reporting to begin after 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)	TBD			Reporting to begin after referral networks are launched.



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IR2.2: Strengthened information system and data flow within health referral networks						
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)	TBD			Reporting to begin after referral networks are launched.
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)	TBD			Reporting to begin after referral networks are launched.
IR2.3: Improved drug and other medical commodity supply chain / logistics management within health referral networks						
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)	TBD			Reporting to begin after referral networks are launched.
IR2.4: Improved oversight of network management by UAS coordinators to support referral network through QI						
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)	TBD			Reporting to begin after referral networks are launched.
Objective 3: Institutionalization of key management practices at facility and community levels to facilitate sustainable delivery of quality health services						
3.a	N/A	Number and percentage of sites maintaining auditable monthly financial reports	80%	24%	30.5%	
3.b	N/A	Percentage of sites implementing continuous quality improvement plans	100%			Indicator will be reported in October 2014.
3.c	N/A	Percentage of institutions implementing a timely and accurate procurement process for vital products	50%	21%	41.9%	



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3.d	N/A	Percentage of sites providing services in compliance with QI-identified priority service issues	50%			Indicator will be reported in October 2014.
3.e	N/A	Percentage of clients reporting satisfaction with services provided	TBD			Indicator will be reported in October 2014.
3.f	N/A	Percentage of community members demonstrating improved health-seeking behavior	TBD			Indicator will be reported in October 2014.
IR3.1: Quality improvement mechanisms implemented in all project sites						
3.1.a	N/A	Percentage of sites with continuous quality improvement teams operating according to minimum criteria	30%	24%	81.4%	
IR3.2: Enhanced departmental staff skills for supportive supervision of quality health services						
3.2.a	N/A	Number of departmental and zonal supervisors trained in supportive supervision and/or coaching	60	0	0%	
Objective 4: Departmental health authorities' capacity to manage and monitor service delivery strengthened						
IR4.1: Improve management skills and use of management tools at Departmental level						
4.1.a	N/A	Number of management tools introduced and used at the Departmental level	Based on need			Indicator will be reported in October 2014.
IR4.2: Enhanced departmental staff skills for supportive supervision of quality health services						
4.2.a	N/A	Percentage of sites receiving quarterly supervision visits with summary report produced	50%			Indicator will be reported in October 2014.
4.2.b	N/A	Percentage of sites in which priority recommendations from site visits are addressed properly	100%			Indicator will be reported in October 2014.
4.2.c	N/A	Percentage of health facilities providing services in compliance with MSPP Quality Checklist	N/A			Indicator will be reported in October 2014.



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IR4.3: Enhanced departmental staff skills in planning, coordination, monitoring, and supportive supervision						
4.3.a	N/A	Number of departmental staff trained and/or mentored	Training based upon need			Indicator will be reported in October 2014.
IR4.4: Support introduction of technology solutions for improved management						
4.4.a	N/A	Technologies tested on pilot basis and approved for broader use	Based on need	0		

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