



Services de Santé de Qualité pour Haïti–Nord (SSQH-Nord) Final Progress Report

September 2015

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File

On The Cover:

Mothers bring their infants for consultation at CSL La Fossette in Nord department.

Orientation session with health workers and community health workers at Dispensaire Déseauxx in Artibonite department.

Patient consultation at CAL La Victoire in Nord department.

Maternal and child health indicator tracking for CSL La Fossette and catchment area.

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AMTSL	Active Management of the Third Stage of Labor
ART	Antiretroviral Therapy
ARV	Antiretroviral
BEST	<i>Byen ak sante timoun</i> project
CAL	<i>Centre de Santé avec Lits</i> (Inpatient Clinic)
CDC	Centers for Disease Control and Prevention
CDS	<i>Centres pour le Développement et la Santé</i>
CDT	<i>Centres de Diagnostic et de Traitement</i> (treatment and diagnostic centers)
CHW	Community Health Worker, <i>Agents de Santé Communautaire Polyvalent (ASCP)</i>
CP	Child Protection
CQI	Continuous Quality Improvement
CSL	<i>Centre de Santé sans Lits</i> (Outpatient Clinic)
CT	<i>Centres de Traitement</i> (Treatment Centers)
DDS	<i>Direction Départementale de Santé</i> (Departmental Health Directorate)
DOTS	Directly Observed Therapy Short-course
EmONC	Emergency Obstetric and Neonatal Care
EMP	Environmental Mitigation Plan
EMPR	Environmental Mitigation Plan Report
FOSREF	<i>Fondation Pour la Santé Reproductrice et l'Education Familiale</i>
FP	Family Planning
GBV	Gender-Based Violence
HFG	Health Finance and Governance Project
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ICF	Intensified Case Finding
IPT	Isoniazid Preventive Therapy
LAPM	Long-acting and Permanent Methods
LMG	Leadership, Management and Governance
LMS	Leadership, Management and Sustainability
LTFU	Lost to Follow-up
M&E	Monitoring and Evaluation
MARP	Most-at-risk Population
MCH	Maternal and Child Health
MCSP	Maternal and Child Survival Program
MESI	Monitoring, Evaluation and Surveillance Interface



mHealth	Mobile Health
MOU	Memorandum of Understanding
MSPP	<i>Ministère de la Santé Publique et de la Population</i> (Ministry of Health)
MWM	Medical Waste Management
MWMP	Medical Waste Management Plan
NACS	Nutrition Assessment, Counseling, and Support
NASTAD	National Alliance of State and Territorial AIDS Directors
NGO	Non-Governmental Organization
NYCF	Newborn and Young Child Feeding
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PADF	Pan American Development Foundation
PCR	Polymerase Chain Reaction
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	Persons living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	<i>Programme National de Lutte contre le SIDA – PNLS</i> (National HIV Program)
QI	Quality Improvement
RBF	Results-Based Financing
SBCC	Social and Behavior Change Communication
SCMS	Supply Chain Management System
SSQH-Nord	<i>Services de Santé de Qualité pour Haïti-Nord</i>
SSQH-C/S	<i>Services de Santé de Qualité pour Haïti-Centre/Sud</i>
SW	Sex Workers
TB	Tuberculosis
UAS	<i>Unités d'Arrondissement de Santé</i> (Health Districts)
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
UTI	Urinary Tract Infection
VCT	Voluntary Counseling and Testing



Introduction

Services de Santé de Qualité pour Haïti-Nord (SSQH–Nord) was a project funded by the United States Agency for International Development (USAID) that collaborated with the Republic of Haiti’s *Ministère de la Santé Publique et de la Population* (MSPP) to ensure quality health service delivery in the country’s four northern departments. The project supported 84 public and non-governmental organization (NGO) health facilities and two rally posts in the Nord, Nord-Est, Nord-Ouest and Artibonite departments – covering approximately 1.6 million inhabitants. SSQH-Nord’s four main objectives were to:

1. Increase utilization of MSPP’s essential package of services at the primary-care and community levels (particularly in rural or isolated areas);
2. Improve the functionality of United States government (USG)-supported health referral networks;
3. Facilitate sustainable delivery of quality health services by institutionalizing key management practices at the facility and community levels; and
4. Strengthen departmental health authorities’ capacity to manage and monitor service delivery.

The project was managed by University Research Co., LLC (URC) with partners Abt Associates, Save the Children Federation, Inc., *Fondation Pour la Santé Reproductrice et l’Education Familiale* (FOSREF) and *Centres pour le Développement et la Santé* (CDS). Service delivery program elements supported by SSQH-Nord included a comprehensive Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) package of services; maternal and child health (MCH); tuberculosis (TB) diagnosis and treatment; family planning (FP) and reproductive health; gender-based violence (GBV) and child protection (CP); basic critical care services; and community-based activities.

The SSQH-Nord strategy focused on assessing where there were gaps in service and training and leveraging the expertise and experience of the government and project staff partners to increase both the quality, availability and demand for services.

This final report reflects the achievements and challenges of the SSQH-Nord project over the course of 21 months, from October 2013 to July 2015. Notable advances were made in areas of HIV, TB, MCH, FP, quality improvement (QI) and in the training and support of community health workers (see the section below on selected achievements and Appendix 1). Certain targets were not met, however, due to the early closing of the project. The final months of the SSQH-Nord project focused on the close-out of activities and the handover to a bridge implementing mechanism.



Selected Achievements

HIV	Between October 2014 and June 2015 the number of individuals who received HIV testing and counseling (HTC) services for HIV and received their test results increased from 51,596 to 70,926
	By project close, the percentage of HIV positive pregnant women who received antiretrovirals (ARV) to reduce risk of mother-to-child transmission during pregnancy and delivery increased from 79.8% at baseline to 86% by June 2015
	The number of adults and children receiving antiretroviral therapy (ART) in the 13 sites supported by SSQH-Nord for HIV rose by 1,694 between October 2014 and September 2015
TB	By June 2015, 47% of facilities had adopted a TB infection control plan
	A 40% increase in the percentage of HIV+ patients in HIV care or treatment who started TB treatment was achieved over the life of the project
	Case notification rate of new sputum smear positive pulmonary TB cases per 100,000 increased from 59 to 117
MCH	The percentage of pregnant women with at least three prenatal visits rose from 31% to 55%
	By project close, the percentage of births attended by skilled birth attendants in USG-supported programs more than doubled in the SSQH-Nord catchment area
FP	In June 2015, couples year protection was 168,633 and the percentage of women of reproductive age using modern family planning methods increased by 2% points
	In August 2015, 100% of SSQH-Nord sites were providing family planning services
Nutrition	Anemia prevalence among pregnant women receiving antenatal care decreased from 20.3% at baseline to 7% at project close
GBV	Between October 2014 and June 2015, 130 people were provided with GBV services
RBF	19 eligible health facilities had finalized business plans and were prepared to initiate the program
Community Mobilization	803 community health workers (CHW) were fully trained in the approved MSPP methodology and were able to provide the full integrated package of services in USAID areas by June 2015
	Between October 2014 and June 2015, 449 community members participated in QI meetings
QI	64% of sites in the project catchment area were implementing quality improvement plans using the collaborative approach

Key Strategies and Approaches

SSQH–Nord implemented the activities of each major objective through strategic approaches to achieve outputs and results. These strategic approaches focused on:

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



Lab technician at work at La Fossette Health Center.

Results and Accomplishments By Objective

OBJECTIVE 1: Increase demand for and utilization of the MSPP's essential package of services at the primary care and community levels

What did SSQH-Nord hope to accomplish?	Key achievements
<ul style="list-style-type: none"> • Improve access to services by increasing range and ease of obtaining services • Incentivize high-quality performance at supported facilities and communities through RBF and CQI • Implement a continuum of care model linking community workers to facilities, mobilizing communities and providing systematic referral-counter referral 	<ul style="list-style-type: none"> • Reduced percent of lost to follow-up (LTFU) among the SSQH-Nord network from 26% to 17% • Achieved a 100% testing rate of babies born to HIV-positive mothers within two months of birth • Developed and implemented TB control plans at 15 sites • Increased the proportion of persons living with HIV/AIDS (PLHIV) in HIV clinical care who were screened for TB symptoms at the last clinical visit to 98% • Improved new smear-positive pulmonary TB cases detected under Directly Observed Therapy Short-course (DOTS) from 12% at baseline to 86% by June 2015 • Increased the percentage of pregnant women with at least three prenatal visits from 31% at baseline to 55% in June 2015 • Increased percentage of births attended by a skilled birth attendants from 14.7% at baseline to 38.9% by June 2015 • Reduced anemia prevalence among women from 20.3% at baseline to 7% by June 2015

HIV/AIDS

Despite improvements in reducing Haiti's HIV burden in recent years, the HIV/AIDS prevalence rate remains one of the highest in the Latin America and Caribbean region at 1.9% of the adult population.¹ Efforts to stem the epidemic require strengthened primary-care-provider capacity to offer integrated HIV services. This concept was an essential part of SSQH-Nord project strate-

¹ <http://www.unaids.org/en/regionscountries/countries/Haiti/> accessed September 11, 2015

gy. Contributing to USAID's results under the blueprint for an AIDS Free Generation, the project focused a large portion of its efforts on improving HIV access to care and quality of services across the 21 project sites providing HIV services in the catchment area.

Reduced clients lost to follow-up

The project responded to the need to identify and track clients enrolled in ART at project sites who were LTFU. SSQH-Nord led work sessions at ten President's Emergency Plan for AIDS Relief (PEPFAR) priority sites on client ART retention and LTFU tracking. These workshops provided project management and providers with a better understanding of the reasons for loss to follow-up at these sites. Including local providers and decision makers in the process improved buy-in regarding retention of PLHIV in care and treatment in those facilities. Tracking activities reduced patients LTFU from 26% to about 17% from April to June 2015.

Expanded HTC services beyond fixed health facilities

The project provided technical assistance and support to mobile clinics in two departments (Nord and Nord-Est). Each mobile team, staffed by nurses or doctors, trained counselors and laboratory technicians, provided a range of services including general consultations, prenatal care, basic laboratory tests and voluntary counseling and testing (VCT). By the end of June 2015, more than 2,000 patients had been screened for HIV through these mobile clinic activities.



Social worker counsels HIV patient at CSL CMC Dugué. SSQH-Nord continued assistance proved crucial in ensuring psychosocial services at HIV sites.

Improved access to CD4 count testing

SSQH-Nord collaborated with the Centers for Disease Control and Prevention (CDC), acquiring and installing two CD4 count machines to increase site capacity to monitor PLHIV. Originally, five similar machines (Fastcount and PIMA) provided limited access and capacity to monitor CD4 count across the four departments. The impact of these machines on project indicators will become apparent this year, subsequent to close out.

Activated ART sites

Since access to ART was identified as deficient in the Nord and Nord-Est departments, the project piloted and then implemented an HIV service upgrade at Saint Raphael which is now an active ART and palliative care center in the Nord-Est department. This change allows eligible patients to bypass the neighboring Hôpital de Pignon and fosters easier access to the broader population of PLHIV in the catchment area. SSQH-Nord also activated Out-patient Clinic (CSL – *Centre de Santé sans Lits*) Jacquesyl as an ART site to meet similar needs in the Nord department. By October 2014, these efforts contributed to an increase in the number of adults and children on ART – 3,941 versus 2,247 at baseline.

Increased early infant diagnosis rate

SSQH-Nord collaborated with partner Caris Foundation's USAID-funded *Byen ak sante timoun* (BEST) project to train 100 providers at 19 HIV sites in all four departments on PMTCT notification, polymerase chain reaction (PCR) testing and most at-risk population (MARF)-friendly services. These trainings were key to ensure proper, institutionalized specimen collection for PCR tests so that newborns could be tested for HIV. As a result, project-supported sites achieved a 100% testing rate of babies born to HIV-positive mothers within two months of birth, and a 96% testing rate among infants within twelve months of birth.

Ensuring access to HIV testing and PMTCT services for pregnant women in Haiti

At age 17 and at 16 weeks gestation, Marie (*name changed for story*) came to La Fossette health center in Cap-Haïtien complaining of symptoms of a urinary tract infection (UTI). In addition to being treated for the UTI, she received routing HIV testing and counselling. After her HIV+ status was diagnosed, she was immediately enrolled in a prevention of mother-to-child transmission (PMTCT) program, where she received daily prenatal HIV treatment. Thanks to this intervention, both Marie's son and daughter are HIV-negative. She credits their positive health to the tireless support that La Fossette provided throughout both her pregnancies. Center Director Dr. Anthony Constant insists: "Ensuring her health and that of her children has always been vital." Many women in Haïti are in similar circumstances to Marie. La Fossette in one of 19 project sites that offer PMTCT to pregnant women at no cost. Early diagnosis is especially essential to ensure access to treatment for the mother, and improve the chances that the baby is born HIV-negative. Between October 2014 and March 2015, nearly 99% of HIV-infected pregnant women received ARV to reduce MTCT risk. Marie is just one example of many for SSQH-Nord. Three years after her first encounter with La Fossette, Marie continues to adhere to her treatment and both her children remain HIV-negative. This intervention has made all the difference in her life, and the life of her children.



Strengthened data management

The project coordinated with the National Alliance of State and Territorial AIDS Directors (NASTAD) to train data managers on PMTCT data reliability, HIV case reporting and active surveillance of HIV-positive pregnant women. This training institutionalized a previously near non-existent data collection process. By training data clerks, monthly data collection increased, and the clerks began reporting HIV data on the Monitoring, Evaluation and Surveillance Interface (MESI). With improved reporting, more accurate indicator data is available to properly assess the epidemic's status and will allow for better decision-making.

Services Offered at HIV Sites (21 HIV sites)
21 HTC
19 PMTCT
19 Palliative care
15 GBV/CP
12 ART
SSQH–Nord and TB (48 TB sites)
16 Treatment centers
15 TB control plans developed and in place

Tuberculosis

SSQH-Nord supported 48 TB service delivery sites, including 16 treatment centers (CT – *Centres de Traitement*). The project emphasized expanding diagnosis and treatment of TB through the implementation of the “3 I’s” strategy: intensified case finding (ICF), increased uptake of isoniazid preventive therapy (IPT) and enhanced TB infection control. A MSPP Quality Checklist assessment conducted among project-supported sites in early 2015 showed TB as the highest scoring category on the checklist.

Improved screening for TB/HIV co-infection

HIV is the most important risk factor for Tuberculosis. SSQH-Nord promoted routine TB testing of all PLHIV at every clinical encounter as well as prompt treatment of suspected cases, according to the national TB-control guidelines. Project staff conducted thirty coaching and supervision visits at TB service sites, including joint visits with Departmental Health Directorate (DDS – *Direction Départementale de Santé*) representatives. The project supported ICF capacity at sites throughout the catchment area. For example, it facilitated a laboratory upgrade at Dispensaire Coupe à l'Inde (Artibonite department), enabling the facility to provide TB screening and diagnosis in addition to TB treatment and HTC services already available. As a result of these combined efforts, the proportion of PLHIV in HIV clinical care screened for TB at their last clinical visit reached 98% by the end of 2014.

Major strides in TB care and treatment

Since baseline, the percentage of HIV+ patients in HIV care or treatment who started TB treatment increased from 2.3% to 3.1%; the case notification rate of new sputum smear positive pulmonary TB cases per 100,000 increased from 59 to 117 per 100,000; the percentage of estimated new smear-positive pulmonary TB cases that were detected under DOTS increased from 12% to 86%; and the number of patients receiving IPT during the last nine months was 5,705 compared to 3,771 assessed at baseline.

Instituted TB-site control plans

SSQH-Nord developed a TB infection control plan in accordance with MSPP, USAID and World Health Organization guidelines and recommendations. The intent of the plan was to facilitate site-specific guidelines for reducing risk and handling potential exposure at CT and treatment and diagnostic centers (CDT – *Centres de Diagnostic et de Traitement*), including facility-level measures and administrative controls, environmental controls and personal protective measures. Project staff conducted 17 CDT visits to support its orientation and application. As a result, 15 of the 17 sites have a prepared plan as of June 2015 to ensure prompt identification of suspected TB cases and institution of essential precautions.

Maternal and Child Health

Acting on the Call and contributing to USAID's strategy for Ending Preventable Child and Maternal Deaths, SSQH-Nord improved MCH provision across its catchment area by increasing the capacity of service providers. Training aimed to increase high-quality services according to MSPP norms and guidelines and to promote integrated service delivery to optimize quality care for mothers and their children at each visit.

Increased service delivery for pregnant women and new mothers

The baseline assessment identified a need for improved access to quality maternal services across SSQH-Nord's catchment area. In response, the project trained 78 providers in the four departments on correct delivery practices and how to address potential complications. Several maternal health indicators improved as a result. For example, the percentage of pregnant women who had at least three prenatal visits increased (31% at baseline to 55% by June 2015), as well as the percentage of births attended by a skilled birth attendants (14.7% at baseline to 38.9% by June 2015).

Focused on quality improvement of maternal health services

SSQH-Nord established quality improvement collaboratives focusing on active management of the third stage of labor (AMTSL)/ emergency obstetric and neonatal care (EmONC). The project



Prenatal consultation at Outpatient Clinic (CAL) La Victoire in Nord department.

facilitated interactive trainings with service providers from 20 sites to identify barriers and areas of improvement. This participative methodology allows facilities to understand their own challenges and propose solutions. Furthermore, SSQH-Nord organized opportunities for health facilities to share their experience implementing incremental changes with their peers (more details available under Objective 3). Specific results from this coaching phase were not yet available at the time of this report, although anticipated results include better management, internal communication, reporting, better quality of care around AMTSL/EmONC and ultimately improved MCH indicators.

Maternal Health Services Offered at Sites (84 maternal health sites)
84 offering pre- and postnatal care
43 offering delivery services
14 offering EmONC B
7 offering EmONC C

Improved neonatal care

Essential neonatal care was strongly encouraged at supported sites. The first step in this process was to improve the rate of postnatal check-ups among women delivering. Through site-level trainings paralleled with community mobilization activities, the project achieved 14,886 postnatal checkups within three days of birth by the end of project activities.

Family Planning

Women's right to informed choice is key to achieving reproductive health goals in Haiti. During the two-year implementation period, SSQH-Nord supported delivery of FP services in a total of

84 sites across the catchment area. By July 2015, sites were compliant and service providers and their alternates received an annual refresher training on the Tiaht amendment and other USG FP policies and requirements. Updated social and behavior change communication (SBCC) materials were distributed to FP sites in all four departments. Providers' technical knowledge and skills on long-acting and permanent methods (LAPM) was expanded, ensuring availability of these options at 11 sites. Departmental managers and institutional administrators also received training to ensure comprehension and sustainability of facility-level compliance.

Increased access to modern family planning methods

Over the past 21 months, FP availability in SSQH-Nord's catchment area has increased and improved as more health providers have been trained to meet MSPP standards, including training to increase capacity to provide LAPM. Initially, the project worked with the Leadership, Management and Sustainability (LMS) project, and subsequently the Supply Chain Management Systems (SCMS) project, and other US-funded initiatives to increase availability and accessibility of FP commodities at supported sites. As a result of these activities, all 84 sites offer a range of family planning methods, providers and their alternates are trained in providing appropriate counseling, 11 sites now offer LAPM and 41 sites offer Jadelle contraceptive implants. These efforts contributed to the increase in couple years protection among project-supported sites, which measured at 168,633 by July 2015.

Ensured compliance of family planning services

Following the handover of compliance training responsibilities from LMS in Year 2 of the project, a lack of properly trained FP personnel at the Saint Raphael health facility highlighted the need for immediate action in all FP sites. In line with the project's family planning strategy, SSQH-Nord responded to the situation in Saint Raphael by identifying a trained nurse to cover the site's FP needs and training her alternate. As of June 1st 2015, this site is again compliant with USAID FP regulations.

The project took further measures to ensure compliance with MSPP and USAID FP regulations and USG mandates across all FP sites. Project staff carried out compliance site visits, monitoring applicable norms and providing refresher trainings on principles of voluntarism and informed consent, for example. SSQH-Nord conducted 59 FP compliance training sessions reaching 947 service providers (site personnel and affiliated CHWs).

Family Planning Services Offered at Sites (84 FP sites)
52 offering long-term methods
25 offering permanent methods
7 offering short-term methods



A child being weighed at CSL La Fossette in Nord department.

Nutrition

Nutrition is a vital component of good health for Haitians. In the event that illness does hit, mothers and children are better equipped to recover. Therefore, well-nourished children and mothers contribute to improved health indicators. While SSQH-Nord was not primarily a nutrition project, it leveraged synergies with MSPP partner programs and other implementing partners focused on nutrition security and the treatment of general acute malnutrition.

Built capacity of health workers to increase service availability

SSQH-Nord focused its nutritional efforts on training health workers on routine screening and prevention of malnutrition and counseling mothers in proper feeding techniques. Project staff provided technical assistance to partner sites to expand recommended infant feeding practices among pregnant and postnatal women, including early initiation of breastfeeding, exclusive breastfeeding until six months and appropriate complementary feeding until two years of age. Training was given to providers on Nutrition Assessment, Counseling, and Support (NACS) as well as Newborn and Young Child Feeding (NYCF) in collaboration with the Nutrition Security Program implemented by Partners of America.

Supplied complementary feeding to malnourished children

In response to reports of high rates of acute malnutrition in the project catchment area, SSQH-Nord staff coordinated and supervised the distribution of 500 cases of Plumpy’Nut to 23 supported sites in the Nord, Nord-Est and Nord-Ouest departments. Plumpy’Nut, a ready-to-use therapeutic food paste comprised of peanuts and vitamin supplements, is used successfully to treat malnutrition globally. These activities contributed to the reduction of the prevalence of underweight children from 8% at baseline to 6.8% at project close, and the percentage of severe or acute malnourished children to 10.4%.

Improved nutrition for pregnant women and new mothers

The project promoted the systematic prescription of iron and folic acid supplements during antenatal care and consumption of iron-rich food to fight anemia among pregnant women and to prevent health risks, such as low birth weight and the inability to manage post-partum hemorrhage successfully. As a result, the prevalence of anemia among the catchment population decreased from 20.3% to 7%.

Provided Vitamin A supplementation to children

The project was able to reach 194,183 children (98,656 in Year 1 and 95,527 in Year 2) with Vitamin A supplements, but as of January 2014 there was a disruption in the national supply chain leading to the stock-out of Vitamin A supplements nationwide. In response to and in order to insure continued intake of Vitamin A, SSQH-Nord worked with supported sites to encourage patients to consume Vitamin A-rich food and maintain exclusive breastfeeding in the first six months of life. Continued efforts to target exclusive breastfeeding would be beneficial to maintain reduced rates of under- or malnourished children.

Gender-based Violence and Child Protection

SSQH-Nord, with the support of project partner Save the Children Federation, Inc., focused on ensuring GBV and CP services for vulnerable groups: women and girls, victims of trafficking, sex workers (SW), sexual minorities, and orphans and vulnerable children (OVC), particular those living in domestic servitude (*restavèk*).

Increased capacity to address GBV and CP

SSQH-Nord trained 378 services providers, CHWs and community leaders on OVC and GBV strategies, identifying and screening MARP, client retention and data management. In addition, project staff conducted 30 coaching and technical assistance visits to supported sites in order to build psychosocial support capacity to identify victims of GBV, deliver necessary care and facilitate appropriate referrals. As a result, 228 persons were reached with GBV services and 269 children reached by protection services over the life of the project.



SSQH-Nord Coordinator for CP and GBV conducts awareness-building activity with school children.

Raised community-level awareness on GBV and CP

With support from Save the Children, project staff promoted the development and implementation of GBV and CP sensitization committees at eight sites. The project also worked with community actors and structures to raise awareness of existing social, medical and legal referral mechanisms and points of access for both GBV and CP.

Conducted advocacy efforts for GBV and CP

In November 2014, SSQH-Nord led activities for the 16 days of activism against violence, including gender role reversals among school children in several communities. During this event, SBCC flyers, posters and brochures were developed and distributed to beneficiaries, particularly targeting youth, women and community leaders. These events led to greater awareness at the community level around the issue of GBV which is key in setting the stage for improved outreach, services and reporting efforts.

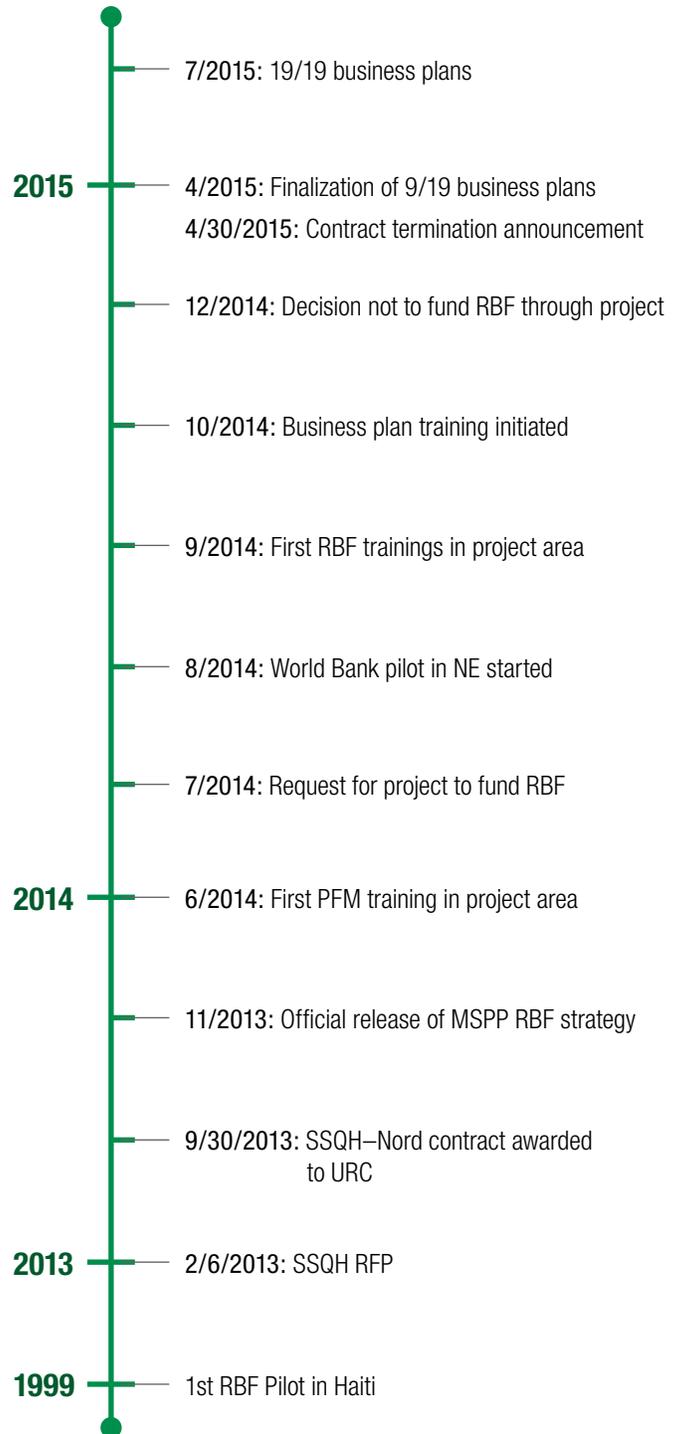
Result-based Financing

Results-based financing is a strategy that, when designed well, can promote quality improvement and better outcomes in health. Haiti has been at the forefront of RBF for over a decade, in both the health and education sectors. The MSPP made RBF one of its flagship national policies, providing a national framework in December 2014. Throughout the project's duration, and with technical guidance from project partner Abt Associates, SSQH-Nord supported the implementation of the national RBF strategy in the north of Haiti.

Selected and prepared projects sites for RBF implementation

Project staff assessed all health facilities and selected 36 eligible RBF sites from the Nord, Nord-Est, Nord-Ouest and Artibonite departments. Ultimately, SSHQ-Nord staff designed and orga-

nized RBF training sessions for medical directors, administrators and community health directors from nine supported sites in the Nord department and 10 sites in the Nord-Est department. A total of 55 service providers attended the trainings.



Conducted trainings on public financial management

SSQH-Nord trained staff from 23 supported sites in the Nord department and 16 institutions in the Nord-Est department on the implementation of financial management systems.



Follow-up supervisory visits were carried out at sites to provide coaching in financial management. The project collaborated with department representatives to facilitate two financial management trainings for 50 technical, administrative and accounting staff in 16 project-supported sites. Each participating site received subsequent technical assistance visits to support the implementation of improvements in the management of their finances. Training modules were developed in coordination with the Health Financing and Governance (HFG) Project, who will be submitting the final versions to the MSPP for nationwide use at the department level.

Prepared business plans

At the end of two years, 19 project sites in the Nord and Nord-Est departments are ready to implement RBF with the support of their DDS; they have received training on RBF, business plan development and financial management and have prepared a business plan. The DDS have been trained and are ready to support RBF implementation in these sites. As well, project staff collaborated and coordinated closely with the Contracting Units (*Unité de Contractualisation*) in support of the World Bank-financed RBF pilot in the Nord-Est department.

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

What did SSQH-Nord hope to accomplish?	Key achievements
<ul style="list-style-type: none"> • Improve workforce capacity within health referral networks • Improve drug and other medical commodity supply chain/logistics management within health referral networks 	<ul style="list-style-type: none"> • Trained 803 CHWs across all four departments in the final two modules of the MSPP national curriculum in order to standardize delivery of services • Trained 101 CHWs on their component of referrals to aid in operationalization of the referral networks • Achieved monthly HIV/TB stock reporting rate of over 90% among 21 HIV service sites • Provided technical assistance to improve management of stock and supply

Of the three health referral networks currently supported by the USG in Haiti, two are within the SSQH-Nord catchment area: the Ouanaminthe Health Referral Network located in the Northern Corridor and the Saint Michel de l'Attalaye Health Referral Network, which lies within the Saint Marc Corridor and is a part of the UAS of Marmelade. Project efforts focused on supporting the functionality of these networks – one component being the training and presence of CHWs.



CHW administers vaccine to infant at rally post in the community of Petite Rivière in Artibonite department.

Health Workforce Capacity Building

Capacity building is key element to improving the accessibility, availability, acceptability and quality of the health workforce needed to improve health outcomes and advance universal health coverage. While SSQH-Nord provided capacity building opportunities across all types of health professionals, managers and community workers, some of the topics were specifically related to improving the functionality of the health system and referrals.

Improved provider capacity to deliver quality care

Eight hundred and three (803) CHWs across all four departments received the final two modules of the MSPP national curriculum in order to standardize delivery of services. This effort contributed to increased capacity among community-level providers to deliver quality health services and their ability to refer difficult cases further up the continuum of care. A similar approach was taken with GBV and CP where, in addition to training health providers and managers, CHWs and local committees were sensitized to the issues in order to increase awareness among the community.

Conducted collaborative exercise with providers and managers

As part of the CQI approach, providers and managers across the UAS were brought together in a collaborative approach, learning to discuss issues openly, identify bottlenecks and share experiences with their peers. This type of quality improvement approach strengthens relationships across networks and referral systems, ultimately leading to improved quality and better results.

Community Mobilization

Community approaches are essential to ensuring that the health system is strengthened from top to bottom. Project partners FOSREF and CDS implemented community-level activities directly to beneficiaries as an integral part of service delivery and often generating demand for modern health services either for referral up to the facility level or in the community through CHWs or mobile clinics.

Assessed community needs and resources

Community approaches were applied across the project results areas, including GBV, CP, MCH, FP and HIV/AIDS. Initially, a site-level needs assessment identified sites with the greatest need for community outreach, which was complemented with an inventory of community groups in the Artibonite and Nord-Ouest departments. Similar inventories in the Nord and Nord-Est were not finalized due to the cessation of project activities.

Increased demand for project services

Activities to increase demand for SSQH-Nord services included awareness-raising campaigns, training and support to grassroots groups to promote health-seeking behaviors within the population, capacity building of community-level providers to deliver quality health services, and promotion of access to care across all technical intervention areas. As a result, there has been an observed increase in health-seeking behaviors among the target population. Although Objective 2 activities were shut down as of May 2015, the project still achieved 70% of its referral targets in the performance monitoring plan (PMP) by project close.

Promoted health behavior change in community

SSQH-Nord provided support to the Artibonite department's SBCC efforts, participating in the 2014 national Carnival festivities in Gonaïves. Outreach workers canvassed the Carnival route and surrounding areas disseminating key public health messages (hand-washing, cholera prevention and sexually-transmitted infections, especially HIV/AIDS, etc.). These same messages were reinforced by incorporating them onto the MSPP bleacher, in both a mural and a scrolling electronic banner visible in the evening.

Raised awareness on risky health behaviors

The FOSREF team supported the implementation of 846 awareness and informational sessions on HIV/AIDS and GBV prevention to sex workers. The sessions were conducted by community workers and SW peer educators in the cities of Cap-Haïtien, Port de Paix, Saint Marc, Gonaïves and Ouanaminthe. These activities raised awareness and informed 14,845 SW and their clients on risky health behaviors. In addition, 978 SW and their clients received routine HTC services in four LaKay centers (outreach post): Cap-Haïtien, Port de



Health promotion activities during the February 2014 Carnival festivities in Gonaïves in Artibonite department. SSQH-Nord provided support to DSA in dissemination of key health messages to promote awareness around cholera and HIV/AIDS.

Paix, Saint Marc and Ouanaminthe. Routine condom distribution by peer educators to men who have sex with men (MSM), female and male SW and their clients in these sites reached 123,457 between October 2014 and March 2015. FOSREF also promoted awareness in sexual/reproductive health (SRH), gender-based violence, family planning and HIV/AIDS among 3,356 youth in the communes of Port de Paix, Ouanaminthe, Fort Liberté, Cap-Haïtien, Saint Marc, and Gonaïves. In addition, FOSREF, through its network of youth peer educators in the four departments, sensitized and informed 216,665 youth on these topic areas.

Supply Chain Management

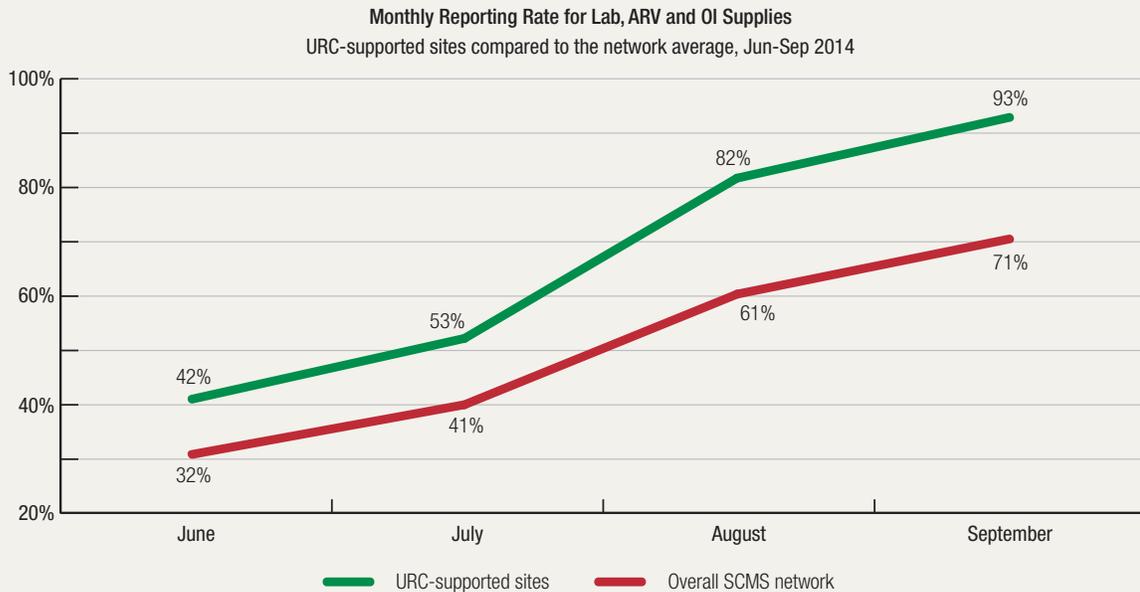
The lack of adequate infrastructure in Haiti, including poor roads and intermittent electricity and the absence of a standardized, national supply chain system, makes management of logistics and the medical commodity supply chain an ongoing challenge for SSQH-Nord sites. Throughout the life of the project, SSQH-Nord staff made regular field visits to encourage best practices for monitoring and reporting of stock, maintenance of medical commodities and disposal of medical and hazardous waste.

Improved supervision and monitoring of supply chain

Active supervision and monitoring of pharmacies, laboratories and related supply chain activities piloted in Year 1, led to the adoption and implementation of multilevel supply-management procedures. A series of March 2015 integrated supervision visits showed that storage conditions within institutional pharmacies are satisfactory across SSQH-Nord's catchment area: 82.25% of supported facilities store medications in an area protected from light, and 74%

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

SSQH-Nord supported 21 laboratory and pharmacy sites within the SCMS network that supply specialized therapies to patients across the four project departments. In 2013, less than 40% of these sites were submitting timely monthly stock consumption reports essential for ensuring availability of pharmaceuticals. The root of the problem was lack of training and knowledge of best practices for stock management and reporting. Together, SSQH and SCMS mobilized technical assistance to the sites. Specific activities included: training HIV/TB stock managers on basic pharmaceutical management; identifying communication focal points and developing phone, mail and text-based strategies to increase reporting rates; and reinforcing the reporting circuit and adherence to best practices through follow-up supervision visits from SSQH-Nord team members. By the end of SSQH-Nord's first year, reporting rates among its 21 supported sites climbed from less than 40% to an annual best of 93%, making it one of the most successful partners within the network, well above the peer average of 71%.



of sites have storage areas free of rodents and insects. These visits also highlighted net improvements in the management of expired commodities: 59% of the sites have implemented procedures for proper separation and containment of expired medications.

Enhanced inventory management

SSQH-Nord collaborated with SCMS to improve pharmacy stock and data management and to provide HIV materials and trainings on pharmaceuticals stock, expired medications and inventory management at nine sites in the Nord and Nord-Est departments. As a result, monthly on-time reporting rates among project-supported HIV sites increased from 42% to over 93% during Year 1 of the project, which was higher than the SCMS network average.

Managed national-level stock outs

In light of prolonged disruption in the national supply chain of vitamin A supplements, first noted in Year 1, the project coordinated closely with other USG implementing partners, LMS and subsequently SCMS, to avoid stock-outs at supported sites. This collaboration extended to key vaccination antigens (includ-



Pharmacy shelves arranged by drug use or purpose at CAL Borgne in Nord department.



ing Bacillus Calmette-Guerin vaccine and Pentavalent). SSQH-Nord worked with suppliers to forecast future needs, document consumption and product loss and facilitate transfer to decrease the incidence of stock-outs at project sites.

Notably, the project coordinated with SCMS to avoid potential interruption and ensure the supply of antiretrovirals, medications to treat common opportunistic infections (OI), postnatal medications, and laboratory equipment (commodities and Pima CD4 test kits) at 21 SSQH-Nord sites.

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

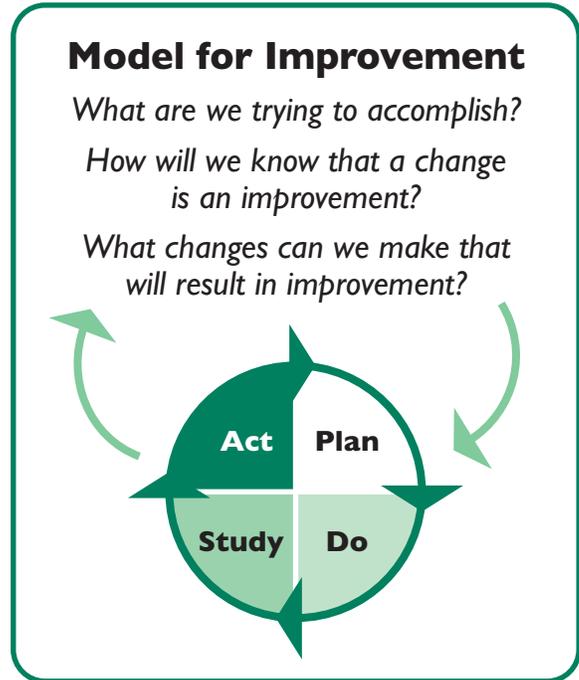
SSQH-Nord’s support contributed to the improvement of the quality of primary health care and to the introduction of MSPP’s integrated service model at project-supported facilities. Focus was on strengthening the content of care (the clinical content provided), the processes of care (how the care is being offered to the clients) and the management-support systems necessary for optimal and efficient service delivery.

What did SSQH-Nord hope to accomplish?	Key achievements
<ul style="list-style-type: none"> • Implement quality improvement mechanisms implemented in project sites • Enhance departmental staff skills for supportive supervision of quality health services 	<ul style="list-style-type: none"> • Launched three QI collaboratives across 75 sites in Nord and Artibonite departments on maternal health (AMTSL/EmONC), infection prevention and Medical Waste Management (MWM) • Reached 449 people who participated in community-level QI meetings between October 2014 and June 2015 • Ensured 64% of sites are implementing a CQI plan • Formed Medical Waste Management committees in all 84 sites • Collaborated with partner institutions to develop a comprehensive MWM quality improvement checklist that harmonizes facility- and national-level MWM priorities

Quality Improvement

A range of different methods for quality improvement in health are currently sponsored to varying degrees by USAID worldwide. Sustainable results to quality improvement can be obtained through the CQI approach using improvement collaboratives, coaching and supportive supervision. Not only do collaboratives engage and foster ownership by service providers and thus

improve the sustainability of any improvement gains, but learning and best practices are shared across health facilities during the collaborative process.



Conducted learning sessions for quality improvement

The project’s strategy to improve and sustain quality health services at the site level was anchored on creating a solid understanding of the basic concepts and tenets of continuous quality improvement. On this solid foundation, SSQH-Nord facilitated improvement collaborative methods to accelerate mutual learning and improvement for priority interventions. Supportive supervision is not an inherent part of the existing health management paradigm in Haiti. As such, the project QI team introduced the concept and both clarified and strengthened management support and oversight for quality functions at the health facility, district and departmental levels.

Instituted QI coaching and supportive supervision

The project’s QI team identified and trained 18 QI coaches. The improvement efforts initially centered on infection prevention, MWM, MCH and management in general. To ensure ownership by the departments, coaches were selected from among health department personnel. These coaches received the appropriate training to conduct improvement efforts (including supportive supervision) in their respective technical area. Project staff conducted site supervision and technical assistance visits to 33 project-supported sites in the Nord (10 sites), Nord-Est (10 sites), Artibonite (7 sites) and Nord-Ouest (6 sites) departments. During these visits, the project’s QI advisor provided support to develop individual health service QI plans. SSQH-Nord also collected and analyzed data from AMTSL/EmONC collaborative sites, in accordance with the established monitoring and evaluation (M&E) plan.



Improved peer-to-peer collaboration on QI

SSQH-Nord staff helped establish QI teams at 75 sites throughout all four departments: Nord-Est (21), Nord (26), Artibonite (29) and Nord-Ouest (9). These teams include both technical and operational experts. They provided support at the department, intermediate and site levels. Although the unexpected termination of activities does not allow for outcome results, by close out the project surpassed its PMP indicator related to *percentage of sites with continuous quality improvement teams operating according to minimum criteria*.

Environmental Mitigation

The essence of the Environmental Mitigation Plans (EMP) and quarterly reports required by USAID in the health area is shaped by concerns related to medical waste management. SSQH-Nord's initial assessment showed that although there was some awareness of MWM standards and that some successful practices were being implemented, MWM was weak overall in health facilities in the project's catchment area. In the USAID/Haiti-approved EMP, the absence of project funds for installation or rehabilitation of medical waste disposal facilities other than to 'ensure health care waste management is incorporated into health facility budget and planning and service delivery programming' was duly noted. Despite this constraint, consistent progress was documented in quarterly EMP reports (EMPR).

Established site-level medical waste management committees

Following an initial training on MWM for both service providers and managers, MWM committees were formed in all project-supported facilities. SSQH collaborated with partner institutions to develop a comprehensive MWM quality improvement checklist that harmonized facility- and national-level MWM priorities.

In order to address issues identified in the initial assessment, SSQH-Nord collaborated with a subcontractor, the Cloudburst Group, to establish MWM protocols, develop a Medical Waste Management Plan (MWMP) at each site, support plan implementation, and monitor its progress and challenges. These strategies were elaborated in a three-phase EMPR submitted to USAID in November 2013. The Cloudburst Group facilitated two MWM workshops in August 2014 for the SSQH-Nord field staff and implementing partners' operational staff. The goal of these workshops was to train participants in basic MWM and in the development and implementation of a MWMP. To date, all 84 sites have MWM committees in place, and 54 out of 84 supported sites have developed MWMPs. The plans include six components: institution identification, quality infrastructure, situational analysis, principle gaps, strategy to address identified gaps and follow-up of planned activities.



Distribution of hygiene kits to residents of Haute-Plaine to help stop the spread of cholera on the island of La Tortue (Nord-Ouest department).

Improved MWM in project sites

One of the first topics introduced to the CQI collaboratives was MWM (see above section). As a result of consistent coaching and supportive supervision, the integrated site visits conducted in March 2015 also demonstrated significant achievements in the 24 waste management indicators on the SSQH-Nord Quality Improvement Collaborative Checklist. These indicators examine the ten key hygiene and sanitation indicators on the MSPP quality checklist in greater detail. In Appendix 3, the ten indicators of the MSPP checklist are shown in comparison to the indicators tracked by the SSQH-Nord checklist.

Sixty-six project-supported sites were evaluated against these indicators, and of them 49 (74%²) had at least two latrines, and 50 (76%) had biohazard containers available in the clinic. In terms of courtyard cleanliness, 61 sites (92%) had no needles or syringes in the courtyard, 59 sites (89%) had no gloves or bandages in the courtyard, 58 sites (88%) had no organic waste in the courtyard and 58 sites (88%) had no stagnant water around the health center. Of the 47 sites that had a water source, 26 (55%) had that water source available in the exam room.

Community Engagement

The community mobilization team worked to ensure each of SSQH-Nord's four departments had integrated departmental plans and viable action plans in place. Together with representatives

² Total possible number of points



from the DDS, project staff conducted an analysis of current action plans, discussed and developed corrective action plans as needed and submitted related requests for funding to relevant financial offices. This effort has led to smoother monitoring of departmental progress. Follow-up field visits allowed project staff to observe and make recommendations on the plans' implementation.

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

What did SSQH-Nord hope to accomplish?	Key achievements
<ul style="list-style-type: none"> • Improve management skills and use of management tools at departmental level • Enhance departmental staff skills for supportive supervision of quality health services • Enhance departmental staff skills in planning, coordination, monitoring and supportive supervision • Support introduction of technology solutions for improved management 	<ul style="list-style-type: none"> • Ensured efficient, timely electronic payments to 940 MSPP contracted staff • Supported DDS activities financing key operational expenses • Conducted joint supervisory visits for multiple topics with DDS staff, including supportive supervision, accounting, management and vaccination protocols • Launched and pilot tested the mobile health (mHealth) application at Borgne and Petit Bourg de Borgne sites with 28 CHWs to capture real-time field data

Reinforcing local capacity with the designated ministerial authority is the basis of a sound development approach. The DDS represent the MSPP at local level and were one of the primary beneficiaries of SSQH-Nord. Over two years, the project provided support to the four DDS in the Nord, Nord-Est, Nord-Ouest and Artibonite through multiple mechanisms, including capacity building, logistics and financial support.

Support to Health Departments

SSQH-Nord developed a close relationship with the four DDS in the catchment area by August 2015. Throughout the life of the project, USG funds supported financial and logistical inputs to departmental activities and programs based on approved budgets and work plans. The project also established and maintained field offices with designated staff. With the assistance of the Pan American Development Foundation (PADF), electronic payments were issued in a timely and compliant fashion for over 940 contracted MSPP service providers each month. Project staff conducted joint integrated supervision visits and worked together to form QI collaboratives to improve facility-level management and organization of activities (discussed under Objective 3). The Nord department benefited from the piloting of mHealth technology (*CommCare*) for data tracking and activity management.

Supported DDS operational programming

SSQH-Nord established a system for making payments to the DDS, which was formalized by a Memorandum of Understanding (MOU) signed with the directors of each department in January 2015. Based on this MOU, the DDS submitted annual work plans and corresponding budgets for each fiscal year and all subsequent payments were made quarterly based on that approved work plan and budget. This system was developed in order to strengthen the departments' financial management capacity, and reinforce the importance of maximizing quality and results efficiently.

Field accountants were based in each department's field office to encourage close and consistent collaboration with each DDS. The benefits of having staff immediately available included reduced costs of monitoring visits, more frequent communication with partners in each department, greater efficiency in handling departments' operational costs and increased awareness of the status and progress of each site. These offices also supported technical activities and were instrumental in the LTFU tracking efforts and the reach of the TB infection control plan activities.

SSQH-Nord provided financial support to organize departmental health sector coordination meetings (*Tables sectorielles*), which facilitated knowledge exchange and discussion opportunities for partner organizations and DDS representatives around national health priorities and shared concerns.

Ensured efficient, timely electronic payments to 940 MSPP contracted staff

PADF, under subcontract with URC, acted as the financial agent to execute payments to over 940 MSPP contracted staff each month. Significant measures were put in place to ensure that these payments were made on time, electronically, each month. Four field accountants collected monthly timesheets for each person, validated their identity and ensured that timesheets were completed in a compliant manner and liaised with PADF to submit the correct payroll ledgers and make the corresponding payments. Frequent collaboration with the DDS ensured payments were compliant with local labor law and practices, that a valid contract existed between contracted staff and DDS, and that changes in contractual status were tracked.

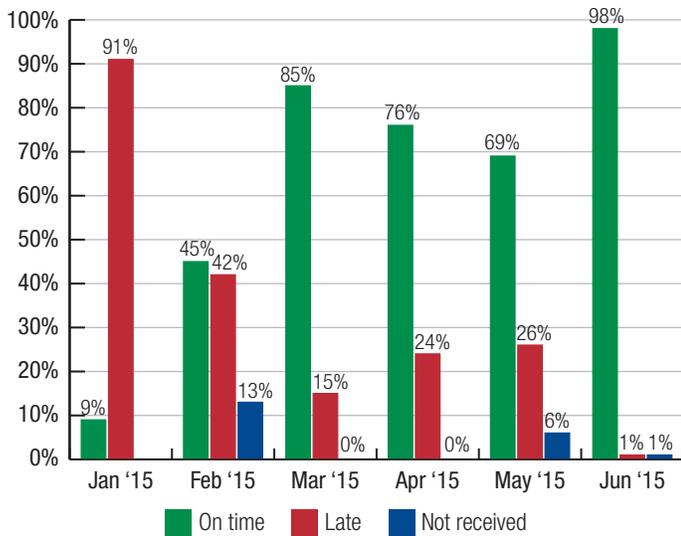
Conducted joint supervision visits

From October 2013, SSQH-Nord worked closely with the four DDS to update and reinforce supervision procedures, tools and practices, while upholding MSPP's national policy and promoting international best practices. DDS representatives were systematically invited to participate in supervision and coaching visits conducted by project staff at supported facilities, with the objective of promoting supportive supervision and improving management skills.



In March 2015, comprehensive, integrated supervision was conducted at all sites using a newly developed supervision reporting form. The integrated tool, based off of the MSPP checklist, allowed for site visits to be more efficiently conducted, saving both human and financial resources. The exercise broke down siloes and demonstrated that service delivery is, in fact, integrated. The data extracted from these forms provided an exhaustive summary of each site's current status, including their successes and needed improvements. One result of regular supervision visits has been increased on-time reporting by the project-supported health facilities. Chart 1 shows reporting in January 2015 was very low but demonstrated an overall increase over the following six months.

Chart 1. Timeliness of monthly statistical reports submitted to SSQH-Nord from project-supported health facilities, January to June 2015



mHealth

Subcontractor Dimagi supported a pilot introducing mHealth to the northern region of Haiti. The objective of the application is to improve management of CHW performance and the use of data for QI, patient referrals, community mobilization and commodity tracking. The pilot *CommCare* application developed by Dimagi is also being rolled out in the south of the country.

Harmonized data collection application with existing technology

URC developed and signed an MOU with Pathfinder allowing for mutual use of *CommCare* modules and to build upon mHealth applications originally developed by the *Services de Santé de Qualité pour Haïti Centre/Sud* (SSQH-C/S) project. SSQH-Nord staff collaborated with Dimagi to update existing child health modules – based on feedback from field testing at Outpatient Clinic (CAL – *Centre de Santé avec Lits*) Borgne and Hôpital de Pignon – and develop a dashboard displaying the standard MSPP monthly reporting formats for each facility. In addition to child health, initial application modules targeted maternal health,



CHW receives training on use of CommCare application during mHealth pilot launch in Borgne (Nord department).

FP, referrals and rally posts with a focus on vaccinations. In consideration of the social context, Creole-language module content and training materials were developed.

Piloted CommCare mobile application

SSQH-Nord launched the mHealth pilot in March 2015 in Borgne commune (Nord department) with the participation of 28 pilot users, including 25 CHWs and three supervisors, from both CAL Borgne and Dispensaire de Petit-Bourg-de-Borgne. This process involved a one-day training session for CHW supervisors and facility staff, a four-day training session for CHWs and three weeks of field support and monitoring. The pilot phase resulted in the registration of 200 pregnant women, 900 children under five years of age, and 500 FP clients using the mHealth application.

Implementation Challenges

- Countrywide stock outs in Vitamin A supplements and vaccines severely strained the ability of the project and the sites in the SSQH-Nord catchment areas to reach PMP targets. Some of this was mitigated by providing additional support for the use of stock management tools, performing regular inventories and employing the 'First In, First Out' method. Excellent coordination with partners also helped lessen disruptions in national supply chain. In the longer term, it may be advantageous to educate families and patients about other locally available Vitamin A-rich foods.



- ❏ **Inconsistent reporting systems** impeded timely reporting with robust data. Data collection methodologies and tools must be in place before the data is reported, and providers must be trained in what indicators mean, so that robust data is made available. It should also be noted that frequently changing, internet-based systems are prone to last minute bugs which frustrate users and make them less enthusiastic to provide data.
- ❏ **Disruption of activities** was due to unexpected project close-out. Immediate cessation of most technical activities upon notification essentially meant that the majority of support to the MSPP through the four DDS was financial and logistical during the last six months. Most training sessions and supervision visits were canceled. The community inventory activity with the Nord and Nord-Est was not finalized.



RBF training led by SSQH-Nord held in Nord department.

Lessons Learned and Recommendations

Lessons learned

- ❏ **Department of Health implication** in site visits, coaching and training is key to generating ownership, especially when showcasing best practices and innovative technologies. Not only does the positive energy generated lead to better results, it also strengthens the probability of sustainable commitment to change.
- ❏ While support to a range of service provision types and sizes increased geographic access, it is sometimes opportune to **focus on the large providers of services** in terms of generating results. SSQH had a recent experience with this investigating LTFU and implementing measures at the eight largest service providers, innovations which then were organically shared with the smaller sites in each department.
- ❏ **Partnership engagement** is key across the range of stakeholders, including Haitians, USG implementers and international partners. Leveraging each other's work is an excellent way to improve results. However, if this is to happen, measures must be taken by clients to promote clear communication and collaboration instead of secrecy and competition between and with implementing partners (for example relations with SSQH-C/S, or HHIP/AECOM for incinerators).
- ❏ **National-level leadership on guidelines** is essential when moving forward on aspects of the health care system which do not yet have defined parameters, emergency referrals for example. Implementing partners cannot always execute stated expectations

from the client or host country government when the parameters for specific interventions do not exist, and when the implementer has no national mandate to catalyze that process.

- ❏ **An actively supportive relationship** with the client is essential, especially in a challenging environment such as Haiti. Supportive supervision can be applied outside the service delivery and set implementation up for success.

Recommendations

- ❏ The inherent tension between service delivery and institutional strengthening present in the project design merits **open discussion**. For example, in order to meet contractual targets, an expedient approach may be taken with service providers, rather than waiting for departmental authorities to become available for joint activities.
- ❏ The **choice of NGO** providers was made on a historical basis, which, on the whole led to reliable results. However, implementing a competitive process for selecting NGO providers would indicate that USAID is serious about changing the way they do business, and hopefully foster institutional strengthening in facilities which have not previously benefited from USAID support.
- ❏ **Technical and policy consensus** in Haiti has many opportunities for improvement. Stakeholder agreement on how facility-level service should connect with community programs and leverage each other would enhance results and achieve better outcomes, specifically in MCH and HIV/AIDS and for the health sector as a whole.
- ❏ Although implementing partners can provide the catalyst for policy change, real ownership lies at a higher level. Especially for projects without a national mandate, it is essential that **clear national guidance** is available to



prevent continuous modifications to strategies and work plans which impede sustainable results in an already challenging context.

- ❏ Prior to releasing scopes of work for tender, it is advisable to **understand the depth and reach of the technical and policy innovations** being requested, and apply those to the specific country context and USG requirements. Results-based financing was to be the corner stone of the project as originally tendered. However, it was finally demoted to a series of business plans due to lack of planning for financial resources to implement the incentives as designed in the national policy document.
- ❏ **National HIV/AIDS frameworks** could be leveraged to expand community-level care and limit client LTFU. For example, the national HIV program (PNLS) should include specific orientations for providers on the national strategy to mitigate LTFU.
- ❏ The **existing structure of HIV care and treatment in Haiti merits revision** to reduce stigma and improve results. Currently, HIV service providers receive preferential treatment (salaries and work conditions) but are often overburdened because other trained medical staff are not participating in HIV-related tasks. For example, HIV care, treatment and pharmaceutical distribution could be integrated into current health facility general provision of care. This would optimize the use of available resources while reducing the stigmatizing effects on patients currently generated by the existing structure of care.
- ❏ Financial and geographical barriers to access remain a reality to much of the catchment population in the north of Haiti. In the medium term, the MSPP can **relieve barriers to patient treatment** adherence and retention in care through: payment of transportation costs; reactivation of community-level activities; strengthening of counseling services; and provision of dry goods. In the longer term, a comprehensive national health financing strategy and a movement towards a Universal Health Coverage option is advisable.

is completed, RBF will be rolled out based on the Haitian RBF national plan. SSQH-Nord worked diligently with 19 selected sites which are prepared to be the first cohort to join the roll out.

From an organizational standpoint, the project devoted increased attention to working with the heads of departments during the last period of the project. This will ensure that both the departments and their facilities are prepared to enter the bridge period and continue activities, including the LTFU recently initiated. Through Objective 4, SSQH-Nord increased the capacity of the northern health departments and support sustainability of the service-delivery system developing and institutionalizing the planning, management capacity, supervision, monitoring and continuous improvement processes.

The CQI methodology implemented in the SSQH-Nord catchment area is based on the participation of providers in a collaborative approach to analyze bottlenecks, identify their issues, brainstorm solutions, test hypotheses and ultimately find the way forward to achieving results. As opposed to a simple checklist methodology based on norms to which providers have no input, the collaborative approach enhances ownership and sustainability of the process by the providers who can make incremental changes which reflect their day-to-day realities but change their professional experience.

Sustainability

Sustainability of activities and their results is a mixture of both financial, organizational and cultural aspects. While it is difficult to discuss the sustainability of a project which unexpectedly terminated after a two year cycle, some aspects of the project are identifiably more likely to be sustained than others.

Results-based financing in Haiti has the support of many stakeholders, from service providers to the Minister of Health. In part due to the continued interest of the World Bank and the Health Results Innovation Trust Fund, it is expected that once the World Bank pilot has finalized and the impact evaluation



Appendices

Appendix 1: Progress Against Project Results (PMP)

Appendix 2: Partnerships and Collaborations

Appendix 3: MWM Checklist Comparison

Appendix 1: Progress Against Project Results

Project Code	USAID or PEPFAR Code	Performance Indicator	Target Oct 2014 - Sep 2015	Target Oct 2014 - Jun 2015	Results Oct 2014 - Jun 2015	Percent of Target Achieved Oct 2014 - Mar 2015	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 HTC_TEST	Number of individuals who received HIV testing and counseling (HTC) services for HIV and received their test results	90,000	67,500	70,926	105%	
1.H.2	USAID 3.1.1-59 PEPFAR P.1.1.D PMTCT_STAT	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	31,732	23,799	20,988	88%	SSQH-Nord supported 19 PMTCT facilities. Funds were used for training and salary of PMTCT service providers, clinical mentoring of PMTCT service sites, support of PMTCT service data collection, and support of mother mentoring programs. In this indicator, both labor and delivery and antenatal care clinic data from MESI were used. The target was not reached for the reporting period despite efforts to reach and test all pregnant women with mobile clinics and community programs. This was due to the fact that activities were scaled down because of the early closure of the project.
1.H.3	USAID 3.1.1-61 PEPFAR P1.2.D PMTCT_ARV	Percentage of HIV positive pregnant women who received ARVs to reduce risk of mother-to-child transmission during pregnancy and delivery	90%	90%	86%	95%	Numerator = 402 Denominator = 468
1.H.4	USAID 3.1.1-6 PEPFAR T1.1D TX_NEW PEPFAR T1.1D	Number of adults and children newly enrolled on antiretroviral therapy (ART)	2,735	2,051	1,057	52%	The project provided direct service delivery for treatment in 19 ART sites, including PMTCT and ART for adults and children. PEPFAR funds supported salaries of service providers, clinical mentoring and supportive visits of staff at ART sites. Two new sites have been activated to provide ARV treatment for adults, Saint-Raphael in the Nord and Jacqueryl in the Nord-Est. Target was not reached for the reporting period despite efforts to monitor, enroll new patients on ART and retain them in care. This was due to the fact that the planned number of ART sites were not activated or scaled up during the reporting period. Once all planned sites are activated/scaled up, the sites will be able to reach their site-level ART enrollment targets.



Project Code	USAID or PEPFAR Code	Performance Indicator	Target Oct 2014 - Sep 2015	Target Oct 2014 - Jun 2015	Results Oct 2014 - Jun 2015	Percent of Target Achieved Oct 2014 - Mar 2015	Comments
1.H.5	USAID 3.1.1-10 PEPFAR T1.2D TX_CURR	Number of adults and children receiving ART (CURRENT)	5,100		3,941	77%	The project supported 19 ART sites, including PMTCT and ART for adults and children. PEPFAR funds supported salaries of service providers, clinical mentoring and supportive visits of staff at ART sites. Two new sites have been activated to provide ARV treatment to adults in areas where the services were needed, Saint-Raphael in the Nord and recently Jacquozyl in the Nord-Est. The target was not reached for the reporting period despite efforts to monitor, enroll all eligible patients on ART and retain them in care. An active tracking of LTFU patients was conducted in May and June to find patients lost to follow-up and enroll them back on treatment. The impact of this activity on the data will be seen on the next reporting period.
1.H.6	USAID 3.1.1-78 PEPFAR T1.3D TX_RET	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	90%	90%	62%	69%	Numerator = 60 Denominator = 1,068 The project provided DSD for treatment in 19 ART sites. PEPFAR funds supported salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites, and routine support of ART M&E and reporting. Two new sites have been activated to provide ARV treatment to adults and children in areas where the services were needed, Saint-Raphael in the Nord and recently Jacquozyl in the Nord-Est. The target was not reached for the reporting period despite efforts to monitor, enroll all eligible patients on ART and retain them in care. An active tracking of LTFU patients was conducted in May and June to find patients lost to follow-up and enroll them back on treatment. The impact of this activity on the data will be seen on the next reporting period.
1.H.7	USAID 3.1.1-69 PEPFAR C2.1.D CARE_CURR	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load	7,000	5,250	5,290	101%	The project provided direct service delivery to 21 HIV sites. PEPFAR funds supported salaries of service providers, clinical mentoring and quarterly site supervision. We have surpassed our target for the reporting period as we provided coaching to site personnel on the importance of monitoring the patient at every visit using the WHO staging and CD4 count and collecting and documenting the information on the EMR. CD4 machines have been ordered and delivered to sites that did not have access to the laboratory test to ensure accessibility to all patients.



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1.H.8	USAID 3.1.1-85 PEPFAR C4.1D PMTCT_EID	Percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth	71%	71%	56%	79%	Numerator = 261 Denominator = 468 The project supported 19 PMTCT facilities. Funds were used for training and salary of PMTCT service providers, clinical mentoring of PMTCT service sites, support of PMTCT service data collection, and support of mother mentoring programs. Early infant diagnosis (EID) is a priority for the project. Through our collaboration with Caris Foundation (BEST), we made PCR testing available for all exposed infants in all sites providing PMTCT services. The number of infants that received an HIV test within 12 months of birth is underreported in MESI. This underreporting led to the target not being achieved for this indicator.
1.H.9	PEPFAR OVC_SER	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	15,000	11,250	7,526	67%	The project offered direct service delivery to 15 facilities for the OVC programs. PEPFAR funds were used to provide salary for caregivers, especially those providing psycho-social support to the patients. Sites also received coaching to ensure all children of PLHIV are systematically registered and tested, and children infected and affected by HIV were enrolled in the program. Active beneficiaries who received program services in the last nine months were included in the indicator. They received services such as care, home visits or are part of special groups such as the child support and peer educators groups. Training was provided to those developing activity-related curricula, psychosocial support and child protection services. The impact of these trainings on enrollment of OVCs was not seen during this reporting period and therefore we did not reach our target. It is expected that the number of active beneficiaries will increase during the next fiscal year. Technical assistance, community activities and additional support like school funding were provided in collaboration with our partner, CARIS Foundation (BEST). Concurrently, our CP Advisor worked closely with the ministry of the Social Affairs Bureau (IBESR) in order to develop a document on national guidelines on child protection.



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1.H.10	PEPFAR OVC_ACC	Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	900	675	9,704	1438%	SSQH-NORD offered direct service delivery to 15 facilities for the OVC programs. PEPFAR funds were used to provide salary for caregivers specially those providing HIV care and treatment also psycho-social support to the children. We have surpassed our target because we had underestimated the number of OVC to be reached by HIV services; as we encouraged site personnel to track, test and enroll all children of adult PLHIV. These results should be used to determine future targets for this indicator in order to have more accurate data. The data reported for this indicator is pulled directly from MESI and links to the same variables that DATIM uses for this indicator.
1.H.11	PEPFAR FPINT_SITE	Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	80%	80%	100%	125%	SSQH-NORD offered direct service delivery to 21 facilities offering FP and HIV Integration. Coaching has been provided to site personnel to ensure that FP is available and offered onsite or at a nearby clinic to all patients enrolled in HIV care. The percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services is 21/21 =100%. We have surpassed our target because coaching has been provided to the site personnel to ensure integration of HIV and all other services including FP. In terms of stock/supply management, the project worked closely with LMS now SCMS to ensure sites supplies of FP methods are available at all time to prevent stock-out.
1.H.12	PEPFAR QI_SITE	Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	60%	60%	38%	63%	SSQH-NORD offered direct service delivery to 10 facilities with Quality Improvement Activities out of 21 sites offering a complete package of HIV services to the population. PEPFAR funds were used to provide salary for those caregivers who are implementing HEALTHQUAL in their sites. They have received training in order to elaborate plans and projects for quality improvement that address clinical HIV program processes or outcomes and have documented process results. Support and coaching were also provided by our QI Advisor who also implemented other QI activities in most project sites. Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented is 8/21=38%. We did not reach our target due to the fact that the project is closing early and activities were suspended.



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1.H.13	CARE_NEW	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	3,907	2,930	1,418	48%	The project provided direct service delivery to 21 HIV sites. PEPFAR funds supported salaries of service providers, clinical mentoring and quarterly site supervision. We provided coaching to site personnel on the importance of monitoring the patient at every visit using the WHO staging and CD4 count and collecting and documenting the information on the EMR. CD4 machines were ordered and delivered to two sites (Pierre Payen and La Fossette) with large catchment populations that did not previously have access to this surveillance service. As a result, patients are being evaluated at scheduled visits on clinical and also immunological criteria in order to better monitor their evolution on treatment and care, as per the national guidelines. The impact of these additional surveillance site will be seen in the results for the next reporting period.
1.H.14	TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	90%	90%	42%	46%	Numerator = 1,039 Denominator = 1,650 SSQH-Nord offered direct service delivery to 19 ART sites. We worked closely with the sites to ensure they achieve 75% ART retention. PEPFAR funds supported salaries of service providers, clinical mentoring and supportive supervision of staff at ART sites. Despite our efforts, we have not reached our target. As retention is a national issue, an active tracking of patients lost to follow-up has been conducted in the 9 prioritized sites and almost 60% of the patients have returned to the clinic. This work needs to be done in all sites to reach our target of 90% of sites.
1.H.15	LAB_CAP	Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	20	20	20	100%	
1.T.1	USAID 3.1.2.2-1	Percentage of all registered TB patients who are screened for HIV	90%	90%	89%	98%	Numerator = 985 Denominator = 1,112
1.T.2	USAID 3.1.1-74 PEPFAR C2.4D TB_SCREEN	Proportion of PLHIV in HIV clinical care who screened for TB symptoms at the last clinical visit	90%	90%	98%	109%	Numerator = 5,196 Denominator = 5,290



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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%	2%	3.1%	156%	Numerator = 165 Denominator = 5,290 SSQH-NORD offered direct service delivery to HIV positive patients co-infected with Tuberculosis. PEPFAR funding was used to provide salary support for service providers, clinical mentoring and supportive supervision twice a trimester, and training of staff to strengthen capacity in 17 HIV/TB sites. We have surpassed our target because the project provided on-going mentoring of service providers on early screening, identification of TB, prophylaxis and placement of all PLHIV diagnosed with TB on ARV. Also IPT prophylaxis was made available for all HIV patients which diminish their outcome of developing TB.
1.T.4	PEPFAR C3.2N TB_ART	Proportion of registered TB cases who are HIV-positive who are on ART	85%	85%	65%	76%	Numerator = 70 Denominator = 108 The target for this indicator was not met due to the fact that the data is incomplete. Data in MESI for TB is not consistently submitted, therefore the quarterly TB report was used as the data source. This data was only reported for sites that provide both HIV and TB services.
1.T.5	USAID 3.1.2.1-2	Case notification rate of new sputum smear positive pulmonary TB cases per 100,000	92	92	117		Numerator = 997 Denominator = 845,109 This indicator is reported per 100,000.
1.T.6	USAID 3.1.2-31	Percentage of estimated new smear-positive pulmonary TB cases that were detected under DOTS	85%	85%	86%	102%	Numerator = 729 Denominator = 844 The target was over achieved for this indicator due to the fact that PNLT-MSPP reinforces the DDS strategy to ensure that all patients with positive smear is under DOTS. Therefore, this target should be revised upwards for the next fiscal year.
1.T.7	N/A	Percentage adoption of TB infection control plan at supported facilities	100%	100%	47%	47%	Numerator = 15 Denominator = 32 The project offered direct service delivery to 46 TB sites of which, 32 are care and treatment sites. 15 (compared to 6 in the last report) of them have adopted an infection control plan. Distribution and implementation of the plan has been interrupted due to early closing of the project, and therefore we did not reach out target.
1.T.8	N/A	Number of patients receiving IPT	5,892		5,705	97%	



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1.T.9	USAID 3.1.2.1-4	Percentage of USG-supported laboratories performing TB microscopy with 95% or higher rate of correct results	70%	70%	N/A		This indicator relies on data from the national laboratories that was not collected this year.
1.T.10	TB_ARTSITE	Proportion of PEPFAR-supported TB basic management units at which 80% of registered TB cases who are HIV-positive are on ART	80%	80%	45%	57%	Numerator = 5 Denominator = 11 This indicator includes children tested by weight, height and MUAC. The result reflects community and institutional activities. Tools used to measure and report acute malnutrition and avoid double-counting will be improved in Year 2 both at the community and facility levels.
1.M.1	USAID 3.1.6.1-2	Percentage of pregnant women with at least 3 prenatal visits	37%	37%	55%	148%	Numerator = 11,264 Denominator = 20,505 The target for this indicator was too low. We recommend revising future targets for the four northern departments to reflect the past performance from the current year of implementation.
1.M.2	USAID 3.1.6.1-1	Percentage of births attended by skilled birth attendants in USG-supported programs	19%	19%	38.9%	205%	Numerator = 7,895 Denominator = 20,277 The population includes those from 48 sites offering labor services. 20,277 is 2.8% of this said population which is estimated at 965,778 for nine months. The target set for this indicator was too low. Our performance is slightly above the national average for institutional births of 36%.
1.M.3	USAID 3.1.6-30	Percentage of newborns receiving postnatal health check within two days of birth	35%	35%	18%	51%	Numerator = 3,602 Denominator = 20,277 Only the institution-level data was reported. The community-level reporting tool does not capture this information. The collaboratives also cover postnatal consultations within 0-6 hours of delivery.
1.M.4		Number of newborns receiving postnatal health check within three days of birth	29,719	22,289	14,886	67%	We have not met this target for several reasons. First, it was an overly ambitious target, because according EMMUS V the national average of women who benefited postnatal care within the time period is 23% or about 10,720 based on our estimated population of pregnant women (2.8%). Second, there was a lack of integration of the activities of traditional birth attendants and ASCP field. Last is the fact that the majority of the population lives in areas that are difficult to access and are not in close proximity to one another.



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1.M.5	N/A	Percentage of children <1 fully vaccinated in project areas	95%	95%	60%	64%	Numerator = 21,118 Denominator = 34,956 The target was not met due to the disruption in supply of vaccine antigens at the site level. We recommend working with the Direction du Programme Élargi de Vaccination (Direction of the Expanded Program on Immunization) and the DDS to ensure that the antigens are available at site level. Facility officials should be closely supervised to ensure better antigen inventory management.
1.M.6	USAID 3.1.9-16	Number of children <5 receiving Vit.A from USG- programs	135,630	101,723	95,527	94%	
1.M.7	USAID 3.1.9-15	Number of children <5 reached by USG-supported nutrition programs	189,545	142,159	126,981	89%	Only new children weighed were taken into account in this indicator. Follow-up on weight curve is also part of the nutrition services that the child should receive. This tool is not yet implemented.
1.M.8	USAID 3.1.9-16	Prevalence of underweight children under five years of age	6.7%	6.7%	7%	102%	Numerator = 10,046 Denominator = 147,230 Annually reported.
1.M.9	N/A	Percentage of children under age 5 identified with severe or moderate acute malnutrition (using MUAC)	9.1%	9.1%	10%	115%	Numerator = 8,066 Denominator = 77,215 We conducted education activities and weight curve monitoring but these activities did not reduce severe or moderate acute malnutrition enough to reach our target of 9.1%. We recommend adding a nutritional recovery activity in order for future projects to meet this indicator.
1.M.10	USAID 3.1.9.1-4	Percentage of children under 6 months of age exclusively breastfed	48%	48%	N/A		The AME register is not yet available. If the situation is not addressed there will be no data to report at the end of the year. The reproduction of the register depends on MSPP, however the project can reproduce the AME register used by the former project.
1.M.11	USAID 3.1.9-6	Anemia prevalence among pregnant women receiving antenatal care	18.4%	18.4%	7%	37%	Numerator = 5,420 Denominator = 78,440 Definition: Numerator equals the total number of pregnant women who had an ANC check-up, during the reporting period and were screened for hemoglobin levels, and presented levels below 11.0 gm. The denominator equals the total number of pregnant women who made their first prenatal visit during the reporting period. Not all 84 sites supported by the project offer the blood test to pregnant women, and in some sites, women have to pay for it. Therefore, the reported prevalence is artificially lower than the actual prevalence.



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1.M.12	USAID 3.1.9-1	Number of people trained in child health and nutrition through USG-supported programs	497	373	325	87%	The target represents the number of CHWs that received the nutrition training module. The trainings scheduled for this year were not completed because project activities ended early.
1.M.13		Indicator Title: Number of children who received Penta3 by 12 months of age in USG-assisted programs	43,994	32,996	30,294	92%	
1.R.1	USAID 3.1.7-38	Percentage of women of reproductive age using modern family planning methods	24.8%	24.8%	22%	87%	The target is measured annually. Due to the fact that the project ended early, we were not able to increase contraceptive use to the level set for September 2015.
1.R.2	N/A	Number of youth (15-25 yrs) accessing RH services	57,000	42,750	31,831	74%	This data consists of the sum of youth less than 25 years old using a FP method, and the youth that received FP education in the FOSREF Youth Centers (22231 + 9600). We did not reach our target because project activities ended earlier than expected, and the activities for July-September were not completed.
1.R.3	USAID 3.1.7.1-1	Couple years protection in USG-supported programs	172,688		168,633	98%	
1.R.4	USAID 3.1.7.1-3	Percentage of USG-assisted service delivery sites providing family planning (FP) counselling and/or services	100%	100%	100%	100%	Numerator = 84 Denominator = 84 All 84 project-supported sites provided continuum of care FP counselling and/or services throughout the network. Seven sites have the capacity to offer short-term methods, 52 offer long-term methods, and 25 offer permanent methods.
1.G.1	USAID GNDR-6	Number of people reached by a USG-funded intervention providing gender-based violence services	133	100	130	130%	We have surpassed our target because the sites received training and coaching on GBV. They are now able to provide the appropriate GBV care, document the process and report the data.
1.G.2	N/A	Number of health institutions providing clinical assistance and referrals of child protection cases to legal and social services	23	17	13	75%	The sites provided a packet of services that includes: medical Support (trained staff, management kit, management algorithm, medical certification); psychosocial care (availability of a social worker and/or a psychologist); and referrals to legal or community support. Our CP Advisor conducted training for our site personnel, but the scheduled trainings were not completed due to early project closure.



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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	200	150	252	168%	We have surpassed our target because the sites received training and coaching on GBV. They are now able to provide the appropriate GBV care, document the process and report the data. Targets should now be revised and corrected according to the new numbers for next year.
1.G.4	N/A	Number of children reached by protection services ¹⁰	330	248	126	51%	We did not reach our target because not all the sites received training on CP care. Fifteen out of 21 sites providing HIV services are able to provide CP care to the population. The training for the remaining sites was canceled due to project's early closure.
1.B.1	N/A	Number of sites authorized to provide critical care in the field of obstetrics and trauma	6	6	7	117%	
1.B.2	N/A	Percentage of eligible sites certified to serve as critical care stabilization centers in the field of obstetrics and trauma ¹¹	80%	80%	100%	125%	Numerator = 7 Denominator = 7 Identified sites have the capacity to provide critical care in the field in obstetrics, neonatal care and trauma. The next step is to conduct an evaluation to assess remaining gaps. These sites have OBGYN, anesthesiologist nurses, general surgeons and a blood transfusion station. The certification process is ongoing and will consist of: Identification of potential sites; analysis of strong points and remaining gaps; and preparation of an action plan to address identified gaps.
1.C.1	N/A	Total number of client visits to project-supported facilities or CHWs	850,000	637,500	673,045	106%	Annually reported.
IR1.1: Incentivizing of high quality performance at supported facilities and communities through RBF							
1.1.a	N/A	Number of facilities with RBF contracts in place	15		0	0%	There are 19 institutions that have a business plan for RBF in place but have not yet signed their contracts with the MSPP.
1.1.b	N/A	Percentage of facilities where the performance (RBF) score increased from previous period	50%	50%	N/A		There are 19 institutions that have a business plan for RBF in place but have not yet signed their contracts with the MSPP.
IR1.2: Implementation of continuum of care model linking community workers to facilities, mobilizing communities, and providing systematic referral-counter referral							



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1.2.a	N/A	Number of CHWs able to provide full integrated package of services in USAID areas	600		803	134%	The number of CHWs trained during Year 1 was 425. The number of CHWs trained during Year 2 was 378. More community health workers were trained in the second year of the project than expected because of gaps that we identified after setting targets for the year.
1.2.b	N/A	Number of community members participating in community-level QI meetings	350	263	449	171%	In some meetings we had more participants than were anticipated. We also held 6 community meetings at the town of Ouanaminthe in the following localities. - Savanne longue: 28 - Savanne au lait: 32 - Acul des Pins: 40 - Dilaire: 34
1.3.a	PEPFAR T1.5.N	Number of sites providing integrated ART	14	14	13	93%	
1.3.b	N/A	Number of sites providing pediatric treatment, care and support	20	20	19	95%	
1.3.c	PEPFAR P11.3.N	Number of health facilities that provide HIV testing and counseling services	20	20	21	105%	
1.3.d	USAID 3.1.6-64	Number of women giving birth who received uterotonics in the third stage of labor through USG-supported programs	3,450	2,588	3,205	124%	The target for this indicator was set too low. We were able to surpass the target thanks to the work done by the collaboratives on AMTSL.
1.3.e	N/A	Number of USG-supported facilities that provide appropriate life-saving maternity care	21	21	21	100%	The project supports 7 EmONC C and 14 EmONC B throughout the 4 DDS.
1.3.f	N/A	Number of women reached with individual or small group level education on the benefits of exclusive breastfeeding	15,000	11,250	10,788	95.9%	
1.3.g	N/A	Number of individuals trained to implement improved sanitation methods	316	237	136	57%	The trainings schedule for this year were not completed because project activities ended early.



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1.3.h	USAID 3.1.6.8-1	Number of households with soap and water at hand washing station commonly used by family members in USG-assisted programs	124,219	62,110	N/A		The tools currently available in the field do not allow for the collection of this data. The CHW monthly reporting form needs to be adapted to address this problem. As the project ended early, we did not have time to implement these changes.
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)	15	11	0	0%	The referral networks have already been identified, but they are not yet operational.
2.b	N/A	Number of individual referrals made (total), by service (e.g. critical care, labor and delivery, HIV/AIDS, TB)	900	675	347	51%	The referral networks were not activated before June 2015. Therefore, the tools were able to collect these data for HIV services reported in MESI and ONG reports. We did not reach the target because of the lack of complete data for this indicator.
2.c	N/A	Percentage of referrals completed	55%	55%	32%	58%	Numerator = 110 Denominator = 347 The referral networks were not activated before June 2015. Therefore, the tools were able to collect the data for HIV services only for the numerator. We did not reach the target because of the lack of complete data for this indicator.
2.d	N/A	Ratio of CHWs to population attached to health facility	1 CHW /1500		0.72 CHW / 1500		803 CHW / 1,664,618 Population
2.e	N/A	Average percent case management score based on MSPP Quality Checklist at sites receiving ongoing roving team support	75%	75%	49%	65%	Numerator = 1,270 Denominator = 2,568 Only 29 of the sites were able to be evaluated for this indicator during this time period. Among those evaluated, the average case management score was 49%. Each visit also provided coaching opportunities to help the facilities better understand how to apply the MSPP checklist and will contribute to improvement of performance moving forward.
IR 2.1: 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.)	150	113	101	90%	



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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)	8	6	0	0%	The referral networks have already been identified, but they are not yet operational.
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)	8	6	0	0%	Given that the referral networks are not yet established, the standard operating procedures related to information flows are not yet in use.
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)	4	3	0	0%	Based on recent conversations with the client and the World Bank, contracts were expected to be signed in the last trimester of Year 2. However, project activities finished in June 2015.
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)	8		0	0%	The referral networks have already been identified and are in construction, but they are not yet operational. An MOU for these networks has already been drafted.
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)	100%	100%	0%	0%	Product testing is anticipated for early Year 2 and will be reported on in the next reporting cycle.
OBJECTIVE 3: Institutionalization of key management practices at facility and community levels to facilitate sustainable delivery of quality health services							
3.a	N/A	Percentage of sites maintaining auditable monthly financial reports	100%	100%	N/A		Due to project close-out, the system to collect this data was not yet in place.



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3.b	N/A	Percentage of sites implementing continuous quality improvement plans	100%	75%	64%	86%	Numerator = 54 Denominator = 84 The number of sites implementing continuous quality improvement plans increased from 45 in the semi-annual report to 54 at the end of June 2015. Due to the fact that site visits and coaching was suspended and the project is closing early, we did not reach our target for this indicator.
3.c	N/A	Percentage of institutions implementing a timely and accurate procurement process for vital products	75%	56%	53%	94%	53% represents the percentage of sites that did not experience a stock-out of drugs and commodities, among sites pharmacies that were evaluated (28 of 53 sites).
3.d	N/A	Percentage of USG-supported primary health care (PHC) facilities that submit routine reports according to national HIS policy.	90%	90%	52%	58%	We did not meet our target for the period because the work completed in the last quarter did not bring up the average for the entire year. In the last quarter (April - June 2015), 81% of sites submitted their reports on time.
3.e	N/A	Percentage of sites providing services in compliance with QI-identified priority service issues	60%	45%	43%	95%	Numerator = 36 Denominator = 84
3.f	N/A	Percentage of clients reporting satisfaction with services provided	50%	50%	N/A		SSQH-Nord needed to address various gaps prior to implementing this survey. Due to the early closure of the project, it was not implemented by June 2015.
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	50%	50%	89%	179%	During field visits, we used the site quality scores to set up the quality improvement committees in some of the sites in Nord-Est, Nord and Artibonite. The sites participating in the MWM Collaborative or 15 sites in the North and 29 in the Artibonite also have the committees. We surpassed our target for this indicator because the revised strategy of incorporating the set-up of the quality improvement committees with the site visits allowed us to reach more sites than anticipated.
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	95	71	16	22%	The supervision activities for this year were not completed because project activities ended early.



Project Code	USAID or PEPFAR Code	Performance Indicator	Target Oct 2014 - Sep 2015	Target Oct 2014 - Jun 2015	Results Oct 2014 - Jun 2015	Percent of Target Achieved Oct 2014 - Mar 2015	Comments
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 or reinforced and used at the Departmental level	2		2	100%	
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	70%	70%	27%	39.1%	Numerator = 23 Denominator = 84 24 sites were visited in Q1, 81 in Q2 and 27 in Q3. The early closure of the project and suspension of activities did not allow us to visit the targeted number of project sites.
4.2.b	N/A	Percentage of sites in which priority recommendations from site visits are addressed properly	100%		30%	30%	Numerator = 25 Denominator = 84 The early closure of the project and suspension of activities did not allow us to visit the targeted number of project sites.
4.2.c	N/A	Percentage of health facilities providing services in compliance with MSPP Quality Checklist	26%		11%	41%	Numerator = 9 Denominator = 84 MSPP has not determined a minimum quality score to evaluate compliance level of quality norms. However, SSQH-Nord considers 50% as the minimum quality score for the evaluation of compliance at the project level. Nine of the 29 sites evaluated have a score greater than 50%. If only the sites evaluated are considered, 31% of the sites are in compliance with the MSPP Quality Checklist.
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	25		25	100%	Seven staff from the Nord health department participated in a financial management training facilitated this period (1 Administrator, 1 accountant, 1 RBF focal point, 3 program managers, 1 departmental pharmacist). In addition, 13 joint DDS supervision visits were conducted during this period. Five departmental staff in the Nord-Est were coached in the development of business plans for RBF.
IR4.4: Support introduction of technology solutions for improved management							
4.4.a	N/A	Number of technologies tested on pilot basis and approved for broader use	1		1	100%	The <i>CommCare</i> app was piloted in March 2015 and was planned to be scaled-up for broader use among additional SSQH-Nord facilities but this was halted due to early project closure.

Appendix 2: Partnerships and collaborations: USAID projects and other institutions

Partner	Areas of Collaboration	Key Achievements
BEST/Caris Foundation International	Educational scholarships for children of HIV-positive parents (primary-school level)	<ul style="list-style-type: none"> SSQH–Nord and Caris agreed that all PMTCT patients from SSQH–Nord sites will be referred to Caris for community support and tracking, and to ensure EID at four to six weeks of age by PCR (2), prophylaxis within 72 hours of birth, and immediate initiation of ART. Collaboration between CARIS and SSQH–Nord to improve therapy adherence among PMTCT patients and reduce patients lost to follow-up. Launched mothers and youth’s clubs in collaboration with the Caris Foundation. Trained 12 health providers on sample collection for PCR (polymerase chain reaction) tests in collaboration with the Caris Foundation through its BEST project.
Digicel TchoTcho	Mobile Money	<ul style="list-style-type: none"> SSQH–Nord signed a contract and subscription with Digicel to implement mobile money, which was not executed before notification of project close-out.
EVIH-T - Avoid HIV and its Transmission	HIV/AIDS	<ul style="list-style-type: none"> SSQH-Nord, PrevSida, EVIH-T and SSQH-Centre/Sud developed a concept note on strategies to increase HIV sites efficiency, ART enrollment, and adherence through synergy among partners.
Haiti Strategic Information Systems/Futures Group	Strengthening MSPP health information systems and providing outcome data	<ul style="list-style-type: none"> Coordinated with Futures Group to discuss DHIS 2.0, notably: use (functionality, data entry modes, validity, tools for analysis, reports production); connection to “Cloud” and to mobile telephones; migration from paper-based information system to Web technologies; multiplicity of existing database and integration of DHIS 2.0.
HFG – Health Finance and Governance	Improving financial management at departmental and site level	<ul style="list-style-type: none"> SSQH–Nord finance consultant supported the Training of Trainers and rollout of financial management training in the Nord-Est department. Co-developed training modules on financial management and administration for health facility management. SSQH–Nord developed financial and administrative supervision manual that is being reviewed by HFG and MSPP prior to adoption as national standard.
HPP AKSE/Futures Group	GBV and CP service mapping	<ul style="list-style-type: none"> Participation of SSQH-Nord in 2 workshops: 1) information-sharing among partners for national CP strategic plan; 2) information-sharing among partners on new OVC indicators.
I-TECH	Electronic medical records	<ul style="list-style-type: none"> The two projects established a joint approach to electronic medical records. Collaborated to support improvement of health care monitoring at department level. Conducted joint mentoring of health care providers. Coordinated approach on health system information and QI.
LMG – Leadership, Management and Governance	Coordination of RBF support, UAS implementation and governance at departmental level	<ul style="list-style-type: none"> SSQH–Nord and LMG coordinated to discuss and plan the national rollout of the RBF strategy; LMG at the central level and SSQH–Nord in its four supported departments.
LMS – Leadership, Management and Sustainability	Supply chain and training for sexual and reproductive health	<ul style="list-style-type: none"> SSQH staff participated in regular coordination meetings with LMS to share information on contraceptive services in institutions. The two projects collaborated to facilitate several training sessions on contraceptive product quantification in the four DDS. SSQH-Nord and LMS collaborated on identifying participants for GLI training session. Coordinated supply of FP commodities based on estimated need.



Partner	Areas of Collaboration	Key Achievements
MCSP-Maternal and Child Survival Program	Maternal health	<ul style="list-style-type: none"> • Participated in the MCSP initiative for the implementation of a community health platform. • Facilitated project handover from URC to Jhpiego.
NASTAD – National Alliance of State and Territorial AIDS Directors	HIV/AIDS data and monitoring	<ul style="list-style-type: none"> • The two projects agreed to conduct joint supervision of sites when NASTAD is in SSQH–Nord areas of intervention. • The projects collaborated to facilitate on-site training for all case managers, data reporting officers, and site managers on HIV/AIDS case notification and Active surveillance of Seropositive Pregnant Women for all PEPFAR sites supported by SSQH-Nord.
PSI Haïti – Population Services International (PREVSIDA)	Reproductive health, maternal health	<ul style="list-style-type: none"> • SSQH-Nord and PrevSida developed a joint action plan to implement testing, outreach, referral, and enrollment activities for key populations in HTC sites supported by SSQH-Nord or another partner.
SCMS - Supply Chain Management Systems	Supply chain and training for HIV/AIDS and TB sites	<ul style="list-style-type: none"> • Coordinated training of sites' staff in stock management. • Coordinated supply of FP commodities based on estimated need. • The two projects agreed to facilitate training for stock managers on logistical management of commodities, as needed.
SPRING - Strengthening Partnerships, Results, and Innovations in Nutrition Globally	Nutrition, NACS approach	<ul style="list-style-type: none"> • Collaborated to train sites' staff in Nutrition Assessment, Counseling, and Support (NACS) and Newborn and Young Child Feeding.
SSQH Central/South	Core project management and goals	<ul style="list-style-type: none"> • Harmonized HIV site activation strategy and PMP. • Coordinated on maternal health and health education and communication materials • Both Pathfinder and URC used the same subcontractor Dimagi to roll out mHealth applications in both Central/South and the North. • MOU signed between Pathfinder and URC on mutual use of <i>CommCare</i> application modules.

Appendix 3: MWM Checklist comparison (MSPP vs. SSQH-Nord)

MSPP Hygiene and Sterilization Checklist	SSQH–Nord Waste Management Checklist
Fence/enclosure available (2)	
Trash can with cover is available and accessible in the courtyard, and is not full (1)	<p>Trash can with cover available in the courtyard that is not full</p> <p>There are no needles or syringes in the courtyard</p> <p>There are no used gloves or bandages in the courtyard</p> <p>There is no organic waste in the courtyard</p>
Presence of at sufficient latrines (2 for dispensaries, 5 for clinics, and 1 per every 10 beds for hospitals) that are in good condition and have been recently cleaned (2)	<p>At least two latrines available</p> <p>Latrines have a solid base without cracks, and a cover</p> <p>Latrines have a door that close, and there are no flies or odor</p> <p>Latrines are clean, without any visible fecal matter</p> <p>Water source available next to latrines for hand washing</p>
Presence of enough wash rooms (2 for dispensaries, 5 for clinics, and 1 per every 10 beds for hospitals) that are in good condition (2)	<p>Availability of water source</p> <p>Water source for handwashing in bathrooms</p> <p>Water source for handwashing in exam rooms</p>
Functional incinerator showing signs of use and a covered area for disposing of placentas (5)	<p>Incinerator is available, functional, used, and empty</p> <p>Incinerator is isolated and secure</p>
Pit for disposal of non-medical waste (minimum depth of 3 meters) (1)	
Clean courtyard without any dangerous materials (2)	No stagnant water in the facility
Grass and gardens around the facility are well-maintained (no animal excreta or other waste) (1)	
Personnel sterilize equipment in accordance with MSPP norms, and the sterilizer is in good condition (3)	<p>Presence of an autoclave</p> <p>Presence of a pressure sterilizer</p> <p>Sterilization procedures posted</p> <p>Cleaning gloves and masks available</p> <p>Buckets and brooms available</p>
Trash cans with a cover are available in the exam rooms, including a sharps/biohazard box (1)	<p>Trash cans with a cover are available in the exam rooms for contaminated waste</p> <p>Trash cans have a pedal and cover</p> <p>Biohazard boxes are available</p>
	Medical Waste Management plan is posted and visible

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