

## LMG/Haiti Program Year ' , Quarter ( Progress Report (>i `m%`GYdHYa VYf`' \$ž\$%) )

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Keywords: LMG Haiti, quarterly report, HIV, AIDS, Leadership, Management, Governance, Center for Leadership and Management (CLM)

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## Leadership, Management and Governance/Haiti

Program Year 3, Quarter 4 Progress Report

July 1 – September 30, 2015



Submitted to USAID/Haiti on October 31, 2015

This publication was produced by Management Sciences for Health for review by the United States Agency for International Development (USAID).

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

**Cover Photo:** Haitian journalist (right) recording a community health worker (center) providing newborn health services at Fermathe during the journalist training site visit.

**Photo Credit:** LMG/Haiti

**Project Name:** Leadership, Management and Governance Project, Haiti

**Cooperative Agreement Number:** AID-OAA-A-11-00015

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**TABLE OF CONTENTS**

ACRONYMS..... 5

EXECUTIVE SUMMARY ..... 6

I. PROJECT PERFORMANCE..... 7

II. PROJECT MANAGEMENT ..... 9

III. CURRENT PROJECT ACTIVITIES..... 11

VI. CHALLENGES AND LESSONS LEARNED..... 29

VI. ANNEXES ..... 33

ANNEX A: PMP INDICATORS..... 33

ANNEX B: SUCCESS STORIES..... 33

## PROJECT ACTIVITY SUMMARY FORM

<b>Project Name:</b> Leadership, Management and Governance/Haiti(LMG/Haiti)
<b>Project Objectives:</b> LMG/Haiti supports four objectives for this project: (1)Strengthen the capacity of the Ministry of Public Health and Population (MSPP) contracting function to manage all sources of funding (including United States Government [USG] funds) to improve the quality of and access to health services; (2) Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system and to lead the reform of the national university hospital of Port-au-Prince (HUEH); (3)Strengthen the leadership, management, and governance (L+M+G) capacity of the country coordinating mechanism (CCM) to improve financial oversight and accountability as well as improve performance and coordination; and (4)Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform, and elevate awareness of the Haitian public, diaspora, and US-based policy makers on key health issues for the country.
<b>Implementing Partner(s):</b> Management Sciences for Health
<b>Agreement/Contract No:</b> AID-OAA-A-11-00015 (Field Support)
<b>Life of Project (start and end dates):</b> August 1, 2012 – September 24, 2016
<b>Reporting Period (start and end dates):</b> July 1 – September 30, 2015
<b>Total Estimated Contract/Agreement Amount:</b> To be determined, additional funding expected in project year four. Total life of project \$20,299,248.
<b>Obligations to Date:</b> \$19,380,722.00
<b>July-September 2015 Expenses:</b> \$868,216.22
<b>Accrued Expenditures for Reporting Period:</b> \$48,493.21
<b>Total Project Expenditures as of September 30, 2015:</b> \$ 12,488,322.26
<b>Obligated Funds Remaining:</b> \$6,892,399.74
<b>Estimated Expenditures for Next Reporting Period:</b> \$1,000,000.00
<b>Report Submitted by:</b> Karen Caldwell, LMG/Haiti Project Director
<b>Report Submission Date:</b> October 31, 2015

## ACRONYMS

CCM	Country Coordinating Mechanism
CIFAS	Centre d'Information et de Formation en Administration de la Santé
CMMB	Catholic Medical Mission Board
DDS	Direction Départementale Sanitaire
DDRO	Departmental Data Reporting Officer
DG	Direction Générale
DOSS	Direction d'Organisation des Services de Santé
DPSPE	Direction de la Promotion de la Santé et de la Protection de l'Environnement
EPA	Eligibility and Performance Assessment
GMS	Grants Management Solutions
HaMEC	Haiti Malaria Elimination Consortium
HCR	Hôpital communautaire de référence
HIV	Human Immunodeficiency Virus
KAP	Key Affected Populations
LGBT	Lesbian, Gay, Bisexual, and Transgender
LMG	Leadership, Management and Governance
M&E	Monitoring and Evaluation
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
MSP	Ministère de la Santé Publique et de la Population
OMS	Organisation Mondiale de la Santé
PES	Paquet Essentiel de Services
PLWD	People Living with Disease
PMP	Performance Monitoring Plan
PNCM	Programme National de Contrôle de la Malaria
PNLS	Programme National de Lutte contre le SIDA
PNLT	Programme National de Lutte contre la Tuberculose
PNUD/FM	Programme des Nations Unies pour le Développement/Fonds Mondial
PR	Principal Recipient
PY	Project Year
RCR	Referral and Counter-referral
RBF	Results-based Financing
SISNU	Système d'Information Sanitaire National Unique
SSQH	Services de Santé de Qualité pour Haïti
SR	Sub-Recipient
TB	Tuberculosis
TOR	Terms of Reference
TRP	Technical Review Panel
TWG	Technical Working Group
UADS	Unité d'Appui à la Décentralisation Sanitaire
UAS	Unité d'Arrondissement de Santé
UC	Unité de Contractualisation
UCP	Unité de Coordination des Programmes
UEP	Unité d'Etudes et de Programmation
USAID	United States Agency for International Development
USG	United States Government

## EXECUTIVE SUMMARY

The USAID-funded Leadership, Management and Governance/Haiti (LMG/Haiti) field support project, implemented by Management Sciences for Health (MSH) in partnership with the World Bank and under the guidance of the Haitian Ministry of Public Health and Population (MSPP), has been working in Haiti since September 2012 to generate inspired leadership, sound management, and transparent governance for stronger health teams, services, organizations, and healthier Haitians. The project's four objectives are:

1. Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including United States Government - USG funds) to improve the quality of and access to health services;
2. Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system;
3. Strengthen the leadership, management, and governance (L+M+G) capacity of the Country Coordination Mechanism (CCM) to improve financial oversight and accountability as well as improve performance and coordination;
4. Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform, and elevate awareness of the Haitian public, diaspora, and US-based policy makers on key health issues for the country.

This report presents the achievements of LMG/Haiti from July to September 2015. During the fourth quarter of year three, LMG/Haiti continued to build the leadership, management, and governance capacity of central-level MSPP staff and the CCM. LMG/Haiti also worked alongside the *Unité de Contractualisation* (UC) to continue to implement the results-based financing (RBF) strategy and strengthen the MSPP contracting function. The project maintained effective collaboration with MSPP staff, the World Bank, and other partners.

Key achievements and activities completed during the quarter with support from LMG/Haiti include:

- UC conducted three coaching and monitoring visits to verify RBF implementation.
- *Direction d'Organisation des Services de Santé* (DOSS) conducted a workshop to validate the technical content of the PES normative document.
- *Unité de Coordination des Programmes* (UCP) and the three national priority programs conducted the Management and Organizational Sustainability Tool (MOST) 2 and conflict resolution workshop
- The national HIV and TB programs conducted six HIV/TB co-infection supervision visits in four departments (Sud, Sud-Est, Artibonite, and Nippes).
- CCM Committee for Concept Note Development revised and finalized the malaria concept note based on questions from the Global Fund Country Team and the Technical Review Panel (TRP). The malaria concept note was approved by the Global Fund TRP on September 29, 2015, and the Global Fund disbursed a grant to the CCM Haiti for \$16,433,500 USD.
- CCM Oversight Committee held one meeting to examine grants dashboards, report on site visits, and discuss grant performance.

## I. PROJECT PERFORMANCE

During the reporting period, LMG/Haiti made progress towards achieving several targets in the approved project year three (PY3) performance monitoring plan (PMP). A summary of selected achievements is outlined below. The complete PMP is in Annex A.

***Objective 1: Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including USG's) to improve quality of and access to health services***

**Indicator 6: Number of RBF monitoring visits conducted.** LMG/Haiti supported the UC to conduct five monitoring visits to the Nord-Est in July and September 2015. In total, the UC conducted 10 RBF monitoring visits in PY3 (PY3 target: 12 RBF monitoring visits conducted). The project did not meet the PY3 target as the UC cancelled some planned visits due to their unavailability.

**Indicator 13: RBF baseline assessment is completed.** LMG/Haiti recruited fifty data collectors and four supervisors to collect data for the baseline assessment in the field. The RBF baseline assessment will be completed in PY4 rather than in PY3 as planned. Several delays were encountered before the team could begin data collection, including: difficulty in identifying implementation and control sites, obtaining ethics approval in country, translation of questionnaires from French to Créole, and programming questionnaires into data collection tablets. Training for data collectors and supervisors was completed in September, and data collection has begun. Data collection will be finalized in December 2015 unless there are any further delays due to weather or election-related disturbances.

***Objective 2: Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system***

**Indicator 15: Package of Essential Services is produced.** LMG/Haiti supported the DOSS to develop the PES normative document. The DG and members of the Minister's cabinet validated the technical content of the PES during a technical workshop on September 25, 2015 (PY3 target: PES completed [all 3 volumes are completed by the MSPP]).

**Indicator 19c: Number of joint site visits conducted by the HIV/TB programs in collaboration with the CCM.** LMG/Haiti supported the *Programme National de Lutte contre le SIDA* (PNLS) and the *Programme National de Lutte contre la Tuberculose* (PNLT) to conduct six HIV/TB co-infection supervision visits in four departments (Sud, Sud-Est, Artibonite, and Nippes), to 22 health facilities (PY3 target: 6 site visits).

**Indicator 20a: Number of central-level organizational capacity assessments completed.** In September 2015, LMG/Haiti supported the UCP and the three priority health programs to conduct the MOST 2 workshop and the second organizational capacity assessment for the UCP and the three priority health programs (TB, HIV, malaria) (PY3 target: 1 assessment for the UCP and the three priority health programs [TB, HIV, malaria]). A summary of the assessment findings is presented later in the report.

**Indicator 20b: Number of organizational capacity assessment action plans implemented by central directorates.** Two action plans were implemented in Q4 (PY3 target: six action plans). The MOST 2 assessment revealed that the PNLS and PNLT have completed at least 80%<sup>1</sup> of the activities in their action plans. The UCP implemented 30% of its MOST 1 action plan and the *Programme National de Contrôle de la Malaria* (PNCM) implemented 60% of its MOST 1 action plan. Results for the UCP are delayed as many activities depend on the completion of the coordination manual which will be developed in PY4. The PNCM was delayed in implementing activities in its action plan because staff prioritized the development and revision of the Global Fund malaria concept note. Also, during the MOST 2 workshop, the UCP and national programs decided to develop one combined MOST 2 action plan instead of separate plans.

**Indicator 27: Number of health facilities that receive equipment donation from the USG.** LMG/Haiti provided biomedical equipment to a total of 16 institutions: 13 facilities in the Nord-Est department and three facilities in the Matheux network in the Ouest department. In total, 35 health facilities received equipment purchased from the LMG/Haiti project in PY3 (PY3 target: 16).

*Objective 3: Strengthen the L+M+G capacity of the CCM to improve financial oversight and accountability as well as improved performance and coordination*

**Indicator 32: Number of CCM Oversight Committee meetings to examine grants dashboards, report on site visits, and discuss grant performance.** LMG/Haiti supported the CCM to conduct an oversight meeting on September 9, 2015. Details of the meeting are outlined in the narrative below. In total, the CCM Oversight Committee held four grant oversight meetings in PY3 (PY3 target: 4).

**Indicator 37: The programmatic modules and budget for the malaria eradication concept note are completed by the CCM.** LMG/Haiti supported the CCM to respond to questions from the Global Fund Country Team and Technical Review Panel and finalize the malaria concept note (PY3 target: programmatic modules and budget for the malaria eradication concept note are completed). The Global Fund TRP approved the concept note on September 29, 2015, and approved a grant to the CCM Haiti for \$16,433,500 USD.

*Objective 4: Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform and elevate awareness of the Haitian public, diaspora and US based policy makers on key health issues for the country*

**Indicator 40: Number of MSPP events supported by the MSPP Communication Advisor.** LMG/Haiti's Communication Advisor supported 17 events by producing key communication materials (articles, media releases, and advertisements). In total, the Communication Advisor has supported 33 MSPP events in PY3 as requested by the MSPP (PY3 target: 38). The MSPP conducted fewer events than expected during PY3.

**Indicator 41: Number of stories posted to the MSPP website.** The LMG/Haiti Communications Advisor continued to support the MSPP to update its website by posting 13

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<sup>1</sup> "Implemented" is defined as having at least 80% of activities in the action plan completed.

articles to the MSPP website in Q4. In total, 54 new articles were posted in PY3 (PY3 target: 36).

**Indicator 42: Number of followers on the MSPP Facebook and Twitter accounts.** The MSPP Facebook and Twitter pages have 4,804 and 4,471 followers, respectively (PY3 target: 3,000 followers on Facebook; 2,000 followers on Twitter).

**Indicator 44: Percentage of journalists' stories using data and statistics provided by the MSPP or USAID.** Journalists participating in the training program developed 29 stories as a result of the training. Of these 29 stories, 26 have been published or broadcast. All of these stories (100%) include data and information that was received during the training or site visit (PY3 target: 50% of stories include data and information received during a training or site visit).

At the end of Q4, LMG/Haiti has completely achieved 56% of the year three targets and partially achieved 18% of the year three targets. Many of the unachieved targets are due to external constraints beyond the project's control, such as delays in the CCM elections and delays in obtaining necessary approvals from the MSPP. Some others activities are no longer under the mandate of LMG/Haiti (such as the creation of fiduciary and internal audit units, conducting the government-to-government assessment, work with the national university hospital of Port-au-Prince, and the development of an MSPP supervision manual). The remaining targets which were not achieved in PY3 have been shifted to PY4.

## II. PROJECT MANAGEMENT

**Table 1: Management priorities addressed during this reporting period**

Management priorities from previous reporting period	Status of accomplishment in the reporting period	Comments
Complete all required reports, including the quarterly accrual reports, semi-annual reports, and performance monitoring reports	Completed	LMG/Haiti submitted the quarterly progress report on July 31 and the quarterly accruals report on September 18. All reports were submitted on time.
Conduct meetings with the MSPP, World Bank, USAID, and local partners to maintain regular collaboration and track progress of project activities according to the workplan	Completed	LMG/Haiti held regular meetings with USAID, the World Bank, the MSPP, and other partners to monitor project progress and discuss issues related to implementation. Discussion topics included the RBF impact evaluation, PES development, and CCM elections, among others.

Recruit replacement for RBF Team Leader	Completed	LMG/Haiti recruited a new RBF Team Leader (Principal Technical Advisor), Rigobert Mpendwanzi, following the departure of the former team leader in May 2015.
Report all trainings on TraiNet each month	Completed	All trainings conducted during the quarter have been reported on TraiNet.
Develop and submit the LMG/Haiti PY4 workplan and budget	Completed	LMG/Haiti conducted a workplanning workshop from August 10-15, 2015, to develop the PY4 workplan and budget for the period October 2015 – September 2016. The project submitted the PY4 workplan, narrative, and PMP to USAID on September 29, 2015. The budget was submitted on October 6.

**Table 2: Management priorities for the next reporting period**

Management priorities from previous reporting period	Resources needed	Comments
Complete all required reports, including the quarterly accrual reports, semi-annual reports, and performance monitoring reports (PMP)	Staff time	Ongoing requirement enabling LMG/Haiti and USAID to monitor progress.
Conduct meetings with the MSPP, World Bank, USAID, and local partners to maintain regular collaboration and track progress of project activities according to the workplan	Staff time	The project will continue to meet regularly with the MSPP, World Bank, and local partners to monitor progress toward achieving project objectives and to improve the effectiveness and efficiency of the planned activities.
Obtain approval of the PY4 workplan, PMP, and budget	Staff time	The PY4 workplanning documents are pending approval from USAID. LMG/Haiti will revise the PY4 workplan, PMP, and budget as necessary based on feedback from USAID.

### III. CURRENT PROJECT ACTIVITIES

During the quarter, LMG/Haiti continued to work closely with the MSPP at the central level, the CCM, and other partners. Table 3 summarizes activities completed during the quarter.

**Table 3: Key project activities**

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
<i>Objective 1: Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including USG's) to improve quality of and access to health services</i>		
1.1.1.3 & 1.1.1.4 Provide technical assistance to the UC to edit and print the RBF training manual	Ongoing	LMG/Haiti developed the terms of reference (TORs) for the consultant who will be recruited to edit the RBF training manual. The TORs are pending UC validation. The training manual is pending validation from the RBF technical working group (TWG).
1.1.1.5 Conduct a five-day training on RBF for MSPP staff at the central level using the RBF operational manual	Not started	The UC decided that this training will be postponed until PY4 after the scale up of RBF to other departments.
1.1.1.6 Provide financial and technical assistance to the UC to conduct a training for three DDS on RBF implementation (Nord-Ouest, Sud, and Centre)	Ongoing	The trainings for the Nord-Ouest and Centre were completed in previous quarters. The training for the Sud departmental directorate is postponed to PY4 (October 2015) due to the competing priorities of the UC and DSS.
1.1.1.7 Provide ongoing technical support to the MSPP TWG to strengthen the contracting function within the MSPP	Not completed	A meeting was planned for August 2015; however, it was postponed to PY4 as several of the TWG participants were no longer in the positions they previously held. LMG/Haiti will work with the UC to restructure this group in PY4.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
1.1.1.8 In collaboration with the UC, conduct stakeholder engagement meetings with representatives from various central-level MSPP bodies and USAID partners to foster an increased understanding of RBF implementation	Not completed	Postponed to PY4. During the first two quarters of PY3, LMG/Haiti hosted two meetings for the USAID-funded <i>Services de Santé de Qualité pour Haïti</i> (SSQH) projects and the MSPP to increase the level of understanding, coordination, and direction on the implementation of the national RBF strategy. The project planned to implement two additional sensitization meetings in Q4; however, the UC was particularly busy preparing for the impact evaluation and did not have the time available to prepare for
1.1.1.10 Provide technical and financial assistance to the UC to conduct RBF informational sessions in the departments that have not started RBF implementation	Not completed	All departments have participated in informal sessions with assistance from the SSQH project. This activity was completed with the support of SSQH and therefore, LMG/Haiti's support was not needed.
1.1.1.12 Provide funding for MSPP staff to engage in RBF technical knowledge exchange activities, including participation in two RBF international conferences and online RBF knowledge exchange platforms	Not completed	Postponed to PY4. LMG/Haiti will provide funding for four participants (two MSPP staff and two LMG/Haiti staff) to attend an RBF training in Cotonou, Benin, in October 2015. The project has also proposed a training with Blue Square on the RBF invoicing database and tool for later in the project.
1.1.2.1 Provide technical support to the MSPP to revise the national RBF manual	Not completed	Postponed to PY4 following the evaluation of the pilot in the Nord-Est department.
1.1.2.2 Provide funding to the MSPP to print the national RBF manual	Not completed	Postponed to PY4 following the revision of the manual.
1.1.3.1 Provide technical assistance to the UC to develop quarterly bulletins that report progress on RBF implementation	Partially completed	The Minister of Health approved the PY3 Q1 bulletin in Q3. Because of this delay, the project, UC, and technical partners were delayed in developing the subsequent bulletins. Now that this bulletin has been published, we expect that future bulletins will be published regularly and on time.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
1.1.3.2 Provide financial support to the UC to print the quarterly RBF bulletins	Not started	Postponed to PY4.
1.1.3.5 Provide technical and financial assistance to MSPP central level staff to conduct coaching and monitoring visits at the department level to verify RBF implementation according to established procedure	Completed	LMG/Haiti supported the UC to conduct five monitoring visits to the Nord-Est department on July 3, 2015, July 22-15, 2015, July 28-31, 2015, September 17-19, 2015, and September 21-23, 2015. Additional details are provided in the narrative below.
1.1.3.6 Conduct quarterly meetings with the RBF steering committee meetings to discuss the issues and problems identified in the DDS during monitoring visits	Ongoing	The RBF steering committee meeting was held on September 8. The agenda included a presentation from the UC on the most recent data collected by the verification project and a discussion on how to include the Global Fund HIV/TB grant funding into the national strategy.
1.1.3.7 Provide technical support to the UC to maintain the RBF database and upload and analyze RBF data from health facilities each month	Ongoing	To be consistent with international best practices, advisors from MSH and the World Bank recommended that the UC should use the RBF billing database to produce health facilities invoices. In addition, a sub-committee of the RBF TWG will be set up for database management and data analysis. This sub-committee will regularly report on data during quarterly meetings of the RBF TWG.
1.1.4.3 Provide resources to the UC to improve work performance, such as operational tools, office furniture, and communication materials, and provide funding to support the day-to-day operational costs of the unit	Ongoing	LMG/Haiti provided funding for the internet connection at the UC throughout the quarter.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
1.1.4.5 Provide technical assistance to the UC to monitor progress towards the implementation of its performance assessment plan	Not completed	Postponed to PY4. The evaluation of individual UC staff performance scheduled for Q4 was postponed to November 2015, due to the travel of two members for training outside the country and field activities involving other members of the UC. In PY4, LMG/Haiti will develop an assessment tool for the team's (UC) performance. This tool is expected to be produced and validated by the end of December 2015.
1.2.1.1 Provide technical and financial support to the MSPP to conduct a baseline assessment on RBF's effect on service provision, quality of health care, and health system strengthening	Ongoing	LMG/Haiti recruited fifty data collectors and four supervisors to collect data for the baseline assessment in the field. Data collection will be finalized in December 2015 and the assessment report is expected in PY4 Q2.
1.2.1.2 Analyze results from the baseline assessment and complete final assessment report	Not completed	To be completed following the collection of baseline assessment data.
1.2.1.3 Provide financial support to the UC to conduct a workshop to print and disseminate the results of the baseline assessment report	Not completed	Same as above.
<b><i>Objective 2: Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system</i></b>		
2.1.1.1 Provide technical assistance to the DOSS to develop the PES	Completed	LMG/Haiti supported the DOSS to finalize the technical chapters of the PES normative document. The consultants presented the PES during a technical workshop on September 25, 2015. The DG and members of the Minister's Cabinet validated the technical content of the PES during this workshop. LMG/Haiti is recruiting a consultant to edit the PES document before printing.
2.1.1.2 Provide funding to DOSS to print the validated PES manual (3 modules)	Not completed	Postponed to PY4 following the editing of the manual.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
2.1.1.3 - 2.1.1.6 Provide financial and logistical support to the DOSS to revise the norms and procedures for the health facility authorization and accreditation process	Not completed	Postponed to PY4. This activity was not a priority for the DOSS in PY3 as staff were focused on developing the PES. Technical content included in the PES will inform revisions to the authorization process. LMG/Haiti will support the DOSS to revise the authorization process and develop a utilization guide in PY4.
2.1.1.13 Provide funding to the DOSS to print the validated referral and counter-referral (RCR) tools	Not completed	Postponed to PY4. Once the RCR tools are approved by the DOSS and DG (through a formal letter), LMG/Haiti will print 2,000 copies.
2.1.1.14 In collaboration with other USG-funded projects, support the DOSS to conduct a three-day training of trainers on the RCR tools and system for MSPP central directorates	Not completed	Postponed to PY4 pending the formal approval of the tools. LMG/Haiti and the DOSS have identified a date for the training in PY4Q1.
2.2.1.1 Provide technical and financial support to the UCP to develop and validate a coordination manual that defines the coordination mechanism between the UCP and national priority health programs (validation of the various components of the manual will occur during working sessions as they are developed)	Not completed	Postponed to PY4. The UCP put this activity on hold during the previous quarter which delayed progress. LMG/Haiti initiated the recruitment for the consultant who will work with the UCP and national programs to complete this activity.
2.2.1.3 Provide technical support to the UCP to develop dashboards to monitor programmatic indicators of the three priority health programs	Ongoing	A TWG (comprised of the LMG/Haiti Technical Advisor embedded in the DG's office, the LMG/Haiti Capacity Building Team Leader, and the LMG/Haiti monitoring and evaluation [M&E] Advisor) will draft the TOR for the purchase of the touch screen devices to be used to display the dashboards in the Q1 of PY4.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
2.2.1.4 Support the UCP to conduct a quarterly meeting with technical staff and partners to monitor results of the priority health programs	Not completed	Postponed to PY4 due to delays in finalizing the dashboard.
2.2.1.5 Provide financial and technical support to the national HIV and TB programs to conduct joint site visits with the CCM	Completed	To strengthen the monitoring capacity of priority programs, LMG/Haiti worked with the national HIV and TB programs to plan and conduct six joint site visits. The main objective of these visits is to reinforce the integration of HIV and TB services within health care facilities. Additional details are provided in the narrative below.
2.2.1.7 Provide technical and financial support to the UCP to conduct monthly meetings to monitor the progress towards implementation of the MOST action plans for the PNLS and PNLT	Partially completed	LMG/Haiti supported the UCP to conduct a meeting on July 25, 2015, to review the organizational development process. Additional details and outcomes of this meeting are included in the narrative below.
2.2.1.8 Provide technical and financial support to the UCP to implement the PNLS, PNCM, and PNLT action plans	Completed	LMG/Haiti continued to support the UCP and national priority programs to monitor the implementation of their MOST 1 action plans. Further details of activities conducted during the quarter are provided in the narrative below.
2.2.1.9 Conduct a three-day workshop on conflict resolution with staff from the PNLS, PNCM, and PNLT (workshop was identified as a priority during the MOST assessment)	Completed	From September 22-24, 2015, LMG/Haiti supported the UCP and the three priority health programs to conduct the MOST 2 and conflict resolution workshop to evaluate progress towards strengthening management capacity in the three prioritized MOST domains (supervision, M&E, and communication) and build staff

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
2.2.1.10 Conduct a four-day MOST 2 workshop with the UCP and the three national priority programs to reassess the unit's capacity and identify new priorities for the next six-month period	Completed	capacity in managing difficult situations. A total of 27 staff participated in this workshop. Additional details are provided in the narrative below.
2.2.1.13 – 2.2.1.14 Provide technical and financial support to the UEP to revise and print the integrated supervision manual	Not completed	LMG/Haiti was unable to complete this activity due to uncertainty over which central level unit, <i>Unité d'Appui à la Décentralisation Sanitaire</i> (UADS) or <i>Unité d'Etudes et de Programmation</i> (UEP), was responsible for its completion. Therefore, the project removed this activity from the PY4 workplan.
2.2.1.16 Conduct a training of trainers with the UEP and the UADS on the utilization of the supervision manual for MSPP central directorates	Not completed	Same as above.
2.2.1.20 Conduct four, one-day workshops with the MSPP to review progress towards meeting the strategic and performance indicators	Not completed	Postponed to PY4. The MSPP experienced delays in operationalizing the national health information system ( <i>Système d'Information Sanitaire National Unique</i> , SISNU) that provides data for the DG's dashboard indicators. Also, all MSPP staff involved in managing the SISNU have not completed the training on the new system.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
2.2.1.21 Provide financial support to the DG to conduct quarterly oversight visits with MSPP central directorate staff to monitor the performance of national programs	Completed	LMG/Haiti provided funding to the DG to conduct four oversight visits in the Nord-Ouest, Sud, Sud-Est, and Artibonite departments. Every quarter a team from the DG's office plans to travel to the departments to discuss monitoring issues related to the collection of data for the dashboard and identify resources and processes needed with the local data management staff, such as Departmental Data Reporting Officers (DDROs) or epidemiologists at the department level. During these initial visits to the four departments, the DG team held discussions with representatives from the <i>Hôpitaux communautaire de référence</i> (HCR), <i>Unités d'arrondissement de santé</i> (UAS), and the department level health directorate on the implementation of the new dashboard (tools and procedures).
2.2.1.22 Develop performance monitoring process guidelines for all central directorates	Not started	Postponed to PY4. The DG requested that the performance monitoring process guidelines be aligned with the activities and systems of the UEP and coordinated with the implementation of the SISNU. Further discussions are needed to integrate the guidelines into the UEP's performance monitoring system.
2.2.1.23 Provide funding to the DG to print the performance monitoring process guidelines and tools	Not started	Postponed to PY4 following the development of the performance monitoring process guidelines.
2.2.1.25 Finalize all remaining procurement purchases and coordinate with the vendors to deliver equipment and materials to health facilities	Completed	LMG/Haiti provided biomedical equipment to 16 institutions: 13 in the Nord-Est department and three in the Matheux network in the Ouest department. In total, 35 health facilities received equipment purchased by the LMG/Haiti project in PY3.
<b><i>Objective 3: Strengthen the L+M+G capacity of the CCM to improve financial oversight and accountability as well as improved performance and coordination</i></b>		
3.1.1.2 Provide technical assistance to the CCM to	Not completed	Postponed to PY4 due to delays in holding the elections for the civil society

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
develop a communication strategy and action plan		constituency.
3.1.1.3 Provide technical support to the CCM to maintain the CCM website with grant performance oversight reports	Not completed	<p>Postponed to PY4. Towards the end of July 2015, LMG/Haiti and the CCM confirmed the support that the project would provide to the CMM in Q4. Reactivating the CCM website was an activity that was mutually agreed upon as part of this support.</p> <p>However, the CCM did not take the necessary steps with the website provider to finalize this activity. This may be due to conflicting activities such as the electoral process taking place as well as the absence of the CCM Secretariat. LMG/Haiti will continue to support the CCM to lead this activity forward in PY4.</p>
3.1.1.4 Provide technical assistance to the CCM Bureau to compile quarterly financial reports	Not started	Postponed to PY4. This activity was designed to support the CCM Executive Secretary. LMG/Haiti was unable to support this activity since this CCM post has been vacant since January 2015.
3.1.1.6 Provide technical assistance to the CCM Oversight Committee to map the skills and knowledge of committee members and identify gaps in representation from people living with disease (PLWD) and key affected populations (KAP)	Not completed	Postponed to Q1 of PY4 during the review of the annual oversight plan. This activity was not completed because the new CCM Oversight Commission is not yet established.
3.1.1.7 Conduct a training for the CCM General Assembly on the enhanced role of the CCM under the Global Fund's new funding model and eligibility criteria to receive funding from the Global Fund	Ongoing	Following the renewal of the CCM Haiti General Assembly, LMG/Haiti mobilized an international consultant to conduct this training in October 2015.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
3.1.1.8 Conduct a training for the CCM Oversight Committee on the CCM oversight function for monitoring performance of Global Fund grants	Not completed	Postponed to PY4 due to delays in holding the elections for the civil society constituency.
3.1.1.9 Provide funding for one local staff to be embedded at the Oversight Committee of the CCM to provide ongoing capacity building support to strengthen the CCM's grant oversight capacity and implement the oversight plan	Completed	The LMG/Haiti Technical Advisor embedded at the CCM supported the CCM in organizing and facilitating the Oversight Committee meeting on September 9, 2015. Furthermore, she provided managerial support to the CCM Haiti, which is still lacking an Executive Secretary, in facilitating the work of the CCM proposal development commission during the HIV/TB grant-making phase and in ensuring prompt communication between the CCM and its members and partners.
3.1.1.10 Provide technical assistance to the CCM OC to conduct quarterly grant oversight meetings with PRs to review grant performance through monitoring grant dashboard data, discussing grant performance challenges, and make recommendations, as well as produce quarterly oversight reports to be disseminated on the CCM website and to the GFATM Secretariat	Completed	LMG/Haiti supported the CCM to conduct an oversight meeting on September 9, 2015. Additional details are provided in the narrative below.
3.1.1.11 Provide financial and technical support to the CCM to conduct quarterly site visits with representatives of PLWD and KAP to assess grants' performance and impact	Partially completed	The CCM was not able to conduct site visits during Q4 because the outgoing Oversight Committee was dismantled following the CCM General Assembly elections. The CCM plans to put in place a new oversight committee during PY4 Q1.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
3.1.1.12 Provide technical support to the CCM constituencies to prepare their annual work-plans and organize quarterly meetings to monitor progress and discuss recommendations for improvement	Not started	Postponed to PY4 due to delays in holding the CCM General Assembly elections.
3.2.1.7 Provide technical and logistical support to the working sessions of the <i>Comité d'Elaboration des Propositions</i> to develop the Global Fund malaria concept note and budget	Completed	During July and August 2015, LMG/Haiti supported the CCM's proposal development committee to respond to the comments from the Global Fund TRP on the malaria concept note and budget. Additional details are provided in the narrative below.
<b>Objective 4: Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform and elevate awareness of the Haitian public, diaspora and US based policy makers on key health issues for the country</b>		
4.1.1.2 Develop a strategic communication plan to guide communication at the MSPP (events, external visibility, etc.)	Ongoing	Senior managers from the <i>Direction de la Promotion de la Santé et de la Protection de l'Environnement</i> (DPSPE) and the <i>Centre d'Information et de Formation en Administration de la Santé</i> (CIFAS) previously reviewed and approved the draft plan. LMG/Haiti's Senior Technical Communication Advisor submitted the last version of the Strategic Communication Plan to the DPSPE/MSPP on July 17, 2015, for validation.  Many MSPP communication activities are linked to this plan and therefore, cannot move forward until the plan has been validated.
4.1.1.3 Develop a branding and marking plan for the MSPP (included in the strategic communication plan)	Ongoing	The MSPP is currently reviewing the draft plan and made revisions that delayed the approval and publication of the plan in PY3. The plan will be finalized in PY4.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
4.1.1.4 Develop an emergency communication plan (included in the strategic communication plan) to outline the procedures for disseminating information and developing response messaging following emergency situations	Not started	Postponed to PY4 following the approval of the strategic communication plan.
4.1.1.5 Develop an operational plan and budget to guide implementation of the strategic communication plan	Not started	Same as above.
4.1.1.6 Conduct a training on the strategic communication plan for MSPP staff	Not started	Same as above.
4.1.1.7 Provide funding to print the MSPP strategic communication plan	Not started	Same as above.
4.1.1.8 Provide financial and technical assistance to the MSPP to implement key recommendations in the strategic communication plan	Not started	Same as above.
4.1.2.1 Complete monthly reports for the MSPP on the Communication Advisor's activities	Ongoing	The LMG/Haiti Communication Advisor embedded within the MSPP completed monthly reports for all communication support activities to the MSPP.
4.1.2.2 Update the MSPP website by posting new stories on a regular basis	Ongoing	The embedded LMG/Haiti Communication Advisor provided technical support to update the MSPP website by posting new articles and press releases during the quarter. Additional details are provided in the narrative below.

Key project activities planned for the reporting period	Status of accomplishment in the reporting period	Comments
4.1.2.3 Post updates and share information on a regular basis on the MSPP Facebook and Twitter sites	Ongoing	The embedded LMG/Haiti Communication Advisor created 8 posts on Facebook and 40 tweets and re-tweets on Twitter during the quarter 4.
4.1.2.4 Produce monthly videos highlighting MSPP health successes	Not started	Postponed to PY4. LMG/Haiti developed TORs to hire a firm to produce these videos. This activity was delayed at the beginning of PY3, and other competing communication priorities throughout the year have delayed further progress.
4.1.2.7 Provide communication support (public relations) for up to four MSPP-supported events per month	Ongoing	The embedded Communication Officer at the Minister of Health's office continues to provide public relations support for MSPP events (as requested by the Minister) and share health information with local and regional media on a regular basis. Additional information is provided in the narrative below.
4.2.1.1 Conduct a training for Haitian journalists on coverage of the health system	Ongoing	During this quarter, LMG/Haiti conducted four training sessions as well as four site visits in the Port-au-Prince area. Topics covered during these sessions included maternal and child health, HIV/AIDS, People Living With Disabilities, and TB management. The sites visited for each theme were the following: USAID-funded SSQH project site; Hôpital Foyer St Camille; Ecole St Vincent, and Les Centres Gheskio. Additional details are provided in the narrative below.
4.2.2.1 Track stories published by journalists using MSPP data	Completed	Journalists participating in the training program developed 31 stories as a result of the training. Of these 31 stories, 21 have been published or broadcast. All of these stories (100%) include data and information that was received during the training or site visit.

## Key Achievements

***Objective 1: Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including USG's) to improve quality of and access to health services***

- **Technical and financial assistance to the UC to conduct monitoring visits at the department level:** LMG/Haiti supported the UC to conduct three monitoring visits to the Nord-Est department: 1) July 3, 2015; 2) July 22-15, 2015; 3) July 28-31, 2015; (4) September 17-19, 2015; and 5) September 21-23, 2015. During the first visit, LMG/Haiti and the UC supported eight health institutions to revise their business plans. UC staff conducted the remaining four visits with financial support from LMG/Haiti. During these visits, UC and LMG/Haiti staff provided coaching to the Nord-Est department health directorate to implement the RBF strategy.

***Objective 2: Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system***

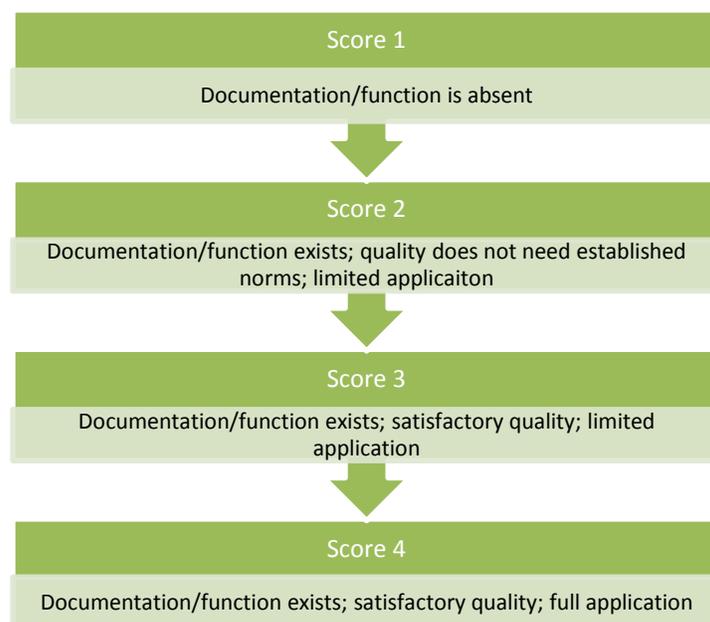
- **Financial and technical support to the national HIV and TB programs to conduct joint site visits with the CCM:** Prior to beginning joint site visits, LMG/Haiti supported the national HIV and TB programs in July 2015 to develop standardized supervisory HIV and TB tools and a utilization guide. The PNLT and PNLs, with support from LMG/Haiti, presented these tools and the guide to four department directorates (Sud, Nippes, Grande-Anse, and Sud-Est) during the first southern regional HIV/TB co-infection workshop in the Sud, held July 28-29, 2015. Central and department level representatives from these two programs and their partners, including SSQH Centre/Sud, *Organisation Mondiale de la Santé* (OMS), *Programme des Nations Unies pour le Développement /Fonds Mondial* (PNUD/FM), and the Catholic Medical Mission Board (CMMB), participated in this workshop. A total of 32 participants (13 male and 19 female) attended. Participants were oriented to the integrated HIV/TB model that should be implemented by the facilities to increase the availability of joint HIV and TB services for patients. Additionally, LMG/Haiti supported the department directorates to develop action plans to facilitate the implementation of the integrated HIV/TB approach at the department and facility levels. From August 25, 2015, to September 4, 2015, LMG/Haiti supported the PNLs and the PNLT to conduct six HIV/TB coinfection supervision visits in four departments (Sud, Sud-Est, Artibonite, and Nippes), to 22 health facilities. LMG/Haiti will encourage the programs to include the CCM in these site visits during PY4.
- **Technical and financial support to the UCP to conduct meetings to monitor the progress towards implementation of the MOST action plans:** With technical and logistical support from LMG/Haiti, UCP conducted a meeting on July 25, 2015, to discuss the organizational development process. The outcomes of this meeting were: (1) completed an assessment of progress towards implementation of the MOST 1 action plans, and (2) confirmed the commitment from UCP staff to conduct monitoring meetings on a regular basis. Select findings from the assessment include: each program/unit is conducting regular staff meetings; the PNLs created a drop box account to facilitate communication sharing; the PNLs and PNLT revised their organigrams; the PNLT is conducting quarterly monitoring meetings to strengthen its monitoring and evaluation practices at the department level; and the PNCM is using results from the quarterly monitoring meetings to plan for the next quarter.

Due to the unavailability of UCP staff, the July meeting was the only meeting that took place during this quarter to monitor the implementation of the MOST actions plans. LMG/Haiti also supported the UCP to develop an Excel tracking tool for tracking MOST action plan activities.

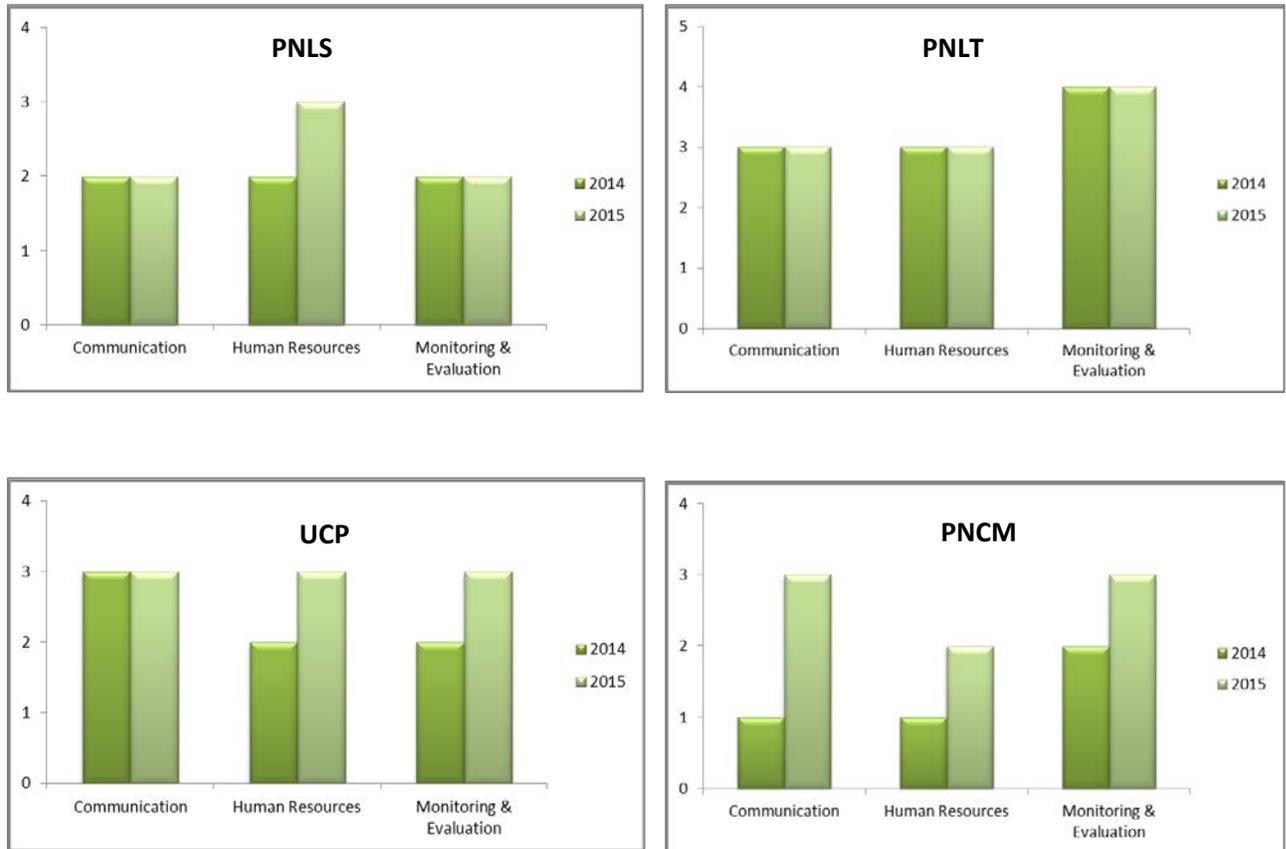
- Technical and financial support to the UCP to implement the PNLs, PNCM, and PNLT action plans:** LMG/Haiti continued to support the UCP and national priority programs to monitor the implementation of their MOST action plans during the quarter. LMG/Haiti’s capacity building unit participated in the PNLT’s quarterly meeting in the Sud department on July 6-7, 2015, and provided technical assistance in the area of monitoring and evaluation. For example, project staff provided feedback on ways to better structure the quarterly meetings with the department level and mechanisms for improving the quality of the feedback that the PNLT provides to the departments on their indicators.
- Four-day MOST 2 and conflict resolution workshop with the UCP and the three national priority programs:** From September 22-24, 2015, LMG/Haiti supported the UCP and the three priority health programs to conduct the MOST 2 and conflict resolution workshop to evaluate progress towards strengthening management capacity in the three prioritized MOST domains (supervision, M&E, communication) and build staff capacity in managing difficult situations. Twenty-seven individuals (15 male, 12 female) representing all levels within the unit and program structure participated in this workshop. The participants evaluated the progress made in the different domains and identified additional interventions that should be taken to continue improving their managerial capacity in the following fiscal year (2015-2016).

Figure 1 outlines the MOST scale, where 1 represents low capacity and 4 represents high capacity.

**Figure 1: MOST scoring scale**



All groups that participated in the MOST 1 (2014) reported improvements or maintained current capacity in several of the management domains, as identified by comparing MOST 2 (2015) assessment results with the baseline MOST 1 assessment results. The scores for each group in the areas of communication, human resources, and monitoring and evaluation are presented in the figures below.



The MOST 2 assessments revealed improvements in the PNLt's communication capacity, as evidenced by an increase in score from 2 to 3. The PNLs and the UCP improved their capacity in supervision and accountability; both team's scores increased from 2 to 3. All teams will continue to take steps to further strengthen capacity in these areas with the goal of reaching the necessary qualifications for a score of 4.

During the MOST 2 workshop, MSPP participants also participated in conflict resolution sessions and gained skills for managing difficult situations. Participants learned how to identify the need for and successfully have crucial conversations, and how to identify stress management styles, among others. Conflict resolution is an important aspect of improving coordination among the UCP and national programs, as these skills will enable staff to maintain a cohesive and productive work climate as they work together to achieve greater health results. Participants from the workshop noted that the MOST and conflict resolution workshops should be conducted with other central and department level directorates, as they provide staff with tools for reaching consensus in groups, and skills to successfully have

difficult conversations with colleagues. They also enable staff to identify management weaknesses and develop action plans to strengthen priority gaps.

***Objective 3: Strengthen the L+M+G capacity of the CCM to improve financial oversight and accountability as well as improved performance and coordination***

- **Consultations with civil society organizations (CSO) for enhanced engagement of KAP and PLWD in grant oversight:** In July 2015, LMG/Haiti worked with CSOs representing Lesbian, Gay, Bisexual, and Transgender (LGBT) and PLWH to determine how these groups can engage more actively in the oversight of the HIV/TB grant. The project led discussions with KAPs on the impact of discrimination on access to services by those groups and the quality of the services received (from the demand side), and discussed mechanisms to better link patients to services. Engaging LGBT and PLWH in grant oversight activities will enable the CCM to collect information directly from these groups related to the factors that hinder access to services that are not within the control of the Principal Recipient (PR) and the Sub-Recipient (SR), but that must be addressed through regulation, advocacy, and alternative service delivery approaches (including the possibility of direct involvement from KAPs in managing access to and retention in HIV services). The findings from these consultations also informed LMG/Haiti program planning for PY4.
- **Oversight Committee meeting on September 9, 2015:** During the meeting, participants discussed the results of the site visit to investigate stock management challenges and coordination with the MSPP department level pharmacy services and warehouses. Participants included members of the Oversight Committee, the PRs (United Nations Development Programme, Population Services International), the HIV and TB programs, the MSPP Director of Pharmacy, the CCM PLWA representative, the CCM press representative, and LMG/Haiti. Recommendations from the meeting included: 1) commodity suppliers should better coordinate supply schedules and operations with the department level pharmacy services and warehouses, and 2) PRs should provide training on supply chain management to sites and to the SRs managing warehouses (intermediary sites where products are stored before distribution to sites).

During the meeting, participants also discussed the performance of the national TB program, and noted that some TB sites do not offer HIV services. The Director of the TB program confirmed that they are aware of this gap, and the TB and HIV programs are working to make HIV and TB services available at these sites. LMG/Haiti also supported the PNLT and the health department in the Grand-Sud to develop a plan for delivering HIV and TB services. A similar exercise is planned for the Grand-Nord. Meeting participants identified the need to accelerate trainings on how to provide integrated HIV and TB services for health staff at sites.

Additionally, LMG/Haiti presented the new grant dashboard, developed by the Grants Management Solutions (GMS) project in 2015, to the Oversight Committee. This new dashboard will replace the one currently in use to monitor the new grants and the performance of the SRs. It provides a more complete set of grant performance data that is accessible through links on the summary front page. LMG/Haiti oriented the CCM and the PRs on how to access the support of the USG (through the American Embassy in Haiti) to

mobilize GMS technical resources to train CCM staff on the utilization of the software and dashboard. LMG/Haiti recommended that the CCM and the PRs contact the American Embassy as soon as possible so that the new HIV/TB dashboard can be active by January 2016.

- **Technical support to the CCM Committee for Concept Note Development to revise the malaria concept note:** The CCM previously submitted the malaria concept note to the Global Fund TRP on April 20, 2015. Following the review of the concept note, the TRP acknowledged the strong technical quality of the concept note and its alignment with Haiti's national malaria strategy. The TRP also requested more details concerning: 1) the coverage strategy for migrant populations; 2) data collection methodology for treatment medications and Rapid Diagnostic Tests; 3) a strategy for engaging private sector actors in service delivery; 4) additional information concerning the financing of the Haiti Malaria Elimination Consortium (HaMEC) project and the role of the PNCM in the implementation of this project; and 5) sharing and evaluating the impact of data, communication, and education activities. During July and August 2015, LMG/Haiti supported the CCM to organize technical resources from the malaria program and relevant national and international partners to develop a technical response to the TRP's questions. LMG/Haiti also assisted in reviewing the programmatic gaps, revising objectives and targets for interventions, and adjusting the concept note budget.

The malaria concept note was approved by the Global Fund TRP on September 29, 2015. The Global Fund approved a grant to the CCM Haiti for \$16,433,500 USD and recommended an additional allocation of \$9,008,000 USD "should additional resources become available."

***Objective 4: Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform and elevate awareness of the Haitian public, diaspora, and US-based policy makers***

- **Technical support to update the MSPP website:** The LMG/Haiti Communication Advisor embedded at the MSPP provided technical support to update the MSPP website by posting 13 articles during Q4.
- **Communication support (public relations) provided to MSPP:** LMG/Haiti supported the MSPP with communications. During Q4, the Communication Advisor embedded at the MSPP supported a total of 17 events by producing key communication materials (articles, media releases, and advertisements). Examples of these events include an inauguration for a new hospital, graduations for health professionals, and a ceremony to present the National Health Accounts 2013-2014.
- **The MSPP Branding and Marking Plan** was submitted and is awaiting approval from the DG for publication.
- **Journalist training sessions:** The trainings for journalists, which started in the previous quarter, progressed in Q4. LMG/Haiti conducted four training sessions and site visits with journalists with an average of 15 attendees per session. Four broad topics were covered during these sessions: maternal and child health, HIV/AIDS, People Living with Disabilities, and TB

management. For each topic, the journalists and facilitators visited a site to meet with experts and ask related questions. The sites visited are mostly USAID-funded project sites, and include: SSQH project sites; Hôpital Foyer St Camille; Ecole St Vincent; and Les Centres Gheskio. Speakers at these sessions came from three MSPP units (*Direction de Santé de la Famille*, PNLS, and PNLT), the *Bureau du Secrétaire d'État à l'Intégration des Personnes Handicapées* (BSEIPH) and non-governmental partners (NGOs) such as Maternal and Child Survival Program/Jhpiego; *Centres pour le Développement et la Santé* (CDS), Christian Blind Mission (CBM), Hôpital Ste Famille and Les Centres Gheskio.

Following these training sessions and visits, the journalists submitted 31 stories to their editors in chief. Of the 31 stories, 21 have been published/broadcast.

- **MSPP presence at the United Nations General Assembly:** As the period of the Millennium Development Goals comes to a close and the international community prepares to launch the Sustainable Development Goals, there are many health gaps that remain in Haiti, many of which relate to women and children. To draw attention to these gaps, MSH's Policy and Advocacy unit and LMG/Haiti - along with Eli Lilly & Company, the Frontline Health Workers Coalition, IntraHealth International, and Medtronic – hosted the high-level panel “The Unfinished Agenda for Women and Children in Latin America and Caribbean” during the United Nations General Assembly on Monday, September 28.

Dr. Jean Patrick Alfred of Haiti's MSPP spoke on the panel, stressing the role of prevention in improving women and children's health across the Latin America and Caribbean region. He addressed how increasing prevention education, investing in primary care, and working with communities have improved Haiti's health and can improve the region's health.

## VI. CHALLENGES AND LESSONS LEARNED

- **Delays in CCM elections:** The CCM elections were delayed for the majority of the quarter. The elections took place at the end of August 2015, and the CCM President and vice-Presidents were elected on September 28, 2015. As a result of the delays in CCM elections, the project experienced challenges advocating for improvements in grant oversight and providing technical support to the CCM as planned. Nevertheless, LMG/Haiti continued to raise awareness on the need to maintain and improve oversight activities.
- **CCM Secretariat:** The position of CCM Executive Secretary remained vacant during the quarter, which caused challenges in the coordination of the CCM activities. The CCM advertised for the Executive Secretary position following the close of this quarter in October 2015, and has received applications. The technical assistance provided by LMG/Haiti's embedded Technical Advisor to the CCM remains important in supporting the CCM to fulfill its oversight function during this period when the CCM is not adequately staffed.
- **Misunderstanding on the CCM Eligibility Criteria and Minimal Standard of Performance set by the Global Fund and compulsory since January 2015.** The Haiti CCM does not fully understand that “*Continued compliance with all eligibility requirements (and Minimum Standards as of January 1, 2015) throughout program implementation is a condition for access to Global Fund*”

*financing*” (Global Fund CCM Requirements Guidelines). LMG/Haiti has not conducted the formal training for the CCM on the eligibility criteria and minimal standards because of the delays in the election process; however, the criteria, standards, and Global Fund Guidelines were circulated to the outgoing CCM members. Resistance to comply with the criteria and standards is a challenge that increases the CCM’s risk of non-eligibility for Global Fund financing. LMG/Haiti will continue to support the CCM to be compliant and functional and will conduct the formal training for CCM members in PY4.

- **Engagement of MSPP staff during the development of the PES:** One of the main challenges encountered during the elaboration of the PES was maintaining active involvement of all department and central level representatives during the process. The representatives that were asked to participate in key meetings related to the PES are the same representatives who must attend other important MSPP activities. Finalizing the PES was delayed until September so that MSPP staff that were not able to attend the meetings had sufficient time to provide feedback. LMG/Haiti and its partner, the DOSS, felt it was important to be flexible with the timeline in order to ensure maximum input and participation from key stakeholders in the documents development. Maintaining this engagement is crucial for fostering buy-in, ownership, and implementation of final deliverables.
- **Conflicting UCP priorities:** UCP staff are solicited by many partners to implement activities because of their key roles in the health sector. As a result, its staff have limited availability and LMG/Haiti had to postpone several activities to a later date than previously planned, such as the MOST 2 and conflict resolution workshop. To overcome this challenge, LMG/Haiti is supporting the UCP to develop a quarterly activity calendar with the priority health programs that will facilitate the coordination of activities planned for the upcoming quarters.

## V. KEY PROJECT ACTIVITIES FOR THE NEXT REPORTING PERIOD

The following activities are planned for PY4, Q1 pending USAID approval of the PY4 workplan.

### ***Objective 1: Strengthen the capacity of the MSPP contracting function to manage all sources of funding (including USG's) to improve quality of and access to health services***

- Provide financial and technical assistance to the UC to conduct a training for one DDS on RBF implementation (Sud)
- Initiate advocacy meetings with national education bodies and CCM civil society members to advocate for and promote the introduction of RBF in the training curricula for health professionals
- Conduct a four-day workshop with the MSPP and key stakeholders to revise the national RBF manual
- Support the RBF TWG to review the RBF manual
- Organize a four-day workshop with the MSPP and key stakeholders to discuss/validate the proposed changes to the national RBF manual
- Conduct the final evaluation of the operational aspects of RBF implementation with the seven RBF institutions in the Nord-Est department
- Conduct coaching and monitoring visits with the UC at the department level to verify RBF implementation
- Support the UC to maintain the RBF database and upload and analyze RBF data from health facilities
- Conduct a team building workshop with UC staff to strengthen the capacity of team members to function as a cohesive unit
- Finalize data collection for the RBF impact evaluation

### ***Objective 2: Strengthen the MSPP's capacity to better regulate, manage, and monitor the health system***

- Conduct a one-day launch ceremony with the DOSS to present and disseminate the validated PES manual to MSPP central and departmental staff and partners
- Collaborate with the DOSS to establish a coordination committee to monitor PES implementation
- Conduct planning meetings with the central directorates to outline the roadmap for revising the health facility authorization process and developing a corresponding guide
- Conduct a training of trainers on the utilization of the PES and RCR tools
- Develop a coordination manual that defines the coordination mechanism between the UCP and national priority health programs
- Support the UCP to conduct quarterly meetings with technical staff and partners to monitor results of the national priority health programs
- Conduct joint site visits with the national HIV and TB programs to monitor the management of joint co-infection programming in the departments
- Support the UCP to conduct monthly coordination meetings with the national priority health programs

- Support the DG to install the software and hardware for the dashboard
- Support the DG to conduct a quarterly oversight visit with MSPP central directorate staff to monitor the performance of national programs
- Collaborate with the DG to reactivate the *Comité Ministériel des Reformes Administratives* (CMRA) to support the alignment and implementation of major health reforms
- Purchase and deliver equipment for health facilities

***Objective 3: Strengthen the L+M+G capacity of the CCM to improve financial oversight and accountability as well as improved performance and coordination***

- Provide technical and financial support to the CCM to reactivate and maintain the CCM website
- Provide technical assistance to the CCM to develop a communication strategy and action plan
- Strengthen the CCM's communication and engagement with the private sector by supporting it to organize a meeting with the private sector to raise awareness and engagement for the fight against HIV and TB
- Conduct quarterly grant oversight meetings with the CCM Oversight Committee and PRs to review grant performance
- Support the CCM to conduct a quarterly site visit with representatives of PLWD, KAP, and MSPP technical central directorates to assess grant performance and impact
- Conduct a working session with the CCM Oversight Committee to analyze site visit results and develop recommendations for submission to the CCM General Assembly
- In collaboration with the CCM, develop oversight guidelines and reporting tools for community-based oversight

***Objective 4: Strengthen the strategic communication capacity of the MSPP and local Haitian journalists, and support USAID/Haiti to engage, inform and elevate awareness of the Haitian public, diaspora and US based policy makers on key health issues for the country***

- Begin the process of supporting the MSPP to establish a Communication Unit
- Develop and print the "Guide For Internal Communication" to regulate the internal communication flow at the MSPP
- Finalize the strategic communication plan to guide communication at the MSPP and support the MSPP to develop an operational plan and budget to guide its implementation
- Conduct a training on the strategic communication plan for MSPP staff
- Produce monthly videos highlighting MSPP health successes and share with the population using the MSPP social media pages and during MSPP public events
- Recognize high-performing Haitian journalists who have participated in the training and published/broadcast the best news stories on health issues (by providing iPads to winning journalists)
- Conduct a three-day workshop with the *Réseau Haitien des Journalistes en Santé* (RHJS) to develop its strategic plan
- Track stories published by journalists participating in the trainings that include data provided by the MSPP or other health experts.

## **VI. ANNEXES**

### **ANNEX A: PMP INDICATORS**

Annex A includes a status update for each indicator in the USAID-approved PMP.

### **ANNEX B: SUCCESS STORIES**

Annex B contains two success stories for the quarter.



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## SUCCESS STORY

# HIV/TB collaboration toward integration: Making a difference in Haiti

**LMG provides technical support to strengthen coordination between Haiti's national HIV and TB malaria programs**



Photo by LMG

*MSPP HIV/TB technical staff developing the HIV/TB action plans during the first southern regional HIV/TB co-infection workshop.*

**“I am grateful to LMG’s efforts for building a solid foundation to move toward a real integration of HIV/TB services.”**

**-Dr. Brunel Delonay, UCP Executive Director**

Integrating HIV and tuberculosis (TB) services have been a real public health challenge in Haiti. While significant progress has been made in reducing the burden of both diseases, the epidemic of HIV-associated tuberculosis remains poorly addressed, with limited scale up of integrated HIV/TB interventions. According to national data, only 87.5% of TB patients were tested for HIV in 2014, while international norms require 100%. According to the national TB program, among those TB patients tested for HIV, 18.5% have been found to be co-infected.

In addition to TB patients who fall between the cracks, the lack of coordination between the two programs has led to duplication of services and waste of resources.

The Haiti Leadership, Management and Governance (LMG) project has made major strides to strengthen cooperation between the *Unité de Coordination de Programmes* (UCP) of the Ministry of Public Health and Population (MSPP) and the three priority health programs (HIV, TB, malaria). Since April 2015, LMG has been facilitating technical discussions with the HIV and TB programs to promote integrating vital services.

As a result of this intervention, the first HIV/TB co-infection workshop for the southern regional health departments (Sud, Sud-Est, Grande Anse, and Nippes) was held July 28-29, 2015, to discuss both the challenges and opportunities of integrating the HIV/TB services to reduce the burden of the HIV/TB co-infection. MSPP staff who attended this workshop drafted actions plans to guide them in implementing the integrated strategy.

“I think we are now on the right path,” said UCP Executive Director Dr. Brunel Delonay at the opening of the workshop. “I am grateful to LMG’s efforts for building a solid foundation to move toward a real integration of HIV/TB services.”

Progress on integration is encouraging: the parties have agreed on the integration model; joint HIV/TB supervision tools and guides have been developed; and staff from the national HIV and TB programs have conducted six joint supervisory visits to begin implementing integration activities in six out of ten health departments (Nord, Nord-Est, Sud, Sud-Est, Artibonite, and Nippes) and to 22 health facilities.

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## SUCCESS STORY

# Improving malaria services and response with input from those most affected

### Global Fund approves new grant for malaria funding



Photo by LMG

Focus group with pregnant women in Jérémie, January 20, 2015, to better understand how malaria affects this key population.

**The cost of care is among the main barriers to the use of formal health services; so is access in remote areas.**

***-Key message from focus group discussion***

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Close to one in four Haitians are considered at medium or high risk for malaria. Yet information to help target programming to those most vulnerable is in short supply. To design better malaria programs as well as develop the malaria concept note for the Global Fund, the USAID-funded Leadership, Management and Governance (LMG) project, with community leaders and officials, went directly to the people most affected by malaria.

Under the leadership of the Country Coordinating Mechanism (CCM), and in collaboration with the International Organization for Migration, civil society organizations representing women and youth, and the national malaria program, LMG created a methodology and forum to elicit concerns and ideas for better service delivery from those usually given little voice in health care.

The team conducted focus groups with pregnant women, people still displaced by the 2010 earthquake, the very poor, and those recently ejected from the Dominican Republic now living in camps. Representatives of these groups were then invited to discuss the results with municipal leaders and the national and international partners of the national malaria program. Key messages the target group representatives shared include:

- Traditional healers are typically the first people consulted by those needing health care, especially in remote rural areas
- The cost of care is one of the main barriers to the use of formal health services, as is access in remote areas.

The feedback generated in this workshop informed the strategy of the Haiti malaria concept note, so that it focused on bringing the private sector—both formal and informal—into national malaria efforts. For example, the malaria concept note allotted 36% of the budget to community-based interventions, traditional healers, and private providers. Motivated by the feedback that the population was not accessing services due to cost, in March the Ministry of Public Health and Population (MSPP) issued a circular to reaffirm that all malaria case management is free of charge at public facilities.

The Global Fund accepted these strategies and approved the Haiti malaria concept note on September 29, 2015. They have since disbursed a grant to the Haiti CCM for \$16,433,500 USD. Incorporating input from the populations who need the services most was a crucial factor in this success.

Under the terms of the grant, private health service providers pledge to follow national strategies on malaria management, including providing malaria care free of charge. This program represents the first time that the MSPP has forged a public-private partnership, and as a result, the new grant is expected to yield a dramatic scale-up of accessible malaria services.