

Santé pour le Développement et la Stabilité d’Haiti— Pwojè Djanm

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Annex 1. Summary Report Project Year 1 *By MSH Performance Management Unit*

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Acknowledgements

Management Sciences for Health (MSH) is pleased to present all stakeholders and partners with a summary of results for the first Program Year of the Santé pour le Développement et la Stabilité d' Haiti (SDSH) Project. This summary covers the period from October 2007 to September 2008.

Despite significant delays in launching the project's first year (documented in the August 2007–January 2008 semiannual report submitted to USAID in early March 2008), strategies implemented in SDSH areas of intervention have led to important results, characterized by significant access to and use of basic health services by the target population. MSH and its subcontractors wish to seize this opportunity to thank all those who have contributed to these results.

Key lessons drawn from this first year of project implementation and the conclusions of the external review conducted by Drs. Jon Rohde and Malcolm Bryant form the basis on which priorities were identified, strategies formulated, and plans developed for Program Year 2.

Acronyms and Abbreviations

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
ARV	Antiretroviral
CYP	couple-year of protection
DOTS	Directly-Observed Treatment, Short Course
FP	family planning
HIV	human immunodeficiency virus
HS 2007	Haiti Santé 2007 Project
JHPIEGO	a corporation name
LMS	Leadership, Management, and Sustainability Project [MSH]
MOU	memorandum of understanding
MSH	Management Sciences for Health
MSPP	Ministry of Health (Ministère de la Santé Publique et de la Population)
NGO	nongovernmental organization
PEPFAR	President’s Emergency Plan for AIDS Relief [USG]
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PPS	point de prestation de service (service delivery point)
RPR	Rapid Plasma Reagent (lab test)
SDSH	Santé pour le Développement et la Stabilité d’Haïti Project
SO	Strategic Objective
SOG	Soins Obstétricaux Gratuits (“Free Obstetric Care”)
STI	sexually transmitted infection
TB	Tuberculosis
TBA	traditional birth attendant
TO	task order
UPE	Unité de Planification et d’Evaluation (Planning and Evaluation Unit) [MSPP]
USAID	US Agency for International Development
USG	US Government
VCT	Voluntary Counseling and Testing

Introduction

The goal of the Santé pour le Développement et la Stabilité d'Haiti (SDSH) Project is to increase access to and use of quality basic health services for approximately 50 percent of the Haitian population. This three-year project includes five service delivery components:

- HIV & AIDS
- Tuberculosis
- Maternal Health
- Child Health
- Family Planning (FP)

These service components, organized into an integrated package of health services, are provided via 152 public and private service delivery points throughout the 10 geographical departments (provinces) of the country. These health services target the following groups:

- Children under five years of age and youth under 25 years
- Women of childbearing age
- Other special groups, such as people living with HIV & AIDS (PLWHA) and TB patients

In addition to service delivery, SDSH aims to achieve the following:

- Strengthen the executive functions of the Haitian Ministry of Health (Ministère de la Santé Publique et de la Population, or MSPP), particularly financial management, commodities logistics, and health information systems
- Mobilize the private business sector and effectively engage it as a partner to the health sector

For the 2007–2008 Program Year, SDSH had specific performance objectives for the five program components. The first year's results are presented and analyzed in the following pages.

Year 1 Results

Context

In early August 2007, MSH signed a contract with the US Agency for International Development (USAID) for the implementation of the new bilateral project Santé pour le Développement et la Stabilité d’Haiti (SDSH). Because of the delayed signing of the new contract, technical interventions of the predecessor project, Haiti Santé 2007 Project (HS 2007), were extended through that project’s closeout period, through September 30, 2007. The new project initial activities started October 1, 2007, and the project was officially launched by the Minister of Health and the US Ambassador in Jérémie, on December 13, 2007.

In late February 2008, Management Sciences for Health (MSH) received the USAID Contracts Office’s consent to subcontract. MSH immediately proceeded with the finalization and signature of subcontracts with its nongovernmental organization (NGO) partners and the development of memoranda of understanding (MOUs) with the Ministry of Health’s (MSPP) departmental directorates. Both public and NGO partners launched their service delivery programs between late February and the end of March 2008. After prolonged discussions and negotiations with the MSPP about the project funding envelope, its structure, priorities, and strategies, an executive functions component was effectively launched in late February 2008.

In May 2008, Ms. Rebecca Rohrer, USAID/Haiti’s Population, Health, Nutrition, and Education (PHNE) Chief and Cognizant Technical Officer (CTO) for the project, left the country. She was replaced as project CTO by Ms. Judith Timyan. Ms. Barbara Ellington-Banks became Acting USAID/Haiti PHNE Chief and continued in that role until the end of this reporting period.

On September 5, 2008, a new Haitian prime minister was approved by parliament and took office. A new health minister, Dr. Alex Larsen, was installed the following week.

Finally, the last quarter of the reporting period was seriously affected by four tropical storms that hit Haiti and caused major damage in all 10 geographic departments. Several service delivery sites supported by SDSH were not accessible for more than three weeks, and several were temporarily closed because of hardships suffered by members of their staff.

It is important to note that results presented in this report were achieved over a period of six to seven months, whereas the objectives used as reference were set for a 12-month period.

Integrated Package of Priority Services Promoted and Supported by SDSH

Through 152 service delivery points, SDSH assures that 45 percent of the Haitian population has access to a package of integrated priority services including child health; maternal health; family planning; prevention and treatment of infectious diseases, including sexually transmitted infections (STIs), HIV & AIDS, and tuberculosis. Table 1 shows service delivery points per program component.

Table 1 — Number of Service Delivery Points by Program Component

Child Survival	Maternal Health	Family Planning	TB	HIV & AIDS VCT	HIV & AIDS PMTCT	HIV & AIDS ART
147	152	147	24	29	13	6

The elements of this package of services are detailed in Table 2.

Table 2 — Detailed Elements of the Package of Integrated Priority Services

Component	Elements
Child Survival	<ol style="list-style-type: none"> 1. Full immunization of children under 1 year 2. Prevention of dehydration due to diarrheal diseases—case management (oral rehydration) 3. Growth monitoring and nutritional surveillance of children under 5 years 4. Prevention and treatment of acute respiratory infection among children under 5 years 5. Prevention of xerophthalmia among children 6–59 months 6. Education and community mobilization 7. Clean water (in some sites)
Maternal Health	<ol style="list-style-type: none"> 1. Pregnancy monitoring/prenatal care 2. Safe deliveries 3. Postpartum/postnatal care 4. Mother and newborn monitoring 5. HIV testing 6. Prevention of mother-to-child transmission (PMTCT) 7. Education and community mobilization
Family Planning	<ol style="list-style-type: none"> 1. Public awareness/community education 2. Counseling 3. Clinical evaluation 4. Supply of family planning methods 5. Patient tracking 6. HIV screening/prophylaxis 7. Tiaht compliance
HIV & AIDS	<ol style="list-style-type: none"> 1. Promotion of HIV prevention and testing 2. Voluntary Counseling and Testing 3. PMTCT (Counseling, testing, and prophylaxis with antiretrovirals) 4. Palliative care for people living with HIV & AIDS 5. Antiretroviral therapy 6. Community support groups
Support Systems	<ol style="list-style-type: none"> 1. Health information management 2. Human resources management and development 3. Financial management and accounting 4. Pharmaceuticals and commodities management 5. Waste management and infection prevention

SDSH's Service Delivery Network

In this first Program Year, SDSH provided technical assistance and funding to 27 private nonprofit service providers and 29 targeted service delivery areas (*zones ciblées*) of the Ministry of Health (MSPP) for the provision of the integrated package of services. Private institutions and MSPP's *zones ciblées* provided these services through 152 service delivery sites, or PPS (*points de prestation de services*), to an estimated target population of 4 million people (45 percent of the Haitian population).

Table 3 shows the distribution of service delivery points by geographical department. Table 4 shows the population targeted in each department.

Table 3 — SDSH-Supported Service Delivery Points (PPS) by Geographic Department, October 2008

Department	NGO		Public Sector		Total Number of PPS
	Number of Institutions	Number of PPS	Number of Zones Ciblées	Number of PPS	
Artibonite	3	16	4	11	27
Centre	2	8	3	8	16
Grande'Anse	4	5	2	2	7
Nippes	—	—	3	8	8
North	3	7	2	8	15
North-East	1	4	3	6	10
North-West	1	1	3	14	15
South	2	7	2	2	9
South-East	1	1	1	7	8
West	12	31	6	6	37
Total	27*	80	29	72	152

* The total number of NGO institutions in the table is 27 instead of 29, because one NGO partner (Centers for Health and Development [CDS]) is present in three departments.

Table 4 — Population Served, by Department, 2008

Department	Total Population	Population Targeted by SDSH			Percentage Population Served
		NGO	Zones Ciblées	Total Targeted Population	
Artibonite	1,416,414	316,744	304,222	620,966	44
Centre	641,369	198,574	145,197	343,771	54
Grande'Anse	382,291	246,453	48,952	295,405	77
Nippes	277,269	—	127,720	127,720	46
North	887,055	331,184	102,555	433,739	49
North-East	341,466	158,181	76,548	234,729	69
North-West	583,594	21,734	78,260	99,994	17
South	656,602	101,671	37,895	139,566	21
South-East	509,903	30,603	65,478	96,081	19
West	3,579,087	1,488,494	289,605	1,778,099	50
Total	9,275,050	2,893,638	1,276,432	4,170,070	45
Percentage population targeted by NGO partners					31
Percentage population targeted by zones ciblées (MSP)					14

Figure 1 — Percentage of population served by SDSH Project

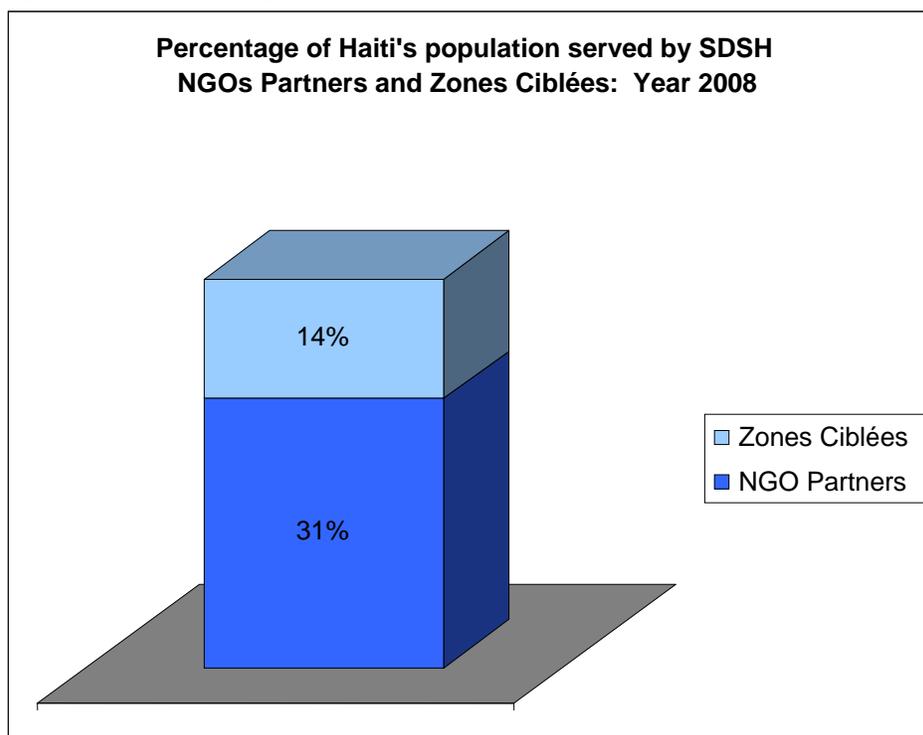
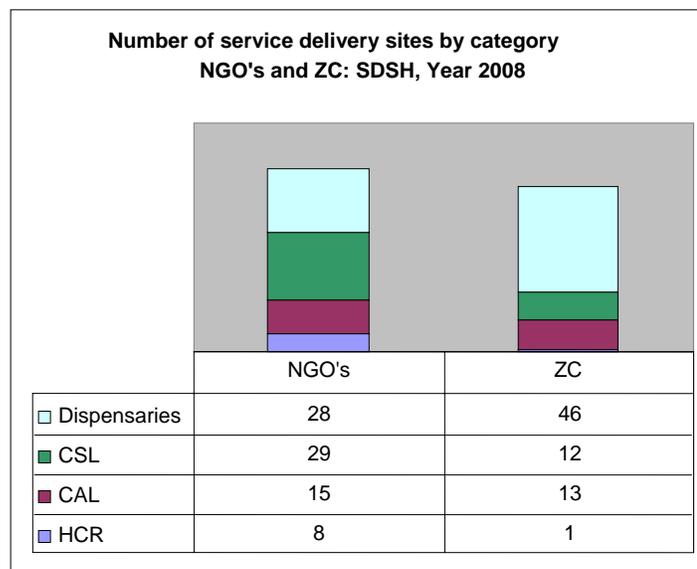


Table 5 — PPS Distribution by –Sector and Facility Type

Category	Institution		
	NGO	Zones Ciblées	Total
Community reference hospitals	8	1	9
Health centers with beds	15	13	28
Health centers without beds	29	12	41
Dispensaries	28	46	74
Total	80	72	152

Figure 2 — Number of service delivery sites by category



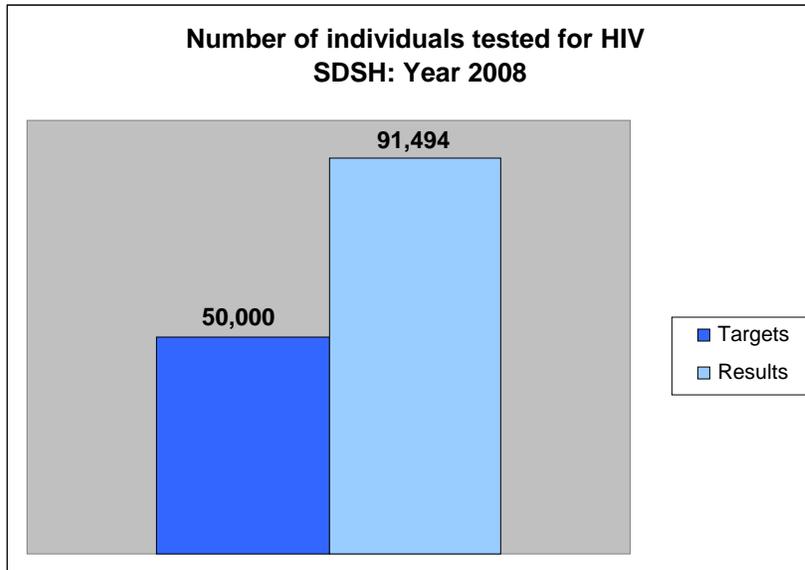
To increase access to priority services by bringing them closer to communities, SDSH emphasizes community-based approaches, including mobile clinics, rally posts, community meetings, house visits, and community mobilization. Implementation of this strategy has mobilized 1,528 community health agents and 4,391 trained and supported *matrones* (traditional birth attendants). These community-based staff are complemented or supervised and supported by medical and paramedical staff, including 197 doctors, 325 nurses, 623 auxiliary nurses, and 177 laboratory technicians.

Program Element: HIV & AIDS

HIV & AIDS: Counseling and Testing

The target for this program component was to test 50,000 people for HIV for the 2007–2008 year. At the end of the period, 91,494 people had been tested, a performance of 183 percent compared to the target. Two factors in particular contributed to this high level of performance:

Figure 3 — Number of individuals tested for HIV



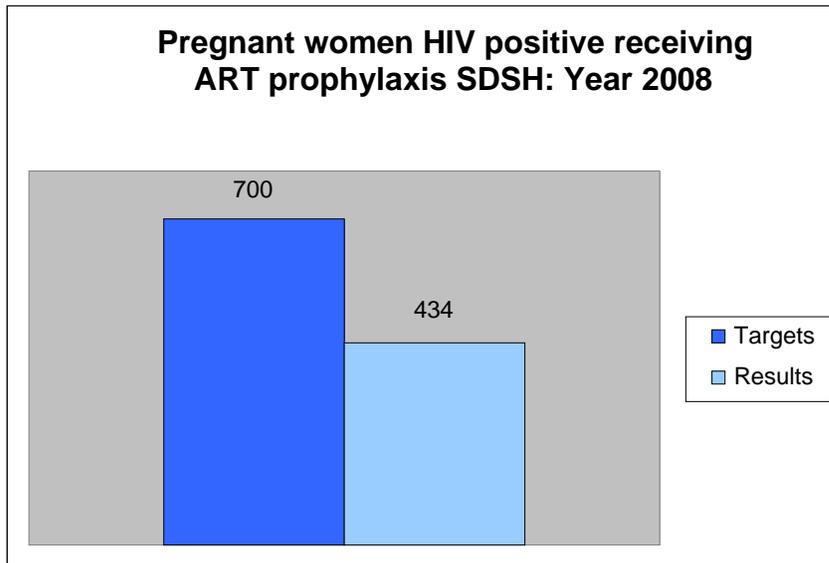
- *The integration of services.* HIV testing is integrated with other services offered at SDSH-supported sites. This integration has involved staff training, reorganization of services and patient flow, and availability of commodities and equipment for the provision of services.
- *The extension of testing services.* The project aimed to ensure provision of HIV testing at 30 service delivery sites. To increase community access, the institutions supported by the project periodically organized mobile clinics to deliver the package of priority services, including HIV testing. During Program Year one, 29 sites provided the testing services.

HIV & AIDS: Prevention of Mother-to-Child Transmission

A total of 40,341 pregnant women were tested for HIV, exceeding by more than 61 percent the target of 25,000 set for the first Program Year.

A total of 434 HIV-positive pregnant women received antiretroviral (ARV) prophylaxis, compared with a target of 700, representing a 62 percent performance rate. A new strategy that subsidizes the cost of ARV prophylaxis is being rolled out, as well as a community-based PMTCT program. It is expected that these new approaches, in addition to increased cross-fertilization, will help improve results.

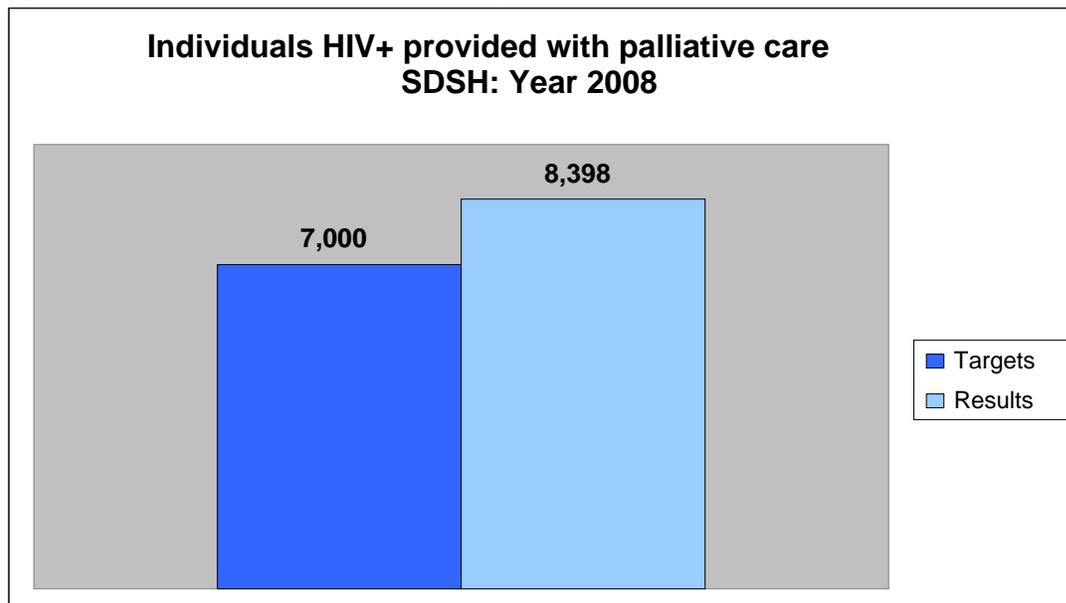
Figure 4 — HIV positive women receiving ART prophylaxis



HIV & AIDS: Palliative Care

The project target was to provide palliative care to 7,000 people living with HIV & AIDS. For the 2007–2008 period, 19 sites provided such care to a total of 8,398 PLWHA: a performance representing 120 percent of the target.

Figure 5 -- Number of Individuals under palliative care



Contributing to this level of performance were a focus on technical assistance centered on service quality improvement, patient tracking, patient adherence, and assuring a continuum of care from service delivery points to the community level, to support groups to patients homes.

HIV & AIDS: Antiretroviral Therapy

The target was to enroll 850 new patients and to ensure that a cumulative total of 1,800 patients would still be active at the end of the year. A total of 726 new patients were enrolled, with a total of 1,595 active patients in September 2008. This reflects a performance level of 85 percent for new patients put on ARVs and 89 percent for active patients at the end of the period.

Figure 6 — Number of individuals starting ART

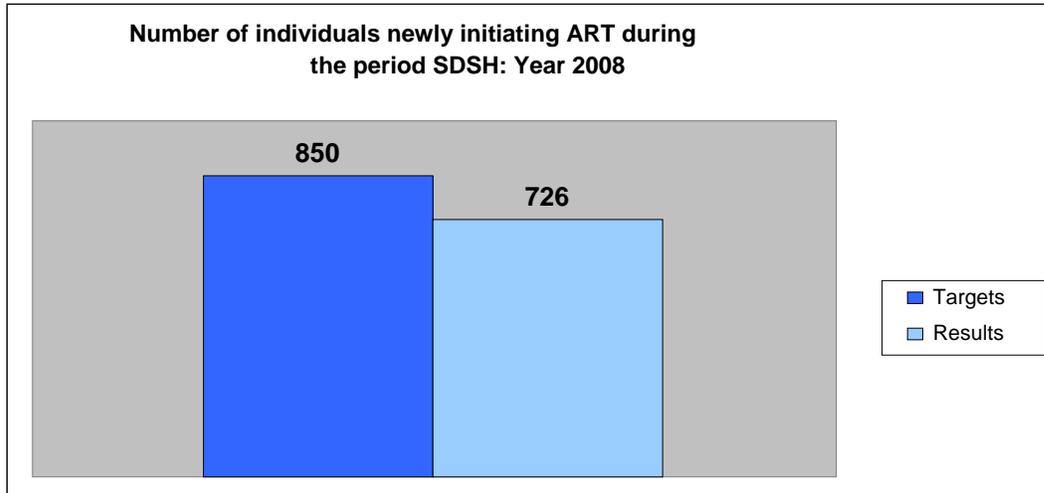
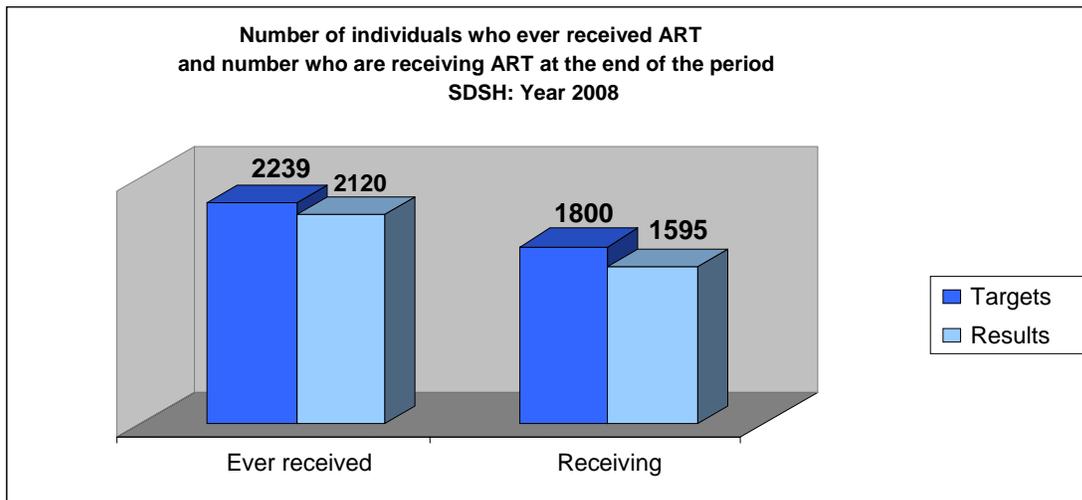


Figure 7 — Number of Individuals under ART during the year



Efforts will be increased to continue improving service quality, strengthening the referral and counter-referral systems within the local networks, and strengthening adherence to treatment.

Program Element: Tuberculosis

The project had planned to support DOTS services at 25 service delivery points. As of the end of September 2008, 24 sites had been supported by SDSH support and have offered DOTS services to their target populations. From the objective of detecting 70 percent of new TB cases, only 58 percent of expected cases were detected.

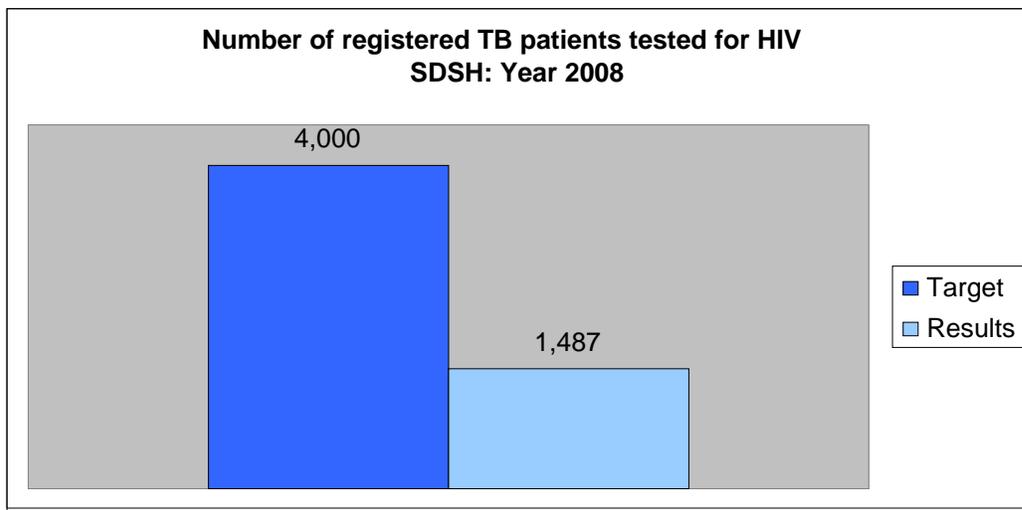
The Results related to treatment success – taking into account cohorts for the preceding year – cannot be known until the end of the next period. However, among the 2006 cohort, 83 percent of patients have successfully completed treatment.

The low level of TB detection can be explained by the disproportionate focus of SDSH assistance on ensuring quality of services at DOTS sites. Strategies for expansion are planned for the second year of the project, in collaboration with MSH's Leadership, Management, and Sustainability (LMS) Project. These strategies will focus on selecting sites in areas of high population density and introducing community-based strategies in and around those sites (a strategy successfully implemented by the HS 2007 Project).

Quality control sampling of bacilloscopies conducted by the National TB Program showed a level of reliability above 95 percent at most sites.

The project has started to put increased emphasis on the integration of TB and HIV services. Several TB sites received technical assistance and training from the project for reorganization of services to ensure effective integration. Despite a target of 4,000, just 1,487 TB patients were tested for HIV during the first year of the program (Figure X). Significant additional work is required to increase this number and establish effective referral networks.

Figure 8 — Number of registered patients tested for HIV



Program Element: Maternal Health

Maternal health interventions focused mainly on prenatal care, safe delivery, and postpartum/postnatal care.

Targets for prenatal care included the following:

- 65 percent of pregnant women to have their first prenatal visit in the first quarter of pregnancy
- 50 percent of pregnant women to receive three prenatal consultations, according to MSPP guidelines
- 65 percent of pregnant women to receive full tetanus toxoid immunization
- 65 percent of pregnant women to have a birth plan
- 55,800 women, out of 95,951 women, to give birth in a safe environment, either with skilled institutional staff (14,430, or 15 percent), or with community-level staff (41,370, or 43 percent)

Performance against these targets for Year 1 includes the following:

- Twenty-eight percent of pregnant women had their first prenatal visit in the first quarter of pregnancy (43 percent of target).
- Forty-two percent of pregnant women have had at least three prenatal consultations (84 percent of target)
- Fifty-two percent of pregnant women received their full dose of tetanus toxoid vaccine (80 percent of target)
- Ten percent of pregnant women have a birth plan (15 percent of the target).
- A total of 12,066 deliveries were carried out with assistance of skilled personnel at the institutional level (84 percent of target), and 49,332 deliveries (119 percent of target) were assisted by trained midwives (or skilled traditional birth attendants - TBAs).

Figure 9 — Performance versus target for three indicators: percentage of pregnant women having three prenatal visits (CPN3); having full tetanus toxoid vaccination (FECV); and having a birth plan

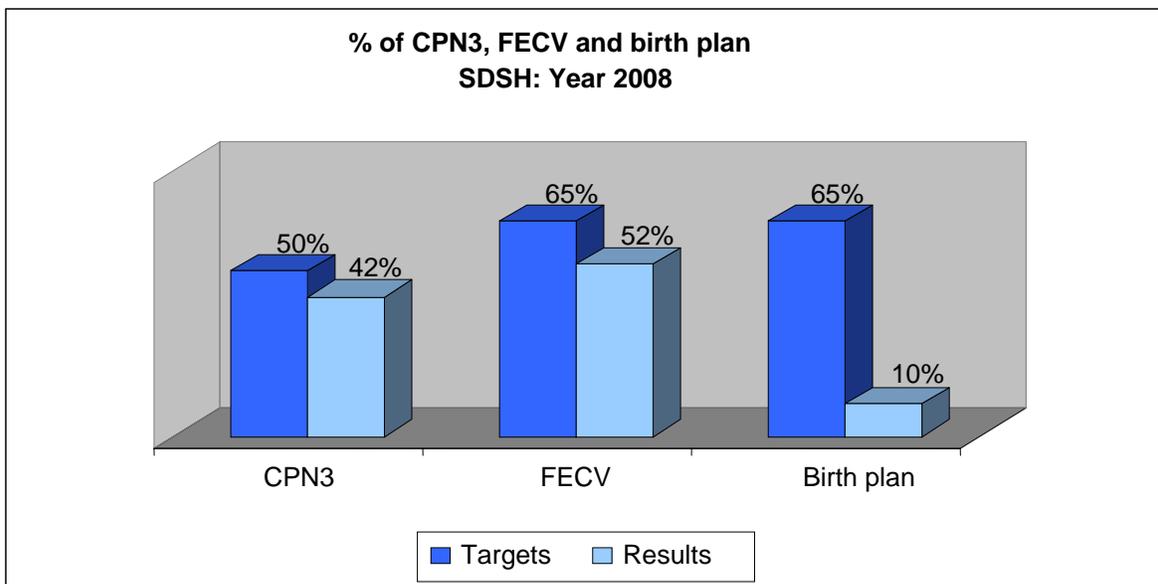
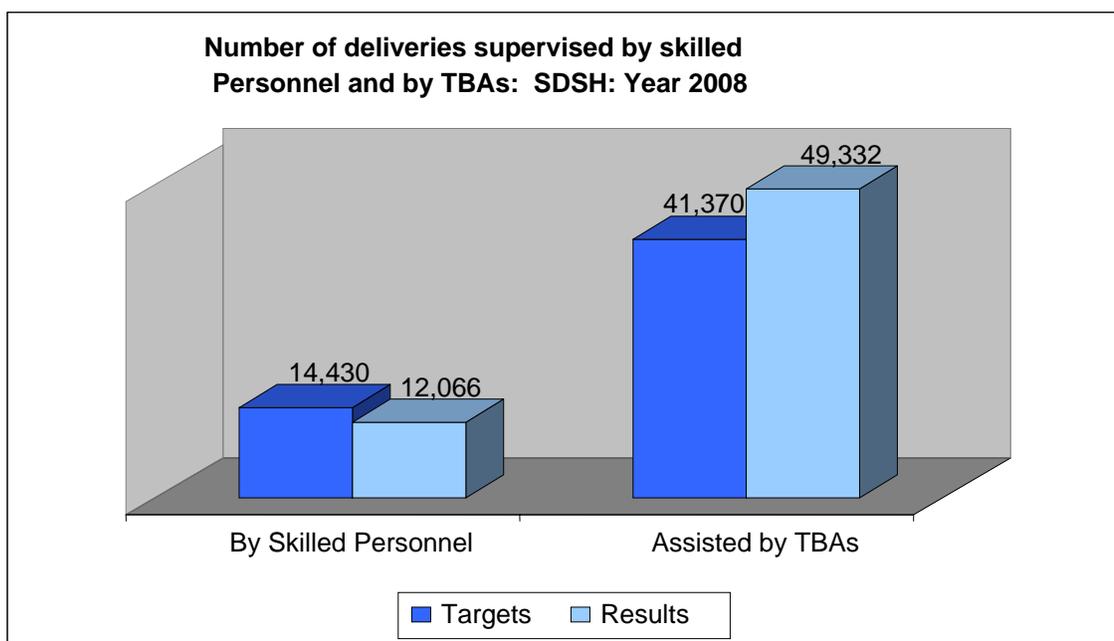


Figure 10 — Performance versus target: deliveries with skilled institutional personnel and deliveries with trained traditional birth attendants



Postpartum care targets were the following:

- To achieve 47,670 home visits in the three days after childbirth
- To provide postpartum consultation to 31 percent of new mothers

By the end of the first year, 27,977 new mothers were visited within three days after delivery, and 28 percent of new mothers received a postnatal consultation.

The maternal health component of the service delivery program was the most affected by the late launch of subcontracts with the NGOs and the MOUs with the Ministry of Health's *zones ciblées* for service delivery. Several new technical and service strategies were introduced (e.g., birth planning, postpartum visits) as well as several new service quality indicators (e.g., having the first prenatal visit in first quarter of pregnancy), creating a learning curve for service delivery personnel in the field.

In addition, the time needed to adapt existing service data collection forms and train field staff in data collection and reporting of new variables temporarily resulted in some underreporting. Finally, the MSPP's introduction of the new Soins Obstétricaux Gratuits, or SOG ("Free Obstetric Care"), pilot program and the population's subsequent misunderstanding that maternal health services would be free at all sites created unrealistic expectations and confusion at the local level. This issue is still being addressed.

With the launch of Program Year 2, MSH and its subcontractor for this component, JHPIEGO, are taking aggressive steps to revise the technical assistance strategy for the maternal health component of SDSH and increase focus on a close assistance to service delivery personnel.

Program Element: Child Health

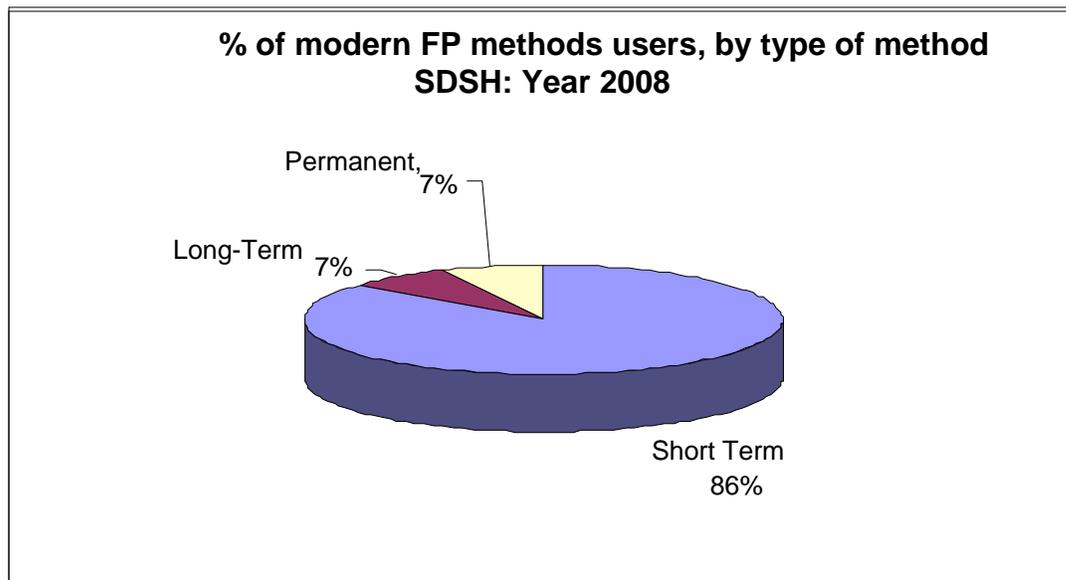
The project set the following objectives for the child health component for Year 1:

- *To fully immunize 83 percent of children under one year of age.* Due to the unavailability in country of the measles vaccine in its simple form, the operational definition of “children fully immunized” (ECV) as those who received one dose of Bacillus Calmette-Guerin (BCG)/diphtheria (DTP3)/polio (Pol3), and one dose of measles vaccine could not be applied. After discussions with USAID and the MSPP, the indicator was redefined as *the number of children less than one year having received three doses of diphtheria vaccine (DTPER).*
- *To ensure that 86,070 children under one year receive three doses of DTPER.* A total of 92,563 children received the three doses, representing a performance of 108 percent of the target.
- *To reach 315,850 children under five with the growth monitoring and nutrition program.* The project has achieved 96 percent performance, with 302,477 children receiving growth monitoring services. Analysis of growth monitoring data indicates that among the weighings carried out 13 percent presented a ponderal insufficiency (underweight), 10 percent suffered from moderate malnutrition, and 3 percent suffered from severe malnutrition. The cases of ponderal insufficiency remained within the limits expected (13 percent).
- *To administer one dose of vitamin A to 300,131 children aged 6–59 months.* A total of 280,579 children (93 percent of the target) received one dose of vitamin A.
- *To treat 55,000 children less than 5 years who presented with diarrheal disease.* A total of 51,255 children (93 percent of the target) were cared for at the institutional and community levels.

Program Element: Family Planning

The target for the end of Year 1 was that (a) 26 percent of women of reproductive age would be using a modern method of family planning (with 14 percent of the method mix being longer-term or permanent methods); and (b) the program would reach a CYP (couple-years of protection) of 220,000. Results showed that 21 percent of women of reproductive age were using a modern method of family planning (with 14 percent of the method mix represented by longer-term or permanent methods) by the end of the year: 81 percent of the target. The CYP reached 191,771: 87 percent of the target.

Figure 11— Percentage of modern FP methods users by type of methods



The target of 26 percent of women of reproductive age using a modern method by the end of Year 1 may have been too ambitious. This goal was mostly based on the NGOs' capacity and did not sufficiently take into account the *zones ciblées*, where the FP component of the program had not yet been fully implemented.

Along with the maternal health component, the performance of the FP program component was seriously affected by the delayed launch of services in Year 1. The assumption that structured FP programs would be operational in all *zones ciblées* by November 2007 was incorrect; family planning services in the *zones ciblées* only began implementation in March 2008, after MSPP approvals were received.

Performance in FP services was also hindered by the time taken for developing and rolling out a new strategy for FP commodities distribution after USAID's October 2007 decision to channel all USG-funded commodities (via MSH) only to USG-supported sites. The FP commodities distribution system is now functional and accelerated strategies are being carried out, in collaboration with technical staff from the departmental directorates, for final structuring of the family planning program in the *zones ciblées*.

Program Element: Strengthening the Executive Functions of MSPP

The project set the following goals for strengthening the executive functions of the MSPP:

- *To support 100 percent of departments in implementing their approved plans.* This objective was met. SDSH provided technical and financial assistance to all 10 departments in the implementation of their plans.
- *To establish the minimum package of services in 20 zones ciblées.* During the year, 29 zones ciblées have benefited from project support to provide the minimum package of services. As mentioned above, the FP program is not yet completely organized in all zones ciblées.
- *To apply the contractual approach (performance-based financing [PBF]) in two zones ciblées.* This approach has not yet been piloted in the public sector; this will be a priority in Year 2.
- *To assist two departmental directorates with implementation of financial management systems.* The preliminary version of SDSH's technical assistance plan for MSPP was submitted to the Administrative and Financial Directorate of the MSPP. Despite MSH's follow-up and numerous conversations with the MSPP central level, no feedback has been received to date. Meanwhile, specific assistance, particularly in program income management, was provided to the departments, through the departmental financial advisers.

Conclusion

In an extremely difficult context—characterized by demobilization at the field level because of a longer-than-anticipated gap between SDSH and its predecessor project (HS 2007), serious delays in launching service delivery, lengthy initial negotiations with the MSPP on forging a common vision for project support to the public sector, a change in government, and four hurricanes—the performance of SDSH for Year 1 has been remarkable.

Specific priority components to be strengthened include the following:

- HIV & AIDS: ARV prophylaxis for HIV-positive pregnant women, retention of patients on ART, and HIV testing for TB patients
- Maternal health: Introduction of birth planning in all areas, early prenatal care, and home postpartum visits and postnatal care
- Tuberculosis: Establishment of more formal networks between TB and HIV service sites
- Family planning: Better program structuring in the *zones ciblées* and increased supply of longer-term and permanent contraception methods through the NGOs

Annex 1. — Target versus Results for Project Year 1

Indicator Code	Indicator	Unit	Target	Result	Comments
HIV & AIDS					
3.1.1.1 (F)	Number of sites offering the minimum package of PMTCT services according to national and international standards	No.	13	13	
3.1.1.10 (F)	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	No.	25,000	40,341	
3.1.1.10 a	Number of HIV-positive pregnant women enrolled in PMTCT	No.	1,000	895	
3.1.1.10 b	% of HIV-positive pregnant women developing a birth plan with a counselor	%	70%	—	New data in the network, not yet reported on. Ongoing staff training will allow realizing this activity and the recording/reporting of data.
3.1.1.10 c	Number of newborns of HIV-positive mothers benefiting from pediatric care	No.	400	363	These data are not disaggregated in the HIV & AIDS information system currently in place.
3.1.1.11	Number of diagnosed HIV-positive pregnant women with a complete course of ARV prophylaxis in a PMTCT setting	No.	700	434	
3.1.1.12 (F)	Number of health workers trained in provision of PMTCT services according to national and international standards	No.	100	41	<ul style="list-style-type: none"> • 5 males • 36 females
3.1.1.13 (F)	Number of sites providing counseling and testing according to national and international standards	No.	30	29	Staff being trained to make 2 new sites operational: Les Anglais and Île-à-Vache
3.1.1.13 a	Number of sites using the VCT éclaté approach for HIV testing	No.	10	10	

Indicator Code	Indicator	Unit	Target	Result	Comments
3.1.1.14 (F)	Number of people who received counseling and testing for HIV and received their test results	No.	50,000	91,494	<ul style="list-style-type: none"> • 32,807 males • 58,687 females
3.1.1.14 a	Number of HIV-positive individuals tested for TB	No.	1,650	1,960	<ul style="list-style-type: none"> • 737 males • 1,223 females
3.1.1.16 (F)	Number of people trained in counseling and testing	No.	50	77	<ul style="list-style-type: none"> • 6 males • 71 females (training to be carried out by other agency—targets determined by executing agency directly funded by USAID)
3.1.1.17 (F)	Number of sites providing ART	No.	6	6	
3.1.1.18 (F)	Number of people newly placed on ART during the reporting year	No.	850	726	<ul style="list-style-type: none"> • 14 males <15 • 24 females <15 • 256 males 15+ • 432 females 15+
3.1.1.18.a	Number of individuals having received ART during the year	No.	2,239	2,120	<ul style="list-style-type: none"> • 55 males <15 • 44 females <15 • 807 males 15+ • 1,214 females 15+
3.1.1.19 (F)	Number of people receiving ART at the end of the reporting period	No.	1,800	1,595	<ul style="list-style-type: none"> • 47 males <15 • 41 females <15 • 558 males 15+ • 949 females 15+
3.1.1.19.a	% of individuals placed on ARV and found active at the end of the reporting period	%	80%	75%	<ul style="list-style-type: none"> • 85% males <15 • 93% females <15 • 69% males 15+ • 78% females 15+
3.1.1.20	Number of health workers trained to deliver ART services	No.	—	—	Specific training to be done by another agency — target determined by executing agency directly funded by USAID
3.1.1.21 (F)	Number of sites providing treatment for TB to HIV-positive patients	No.	20	19	
3.1.1.22 (F)	Number of people provided with HIV-related palliative care (including those co-infected with TB and HIV)	No.	7,000	8,398	<ul style="list-style-type: none"> • 242 males <15 • 260 females <15 • 2,744 males 15+ • 5,152 females 15+
3.1.1.22.a	# of sites offering complete clinical package of palliative care to HIV-positive people	No.	20	19	Staff being trained to make 2 new sites operational: Les Anglais and Ile-à-Vache

Indicator Code	Indicator	Unit	Target	Result	Comments
3.1.1.23 (F)	Number of HIV-positive individuals receiving treatment for both TB and HIV	No.	500	578	<ul style="list-style-type: none"> • 13 males <15 • 10 females <15 • 261 males 15+ • 294 females 15+
3.1.1.24 (F)	Number of people trained to provide HIV palliative care (including TB/HIV)	No.	400	35	<ul style="list-style-type: none"> • 6 males • 29 females 35 providers trained in psychosocial support
3.1.1.29 (F)	Number of laboratories with capacity to perform (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	No.	20	29	All 29 sites can perform (a) HIV tests and (b) lymphocyte tests; 13 of these 29 sites can perform CD4 tests.
3.1.1.30	Number of people trained in the provision of laboratory-related services	No.	—	1	<ul style="list-style-type: none"> • 1 female (training to be done by other agency—target set by executing agency directly funded by USAID)
3.1.1.31 (F)	Number of tests performed at supported laboratories: (a) HIV testing; (b) TB diagnostics; (c) syphilis testing; (d) HIV disease monitoring	No.	157,500	223,091	<ul style="list-style-type: none"> • 131,835 HIV tests • 1,960 TB tests • 89,296 RPR tests
TUBERCULOSIS					
3.1.2.3 (F)	Number of people trained in DOTS	No.	50	—	This training was realized by the National Program for Tuberculosis (PNLT) with funding by the Global Fund
3.1.2.4.(F)	% of TB patients tested for HIV and who received their results	%		47%	The target was initially set in numbers but the result is presented in % to serve as a baseline for the new 2009 target
3.1.2.4. a	Number of TB patients tested for HIV and who received their results	No.	4,000	1,487	<ul style="list-style-type: none"> • 745 males • 742 female
3.1.2.5 (F)	% of laboratories performing TB microscopy with over 95% correct microscopy results (quality control testing to be performed by the National Laboratory within its mandate)	%	> 95%	> 95%	Quality control has been performed in a sample of 4 laboratories.

Indicator Code	Indicator	Unit	Target	Result	Comments
3.1.2.6 (F)	% of expected new TB cases detected	%	70%	58%	
3.1.2.6.a	% of TB patients who completed treatment	%		83%	This target has been added in the course of the year by an MSH consultant. The result will serve as a baseline to fix the 2009 target
3.1.2.6.b	Number of sites offering integrated TB services	No.	25	24	Testing only with referral for treatment
3.1.2.6.c	Number of people trained in TB testing	No.	50	—	This training was realized by the National Program for Tuberculosis (PNLT) with funding by the Global Fund
3.1.2.6.d	Number of people trained in TB and HIV testing	No.	50	—	This training was realized by the National Program for Tuberculosis (PNLT) with funding by the Global Fund
MATERNAL HEALTH					
3.1.6.3 (F)	Number of postpartum/newborn visits in the 3-day interval following childbirth	No.	47,670	27,977	
3.1.6.3 a	% of postpartum visits in the 3-day interval following childbirth	%	41%	24%	
3.1.6.3 b	% of postpartum visits in the 3–7 days following childbirth	%	—	23%	No target had been set for PY1 for this indicator. The result was calculated to fix a target for PY2/2009
3.1.6.4 (F)	Number of prenatal care visits with skilled providers	No.	N/A	151,271	This indicator was added at the donor's request, the result shown will serve as a baseline to fix the PY2 target
3.1.6.4.a	% of pregnant women having their first prenatal visit during the first quarter of pregnancy	%	65%	28%	
3.1.6.4.b	% of pregnant women having had at least three prenatal visits	%	50%	42%	
3.1.6.4.c	% of pregnant women having received a	%	65%	52%	

Indicator Code	Indicator	Unit	Target	Result	Comments
	second dose or a recall dose of tetanus vaccine				
3.1.6.4.d	% of pregnant women making a birth plan	%	65%	10%	
3.1.6.5 (F)	Number of people trained in maternal/newborn health (women/men)	No.	1,000	325	<ul style="list-style-type: none"> • 165 males • 160 females
3.1.6.6 (F)	Number of deliveries with a skilled birth attendant—TBAs not included	No.	14,430	12,066	
3.1.6.6.a	% of deliveries with a skilled birth attendant	%	15%	13%	
3.1.6.6.b	% of deliveries with assistance of a trained <i>matrone</i> (TBA)	No.	41,370	49,332	
3.1.6.6.c	% of new mothers having had postnatal consultations	%	31%	28%	
3.1.6.6.d	% of sites having at least one maternal health monitoring committee in their service area	%	30%	—	
3.1.7.18 (F)	Number of health facilities renovated to improve maternal health services offered	No.	4	—	
CHILD HEALTH					
3.1.6.2	% of children under 1 year fully vaccinated	%	83%	66%	
3.1.6.7 (F)	Number of people trained in child health care and nutrition	No.	1,000	351	<ul style="list-style-type: none"> • 176 males • 175 females
3.1.6.11 (F)	Number of children reached by nutrition programs	No.	315,850	302,477	
3.1.6.11.a	% of weighings for children under 5 with malnutrition results (a ratio weight/age	%	13%	13%	

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Indicator Code	Indicator	Unit	Target	Result	Comments
	equivalent to PFA/PTFA)				
3.1.6.11.b	% of weighings for children under 5 showing evidence of severe malnutrition	%	N/A	3%	
3.1.6.11.c	% of weighings for children under 5 showing high risk of severe malnutrition	%	N/A	10%	
3.1.6.12 (F)	Number of children under 12 months who received DPT3	No.	86,070	92,563	
3.1.6.13 (F)	Number of children under 5 who received vitamin A	No.	300,131	280,579	
3.1.6.13.a	% of children under 5 who received vitamin A	%	68%	64%	
3.1.6.13.b	Number of children under 5 who received 2 doses of vitamin A	No.	200,000	117,235	
3.1.6.14 (F)	Number of cases of child diarrhea treated (institutional and community levels)	No.	55,000	51,255	
3.1.6.19 (F)	Number of cases of pneumonia in children under 5 years treated with antibiotics	No.	N/A	7,847	Indicator added at the end of the year to serve as a baseline for the PY2 target
REPRODUCTIVE HEALTH/FAMILY PLANNING					
3.1.7.2 (F)	Total number couple-years of protection (CYP)	No.	220,000	191,771	<ul style="list-style-type: none"> • 157,123 in private sector • 34,648 in public sector
3.1.7.3. (F)	Number of people trained in FP/RH (women/men)	No.	1,000	271	<ul style="list-style-type: none"> • 127 males • 144 females
3.1.7.3. a	Number of people trained in offering longer-term FP methods	No.	50	8	<ul style="list-style-type: none"> • 3 males • 5 females
3.1.7.5. (F)	Number of people who have seen or heard a specific FP/RH message	No.	200,000	218,876	
3.1.7.6. (F)	Number of policies or guidelines developed or changed to improve access to and use of	No.	1	1	There was one manual to revise; after its actual revision, it is under MSPP validation process

Indicator Code	Indicator	Unit	Target	Result	Comments
	FP/RH services				
3.1.7.8 (F)	Number of supported service delivery points providing FP counseling or services	No.	100	17	Due to a misinterpretation, the annual target of 100 had been fixed based on an operational definition different from that of the donor. The result showing 17 was calculated by considering the longer-term and permanent methods according to the donor's definition.
3.1.7.8. a	% service delivery sites offering at least 5 FP methods, of which 2 are longer term	%	20%	16%	
3.1.7.10 (F)	Number of service delivery points reporting stock-outs of any contraceptive commodity during the reporting period	No.	—	39	
3.1.7.12 (F)	Number of sites with improved management information systems	No.	152	150	
3.1.7.13 (F)	Proportion of total modern contraception prevalence rate for longer-term or permanent methods	%	14%	14%	<ul style="list-style-type: none"> • 7% voluntary surgical sterilization • 7% implant and IUD Percentages calculated based on the total number of users
3.1.7.13. a	% of people of reproductive age using a modern contraceptive method (for family planning)	%	26%	21%	For the total: <ul style="list-style-type: none"> • 25% are male • 14% are under 25
3.1.7.13. b	% of Depo-Provera users who respect the procurement delays	%	N/A	73%	This indicator has been added at the end of the year at the request of the MSH consultant. The result will serve as a baseline for the 2009 target
3.1.7.13.c	Number of new FP users	No.	131,943	106,900	<ul style="list-style-type: none"> • 34,072 users < 25 • 72,828 users 25+
3.1.7.14	Number of new STI cases detected and treated	No.	40,000	43,656	
3.1.7.15	% of sites visited using the Tiahr checklist	%	100%	18%	The visits using the checklist started late in the year following contract preparation and

Indicator Code	Indicator	Unit	Target	Result	Comments
					implementation procedures
3.1.7.15.a	Number of people oriented on Tiaht Amendment regulations	No.	1,000	523	
3.1.7.15. b	% of areas of program activity in which promotion of longer-term FP contraceptive methods has been achieved	%	10%	9%	
STRENGTHENING OF MSPP EXECUTIVE FUNCTIONS					
FE.1	Number of health departments with major-donor coordination mechanism	No.	5	10	
FE.2	% of departments implementing the approved strategic plan	%	100%	100%	
FE.2.a	Number of <i>zones ciblées</i> providing the minimum package of services	No.	20	29	
FE.3	Number of Integrated Communal Plans being implemented with the support of the project	No.	20	96	
FE.3	Number of departments implementing a supervision plan for the provision of services	No.	3	10	
FE.4	Number of <i>zones ciblées</i> funded via PBF	No.	2	—	The mechanisms for application of the PBF strategy are being elaborated.
FE.5	Number of departments in which the new financial and accounting management system has been set up	No.	2	—	
FE.6	Number of communes, counting <i>zones ciblées</i> , where an information system for provision of services has been set up and is in use	No.	10	—	Discussions are ongoing with MSPP and other donors about planning technical assistance with health information systems.

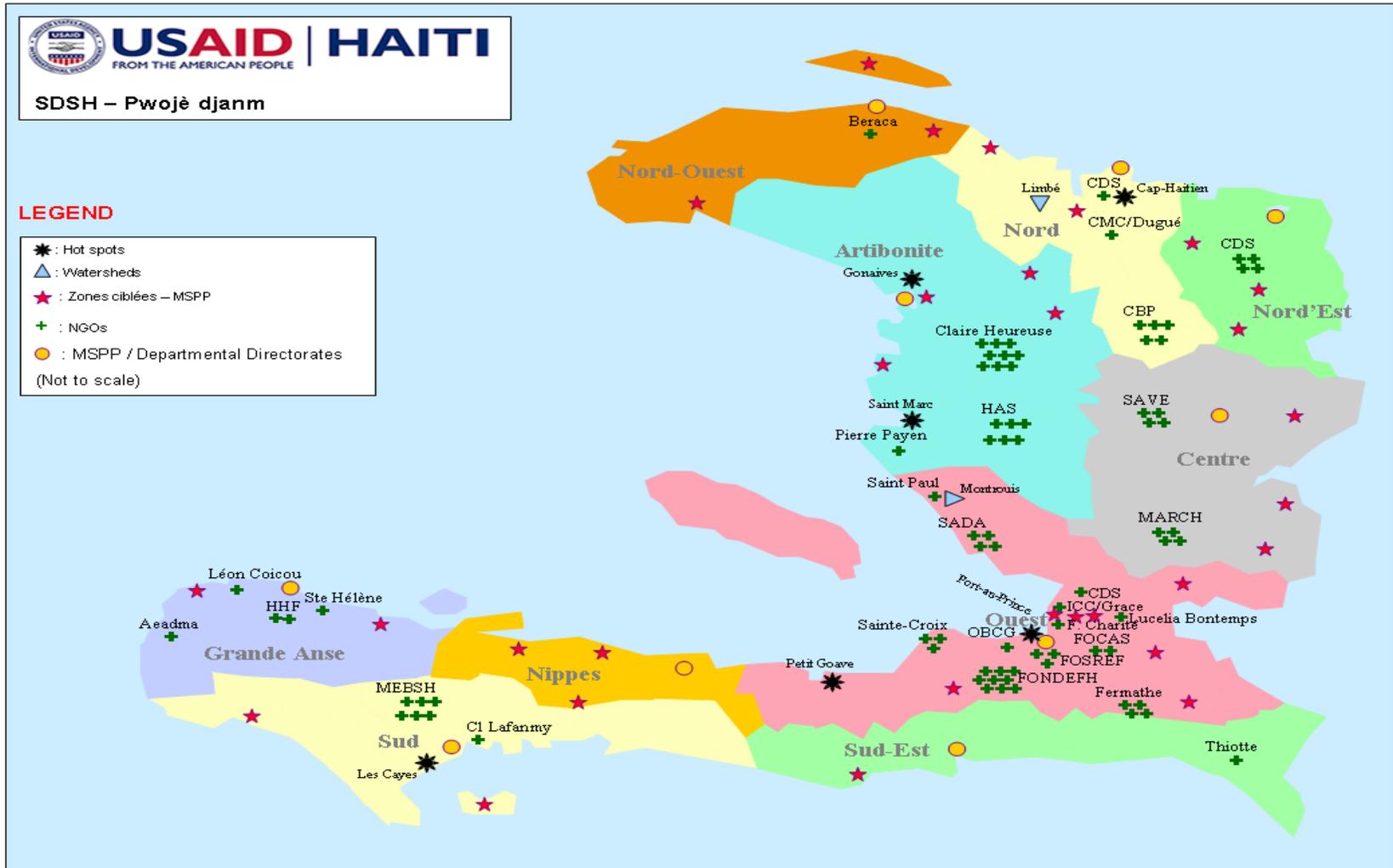
Indicator Code	Indicator	Unit	Target	Result	Comments
FE.7	Number of departments supported to operationalize the National Health Information System	No.	4	—	Four departments have been identified with the UPE and the technical assistance plan is in development.
FE.8	% implementation of the global training plan	%	100%	60%	A training plan for health agents has been implemented in the <i>zones ciblées</i> of 6 departments.
OTHER DOMAINS					
AD.1	% of Haitian population served by project	%	45%	45%	
AD.2	Number of departments in which trained youth groups are integrated into and support the project activities	No.	4	9	
AD.3	Number of private sector partners providing support (in kind or monetary) to implementation of the project activities	No.	5	5	<ul style="list-style-type: none"> • UniBank Foundation • Association Médicale Haitienne/Mercy Hospital of Miami • Konbit Santé • Yéle Haiti (<i>Agreement reached/MOU not yet signed</i>) • Pure Water for the World
AD.4	Number of sites certified as “youth friendly” by youth surveyed using the Service Delivery and Management Assessment (SDMA) tool	No.	5	—	Ten sites have been identified and 10 youth groups selected around those sites are undergoing orientation.
AD.5	Percentage of matching funds received	%	10%	8%	Contributions from: <ul style="list-style-type: none"> • Association Médicale Haitienne • Ruban Rouge • Konbit Santé • Pure Water for the World
AD.6	Percentage of areas of activity where at least one site (school or PPS) has clean water	%	10%	12%	

Indicator Code	Indicator	Unit	Target	Result	Comments
AD.7	Number of high-visibility events organized	No.	3	7	<ul style="list-style-type: none"> • Presentation of the new USAID bilateral health project to the donor community • Official launch of SDSH Project in Jérémie by the US Ambassador and the Haitian Minister of Health/MSPP • Donation of an ambulance yacht, <i>Remise</i>, by USAID/Haiti Mission Director and the local officials to the <i>zone ciblée</i> of Ile-à-Vaches/South Department. • MOU signature with Pure Water for the World, new partnership, at the closing on the Clean Water Summit by Rotary International • <i>Ruban Rouge Ceremony</i> video education session and televised report on World AIDS Day 2007 • Inauguration of the new premises of the Association Médicale Haitienne • Launching of the ART site in the Ouanaminthe Health Center in the North-East
AD.8	Number of "success stories" transmitted to USAID	No.	12	9	<ul style="list-style-type: none"> • Health fair reaches Dame Marie • From runaway to homecoming • Senior US officials visit institution in Cité Soleil • Haitian artists "keep the promise" • Connecting Île-a-Vache to better health • Going the extra mile • Saving children, empowering mothers • Safe water for every child • Responding to a community's call

Indicator Code	Indicator	Unit	Target	Result	Comments
AD.9	Number of supported sites displaying the sign/logo <i>USG-Ed Pèp Ameriken</i> (PEPFAR)	No.	75	—	
AD.9	Number of local health task forces active	No.	20	—	
AD.10	Number of sites dispensing behavior change communication (BCC) materials and Package of Integrated Priority Services	No.	30	—	
AD.11	Number of departments that have implemented their communication plans	No.	5	—	
AD.11	Grant Under Contract (GUC) strategy developed and approved by USAID	No.	1	1	Completed Draft <i>GUC Handbook</i> to be transmitted to project donor for approval
AD.12	Number of GUCs awarded	No.	6	—	

Source: Performance Management Unit/SDSH.

Annex 2. — SDSH Map with Hotspots and Watersheds, PY1
1 October 2007 – 30 September 2008



Source: Performance Management Unit/SDSH.

**Annex 3. — SDSH private sector partners and Zones Ciblées for PY1
(1 September 2007 – 30 September 2008)**

#	Institutions Private Sector	Type
1	Hôpital Albert Schweitzer – HAS	NGO
2	Hôpital Claire Heureuse	NGO
3	MARCH Mirebalais	NGO
4	Save the Children	NGO
5	AEADMA	NGO
6	Centre de Santé de Sainte Hélène	NGO
7	Centre de Santé Léon Coicou	FBO
8	Haitian Health Foundation – HHF	FBO
9	Comité de Bienfaisance de Pignon - CBP	NGO
10	Clinique Médico Chirurgical Dugué	NGO
11	Konbit Santé	NGO
12	Centre pour le Développement et la Santé – CDS	NGO
13	Centre Medical BERACA	NGO
14	Clinique La Fanmiy	NGO
15	Mission Evangélique Baptiste du Sud d'Haïti	FBO
16	Centre de Santé Sacré-Cœur de Thiotte	FBO
17	Centre de Santé Lucelia Bontemps	FBO
18	Centre de Santé Pierre Payen	NGO
19	Centre de Santé et de Nutrition Rosalie Rendu	FBO
20	Clinique Saint Paul	FBO
21	FOCAS	NGO
22	FONDEFH	NGO
23	FOSREF	NGO
24	Hôpital de Fermathe	NGO
25	International Child Care / Grace Children Hospital – ICC/GC	NGO
26	Œuvre de Bienfaisance de Carrefour et de Gressier – OBCG	NGO
27	Service And Development Agency – SADA	NGO

<i>Zones Ciblées by</i>		
Department	Commune/Zone	
Artibonite	1	Gonaives
	2	Saint Michel
	2	Marmelade
	4	Grande Saline
Centre	5	Belladère
	6	Cerca la Source
	7	Savanette
Grande-Anse	8	Abricots
	9	Corail
Nippes	10	L'Azile
	11	Petit Trou de Nippes
	12	Anse-à-Veau
North	13	Acul
	14	Borgne
North-East	15	Mombin Crochu
	16	Ste Suzanne
	17	Vallières
North-West	18	La Tortue
	19	Anse à Foleur
	20	Baie de Henne
South	21	Les Anglais
	22	Ile-à-Vaches
South-East	23	Bainet
West	24	Belle Fontaine
	25	Cornillon
	26	Bel-Air
	27	St Martin
	28	Thomazeau
	29	Tayfer
	30	Cité Soleil