Haiti *Services de Santé de Qualité pour Haiti* EOP Summary & Results

Geographic Implementation Areas

Regions
- 10/10 (100%)

Districts
- 64/145 (44%)

Facilities
- 164/966 (17%)
- 2 health posts

Population

Country
- 10.8 million

MCSP-supported areas
- 5.10 million

Technical Areas

Program Dates

August 1, 2014–January 31, 2018

Total Funding through Life of Project

$73,892,711

Demographic and Health Indicators

Indicator	# or %
HIV prevalence[1]	2%
MMR (per 100,000 live births)[3]	529
NMR (per 1,000 live births)[2]	32
U5MR (per 1,000 live births)[3]	81
TFR[1]	3.0
CPR (modern)[1]	32%
SBA delivery[2]	42%
Children between 12 and 23 months receiving DPT3 [2]	55%
ANC4+[2]	67%

Sources: [1] WHO statistics, 2013; [2] UNICEF statistics, 2013; [3] UNICEF, WHO, et al. Levels and Trends in Child Mortality, 2015.

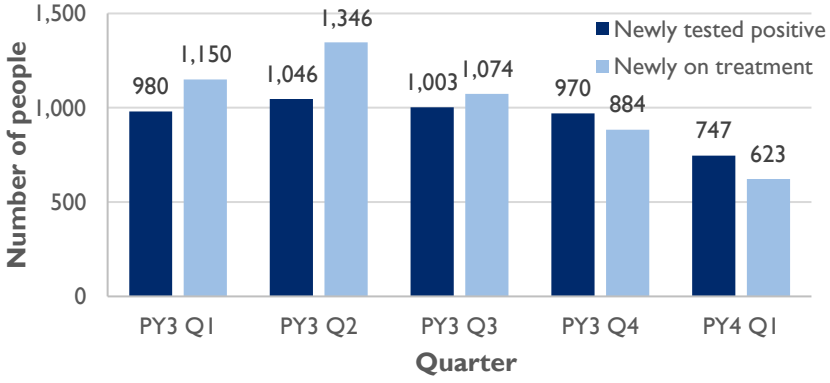
Strategic Objectives through the Life of Project

- Increase utilization of the Ministry of Public Health and Population integrated package of services at the primary care and community levels.
- Improve the functionality of the USG-supported health referral networks.
- Facilitate sustainable delivery of high-quality health services through the institutionalization of management practices at the facility and community levels.
- Strengthen departmental health authorities' capacity to manage and monitor service delivery.
- Provide technical assistance to the Ministry of Public Health and Population to create an enabling national policy and coordination environment for improved RMNCH.

Highlights through the Life of Project

- Strengthened the capacity of health centers to offer PPFP, LARCs, and permanent methods, through which 419,288 couple years of protection were provided between October 2016 and September 2017.
- Established three national training centers to increase the capacity of the national RMNCAH training system to support the development of a trained health provider workforce.
- Introduced a mobile clinic approach to provide HIV testing and treatment, which were previously unattainable for more remote communities.
- Tested 717,010 individuals for HIV and put 11,643 new patients on antiretroviral therapy (ART); 12,027 patients are currently on ART in project-supported facilities (Figure 1).

Figure 1. Number of people newly tested HIV-positive and newly on antiretroviral therapy



Haïti—*Services de Santé de Qualité pour Haïti*

Background

MCSP's work in Haiti began with the Ending Preventable Child and Maternal Deaths program in August 2014. In 2015, USAID requested that MCSP add the *Services de Santé de Qualité pour Haiti* (Quality Services for Haiti) Nord program to its portfolio of activities for a 13-month bridging period. In 2016, USAID requested MCSP Haiti integrate the *Services de Santé de Qualité pour Haiti*-Centre/Sud program with the *Services de Santé de Qualité pour Haiti*-Nord and Ending Preventable Child and Maternal Deaths activities to form a unified MCSP program through December 2017, which expanded MCSP coverage from four departments to all 10, facility coverage from 84 to 164 facilities, and subawards from 13 to 32. Over the course of the project, MCSP strengthened health service delivery at all levels of the health system, updated national clinical standards, built capacity for leadership and governance at the central and departmental levels, and increased quality services at community and facility levels. Below is a summary of MCSP's most meaningful and high-level achievements that resulted from MCSP's work in Haiti.

Key Accomplishments

Improved Coverage and Quality of RMNCAH Services

MCSP worked through national TWGs to adapt and introduce new guidelines, standards, and policies for cervical cancer prevention (CECAP), MNH, PPFP, EmONC, iCCM, IMCI, Zika, and maternal death surveillance and response guidelines. MCSP supported the Ministry of Public Health and Population to implement high-impact interventions aimed at reducing maternal and newborn morbidity and mortality at facility and community levels, with a strong focus on improving quality of care. MCSP used a decentralized and innovative training approach consisting of classroom trainings coupled with LDHF mentoring and supportive supervision to increase use of an integrated package of services at the primary care and community levels. Limited opportunities for in-service training and on-the-job coaching are a challenge in Haiti's health care system. To address this, MCSP established three national training centers as subgrantees at three major hospitals in the north, center, and south of Haiti to provide free capacity-building to health providers. Each of these facilities identified a team of obstetrician-gynecologists, nurses, midwives, and anesthesiologists who trained health workers in various MNH topics.

To encourage institutional deliveries and meet population needs, MCSP motivated polyvalent community health agents and traditional birth attendants to serve as companions and encourage women to seek facility births. The rate of institutional delivery at MCSP sites increased from 10% to 20% during the year of program implementation. MCSP also increased the rate of women attending at least three ANC visits by 15% in 2015 to 39% in 2017 and piloted a feasibility study of misoprostol for PPH prevention at the community level, which found that 79% of study participants used misoprostol effectively and that this lifesaving intervention is feasible for home birth implementation in Haiti. In addition, MCSP initiated the development of maternal death surveillance and response committees at nine facilities across Haiti to review cases of maternal death and propose systemic improvements. These efforts led to the establishment of community maternal health teams and targeted redistribution of nursing teams in certain facilities. (For more information, see MCSP's program brief on MNH.)

Expanded and Improved FP Counseling and Services

MCSP's FP work in Haiti addressed significant challenges facing the country by working toward two primary objectives. First, the project ensured that all 166 MCSP-supported sites that provided FP services were compliant with the USG FP regulations, which include voluntary uptake of FP services based on full and comprehensible information without incentives, targets, or coercion. Second, MCSP supported improving knowledge among women, men, and youth about FP options, and increasing access and use of FP methods, especially LARCs and permanent methods. MCSP strengthened the capacity of 17 health centers to offer PPFP and 27 health centers to offer LARCs and permanent methods. Through this effort, MCSP-supported sites provided 419,288 couple years of protection between October 2016 and September 2017 through various FP methods and by counseling and referring clients for LARCs and permanent methods. MCSP also strengthened the capacity of the Ministry of Public Health and Population's departmental health directorates

by creating, organizing, and training members of designated mobile team units to support regular mobile clinics in six of the 10 regions in the country. This resulted in the increased availability of and access to high-quality FP services for LARCs and permanent methods of FP for women and men living in rural Haiti. (For more information, see MCSP's program brief on FP.)

Strengthened the RI System

In Haiti, only 28.4% of children are fully vaccinated by 1 year old. This low vaccination rate is due in part to the inaccessibility to services for those in rural areas and to regular stock-outs of key vaccines and supplies. MCSP worked with UNICEF to strengthen the RI system by improving the vaccine supply and cold chain. Over the life of project, the rates improved from 72% to 91%. In conjunction with immunization efforts, MCSP focused on child health activities, including the expansion and scale-up of IMCI. The IMCI national strategy was rolled out in 2014, and MCSP supported extensive capacity-building to trainers at national level on the new IMCI protocols. MCSP developed customized IMCI and iCCM trainings and forms to supplement national standardized forms throughout the MCSP network to accelerate the rollout.

Implemented Targeted Testing and 'Test and Start' at Health Centers

In 2012, the HIV prevalence in Haiti was reported at 2.2%. The principal strategies undertaken by MCSP to work toward the 90-90-90 Joint United Nations Programme on HIV and AIDS goals were targeted testing and the implementation of "Test and Start" at HIV sites (46/164 health centers). These new approaches were supported by the Ministry of Public Health and Population and rigorously introduced by MCSP through a comprehensive capacity-building approach. They resulted in identifying a higher percentage of people living with HIV (PLHIV) when conducting HIV testing and ensuring the majority of PLHIV started on treatment immediately following a positive test result. Over the course of the project (PY1–PY4 Q1), MCSP tested 717,010 individuals and started 7,196 new patients on ART. Substantial efforts were made to bring clients lost to follow-up back into care and to maintain newly enrolled clients on lifelong ART. MCSP developed tracking tools to collect data via polyvalent community health agents and peer educators, trained and mobilized peer educators to trace and relocate clients lost to follow-up, and supported peer educator distribution of ART and multimonth scripting. At the health facility, MCSP introduced biometric equipment linked to electronic medical records in 36 of 42 sites supported for ARTs, which allowed clients to be registered and receive point-of-care services in multiple sites. In addition, MCSP installed viral load testing in all 42 sites and developed a tool that allowed for better monitoring of viral suppression and improved clinical guidance. (For more information, see MCSP's program brief on HIV/TB.)

Introduced HealthQual to Track Service Quality

MCSP implemented HealthQual, a QI methodology that, in Haiti, is applied in the public-sector system to assess and improve quality of services at MCSP- and US President's Emergency Plan for AIDS Relief-supported sites. MCSP conducted a HealthQual organizational assessment for 42 sites, followed by HealthQual training for coaches. MCSP trained 50 coaches in HealthQual to improve the quality of facility-level health services. All certified coaches assisted these sites in establishing QI committees that developed and executed site QI plans focusing on areas of low performance. The QI plans are available on the national monitoring, evaluation, and surveillance database.

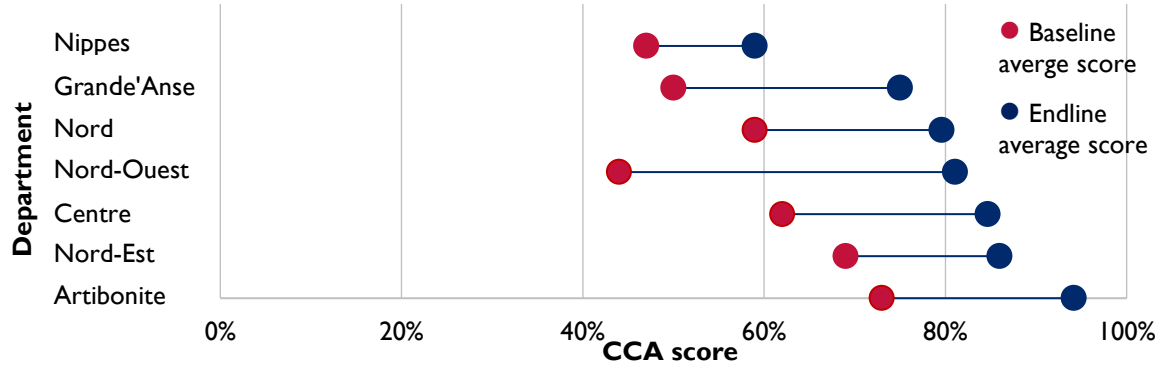
Addressed the Zika Virus Outbreak

When WHO confirmed the presence of the Zika virus in Haiti in January 2016, USAID provided MCSP with additional funds to tackle the threat. MCSP focused its resources on developing social and behavior change communication materials in collaboration with partners and developing a half-day training module on the symptoms of the Zika virus, modes of transmission, protecting the population, and how to refer suspected cases for testing. A total of 726 institutional and 1,709 community health providers from 10 departments were trained. The project also integrated Zika into ANC and FP services.

Implemented the CCA at Health Facilities and the Participatory Hygiene and Sanitation Transformation Approach within Communities

The CCA empowered health facility staff to identify needs, develop action plans, and incrementally work toward improving WASH practices in facilities. Using the CCA, district-level Ministry of Public Health and Population units supported 22 of 69 sites to increase their "cleanliness" scores up to 37% greater than baseline (see Figure 2). To complement facility-level improvements, MCSP also rolled out the Participatory Hygiene and Sanitation Transformation approach in each CCA facility's catchment area. This approach was spearheaded by polyvalent community health agent and community leaders to identify and manage WASH improvements at the community and household levels. In the Nord-Est department, health managers noted that the Participatory Hygiene and Sanitation Transformation approach contributed to a significant reduction in diarrhea and cholera. (For more information, see MCSP's program brief on WASH.)

Figure 2. CCA baseline and endline inspection score

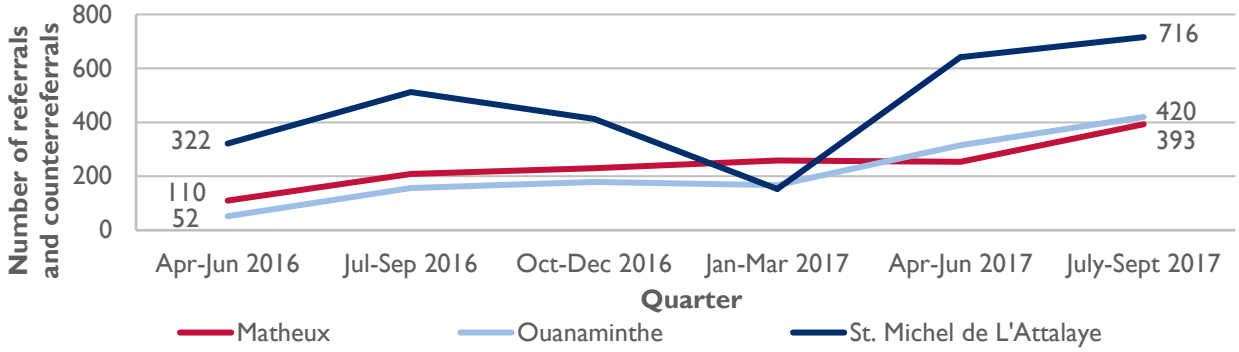


Improved Functionality of US Government-Supported Health Referral Networks

In Haiti, MCSP operationalized three model referral networks at 36 sites with communication and transportation protocols to help improve persistent challenges with referral and counterreferral systems in the country. In addition to these new protocols, MCSP trained providers, CHWs, and ambulance drivers, and equipped ambulances with critical supplies. This is a key achievement because, before MCSP, there was no national/formal referral system or forms, often resulting in patients being referred by word of mouth or written on a piece of scrap paper.

Over the 17-month pilot period, the three model networks referred 4,406 patients (1,848 from community to health center and 2,558 from health center to referral hospital; see Figure 3). While there was no prior referral system with which to compare, implementers reported substantial improvements. Operational research conducted at the end of the pilot period in September to December 2017 found that 93% of network providers made a referral in the 6 months preceding the survey, with 73% of providers regularly using the communication protocols and 51% of providers regularly using the transportation protocol. Of the health center-to-hospital referrals, providers sent 65% of patients to hospitals within the network, with 30% to out-of-network hospitals; the operational research showed that implementers should engage commonly used hospitals even if they are not part of the formal referral network.

Figure 3. Number of referrals among model referral networks in three departments



Strengthened Departmental Health Authorities' Capacity to Manage Service Delivery

At the request of USAID, MCSP administered 32 subawards to NGOs and National Training Centers which managed 65 of the program-supported facilities in Haiti. MCSP worked with the subawaredees to address gaps identified through an assessment conducted in 2016, such as a lack of appropriate management tools and qualified staff. In partnership with the NGOs, MCSP developed and executed customized improvement plans, largely focused on building the organizations' financial, technical, programmatic, and administrative capacities to provide high-quality services.

In an effort to reach universal health coverage with high-quality primary health care services and increase the administrative capacity of additional local stakeholders, MCSP also assisted the Ministry of Public Health and Population to launch the results-based financing strategy in 33 sites within the MCSP network. The strategy contributed to improved service quality by introducing management systems and business processes to sustain the availability of health care services while motivating and retaining staff. MCSP also supported the department health directorates to supervise and manage the results-based financing facilities by assisting each to develop business and QI plans, and coordinating contracts with the departmental health directorates. The project reinforced results-based financing site performance by training coaches, including department health directorates' staff, to work with sites in their respective regions to improve service quality per their work plans.

MCSP also built the capacity within department health directorates to better manage their health systems and evaluate data to make resource decisions. For example, after reviewing vaccination coverage rates, the department health directorates planned rally posts more strategically to improve coverage in under-reached areas. MCSP's interventions significantly improved department health directorate leadership; the directorates now lead regular quarterly coordination meetings (*tables sectorielles*) with health facilities and other health-sector stakeholders and partners to discuss progress to date, current health intervention challenges, and collaborative solutions to guide the way forward.

MCSP improved reporting on data essential to health system management. Data collection from health facilities for input into the Ministry of Public Health and Population health information database improved, in part because of MCSP's embedded M&E officers at the departmental level. Support from these officers helped enter data into the Ministry of Public Health and Population database to grow from a completion rate of 30% to 90–100%. These M&E system improvements at both the department health directorate and facility levels streamlined data collection and rendered the data more complete and reliable, laying the foundation for an evidence-based decision-making process.

Finally, MCSP helped strengthen essential functions of MNH care through QI approaches, such as regular supportive supervision and performance reviews in health facilities. MCSP staff within the department health directorate offices supported directorate staff to visit every program site on a monthly basis. These supportive supervision visits were opportunities to monitor patient care documentation, assess priority performance indicators, and reinforce best clinical practices, with the goal of improving the quality of health service delivery. For low-performing facilities, the department health directorate team organized performance review

meetings with health providers and made recommendations to address weaknesses. At sites with significant challenges, MCSP technical advisors joined department health directorate staff to reinforce expertise and close critical quality gaps. (For more information, see MCSP's program brief on government support.)

Recommendations for the Future

- **Better integrate department health directorates' work with NGOs and other partners.** Similar programs should continue align and harmonize activities with the department health directorates' work plans, rather than operate in parallel. The quarterly *tables sectorielles* meetings support these harmonization efforts, as they include a variety of government and nongovernment partners, reduce duplication of efforts, and increase Ministry of Public Health and Population ownership of health programming and implementation.
- **Maintain a results-based contract with departments.** MCSP support was based on processes rather than results; future programs should develop contracts that are based on processes and deliverables. Receipt of funds based on performance may increase staff motivation to excel in their roles, thus building leadership at the departmental level, but the system and timing of payments need to be well coordinated.
- **Prepare for natural disasters and epidemics at all levels of the national health system.** Haiti is vulnerable to severe weather and earthquakes. In areas at high risk of natural disasters and epidemics, incorporating emergency plans into regular department-level planning—including stocks of medicine, vaccines, and WASH elements—will strengthen the health system's ability to withstand shocks.
- **Ensure access to FP consumables, especially to satisfy unmet need for LARCs and permanent methods.** While facilities provide FP commodities free of charge, clients must pay for the associated consumables. However, because consumable costs are high for long-term methods, women often opt for the lower costs associated with shorter-term methods. Yet, the cost per couple years of protection of most long-term methods is more economical to the health system and the beneficiary. Future programs could subsidize consumable costs or advocate for the Ministry of Public Health and Population to do so.
- **Provide onsite training and support to smaller sites that provide basic MNH care.** MCSP trained providers at all 41 EmONC sites through the national training centers, equipping these sites to manage common obstetric complications. However, women living in remote areas often only have access to small sites with fewer resources that are not classified as EmONC sites. These women depend on the providers at these sites to promptly detect danger signs, initiate lifesaving treatments, and refer them and their newborns with complications to higher-level facilities, yet staff at these sites often lack the necessary skills and materials needed to provide high-impact obstetric and newborn care. Future projects can continue onsite trainings and link providers to training and clinical rotations at larger sites nearby. Both are cost-effective ways to build capacity and bolster the national health system.
- **Collaborate with future programs and the Ministry of Public Health and Population to standardize and implement iCCM/IMCI training materials and roll out RED/REC**. MCSP encountered delays with the Ministry of Public Health and Population in developing a national-level strategy to advance IMCI and iCCM. The project, with acknowledgment from Ministry of Public Health and Population, developed customized IMCI and iCCM trainings and forms to supplement national standardized forms throughout the MCSP network. The next step should include the standardization and implementation of these training materials at the national level, as well as completion of the RED/REC rollout.
- **Advocate for improved data systems.** MCSP worked with the department health directorates to improve the quality and the timeliness of service delivery data reported in information systems, yet the quality of registers continued to pose a problem. MCSP lobbied the Ministry of Public Health and Population for a greater number of printed, up-to-date registers. It will be important to ensure that the registers are in place in adequate numbers and locations.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	**Achievement (Target)[1]**
Number of individuals who received HIV testing services and received their test results	256,656 (target: 219,469; target exceeded)
Number of adults and children newly enrolled on ART	5,077 (target: 4,611; target exceeded)
Percentage of births attended by SBAs in USG-supported programs	16% (target: 25%; 65% achieved)
Number of newborns receiving postnatal health check within 3 days of birth	62,038 (target: 63,129; 98% achieved)
Couple years of protection in USG-supported programs	634,842 (target: 623,738; target exceeded)
Percentage of children under 1 year old who were fully vaccinated in project areas	87% (target: 80%; target exceeded)

[1] Achievement and target reflects PY3 and PY4Q1 results.

For a list of technical products developed by MCSP related to this country, please click here.

Haiti Social Marketing EOP Summary & Results

Geographic Implementation Areas

Departments

- 10/10 (100%)

Population

Country

- 10.8 million

MCSP-supported areas

- 10.8 million

Technical Areas

Program Dates

July 1, 2014–September 30, 2015

Total Funding through Life of Project

$3,334,257

Demographic and Health Indicators

Indicator	# or %
GDP per capita (USD)[1]	819.90
Total health expenditure per capita[1]	77
MMR (deaths/100,000 live births)[1]	359
NMR (deaths/1,000 live births)[1]	25
IMR (deaths/1,000 live births)[1]	52
U5MR (deaths/1,000 live births)[1]	69
ORT for diarrhea[2]	53%
CPR (modern)[2]	22%
TFR[3]	3.1

Sources: [1] World Bank; [2] WHO, Haiti 2013; [3] EMMUS V, 2013

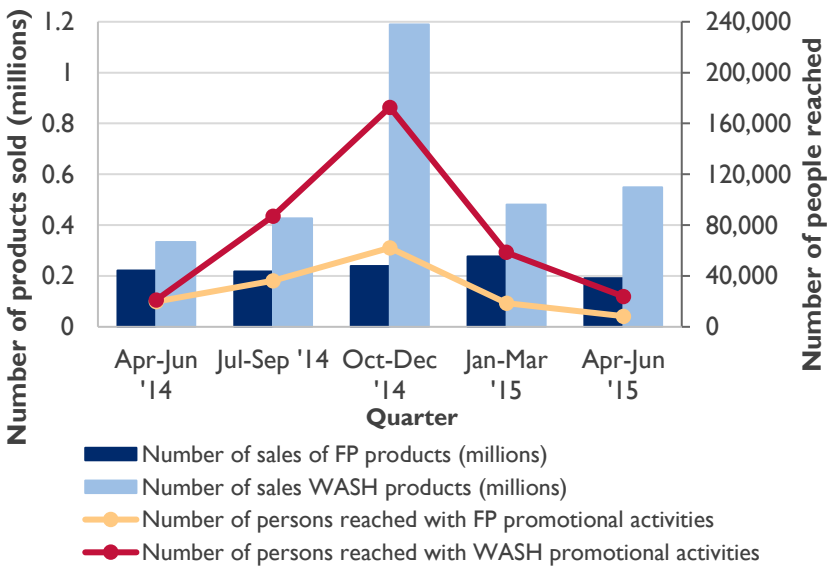
Strategic Objectives through the Life of Project

- Improve health behaviors among the target audience through evidence-based and comprehensive behavior change communications.
- Increase access to high-quality health products for WASH (safe water treatment), MCH (ORS and zinc for diarrhea treatment), and FP products (oral and injectable contraceptives, and long-term methods, such as IUDs).

Highlights through the Life of Project

- Contributed to the sale of 1.45 million units of FP products (injectables, oral contraceptives, and IUDs) across the county's 10 departments, helping to avert 44,687 disability-adjusted life years and provide 158,672 couple years of protection.
- Generated the sale of over 2.7 million water treatment tablets and 642,240 ORS units, helping to avert approximately 7,630 disability-adjusted life years.
- Conducted 87 Cinemobile projections across 42 communes within the 10 departments of Haiti, reaching an estimated 44,600 people with FP, MCH, and WASH messages. In addition, 21 special events were organized, reaching about 23,500 people.

Figure 1: Reach of FP and WASH promotional activities and products sold



Haiti—Social Marketing

Background

In Haiti, MCSP's primary goal was to contribute to reductions in maternal and child mortality by increasing women's knowledge about child health topics (e.g., nutrition, diarrhea, hygiene, and immunization) and access to information about reproductive health and FP services. MCSP utilized a social marketing approach to increase coverage and utilization of evidence-based, high-quality maternal and child survival products and services at the household, community, and health facility levels. The program included multichannel behavior change communication strategies, as well as marketing, sales, and distribution of health products, including oral contraceptive pills, a 3-month injectable form of FP, IUDs, ORS, and chlorine tabs.

To generate demand for health-seeking behavior and service uptake, MCSP used three primary communication channels as defined by the program: interpersonal communication, targeted radio, and "Cinemobile" teams of skilled and trained animators who traveled from town to town with a sound truck and audio-visual equipment, conducting interactive sessions in town squares and parks during daylight hours and projecting films with health messages after dark. These channels were coordinated across all departments of the country so that the general population and targeted groups were surrounded by accurate and consistent messaging from trusted sources, including community leaders, health providers, and the news media.

Key Accomplishments

Conducted Community-Level Interpersonal Communication Training

MCSP provided interpersonal communication training on MCH, WASH, and FP for 100 members from 20 support groups and three "model couples" who were married, belonged to the Haitian Christian community, and had used FP for a number of years. The 20 trained support groups conducted 4,296 IPC sessions across the 10 departments on FP and reached 92,874 people, 66% of whom were women. MCSP's model couples conducted an additional 426 outreach sessions on FP, reaching 12,683 people in a number of settings, including health centers, churches, and women's associations. Support group activities were supervised by MCSP field coordinators over the course of 30 monitoring trips between April 2014 and March 2015. Supervisory visit reports show that messages transmitted during IPC sessions were clear and well received by participants. Hospitals and health centers also expressed gratitude, as they lacked the staff and capacity to conduct these activities on their own. At the end of each session, the groups always provided referral information for voluntary FP services. The support groups also conducted 3,211 outreach sessions and 7,906 household visits regarding MCH, reaching 66,703 people. MCSP focused on delivering key messages on child nutrition and immunization, pregnancy follow-up, and facility-based delivery with an SBA. The model couples conducted an additional 318 outreach sessions, reaching 9,258 people on MCH. Finally, the support groups conducted 3,509 outreach activities and 8,586 home visits on WASH, reaching 90,092 people, including 28,789 men, 53,056 women, and 8,247 children. The sessions focused on handwashing, hygiene, water treatment, use of latrines, and the preparation of ORS. They took place in health centers, schools, women's associations, and water collection points.

Employed Behavior Change Communication via Cinemobile Outreach Events and Mass Media

The Cinemobile strategy, an "edutainment" activity, consisted of a film screening and interactive discussion on a topic such as FP. Following the screenings, MCSP asked filmgoers questions and facilitated discussion to focus on the key messages to be retained. MCSP worked with peer education network groups to conduct Cinemobile activities that allowed the program to reach a large number of consumers with behavior change messages. Eighty-seven Cinemobile events were organized and conducted across 42 communes in the 10 departments, reaching an estimated 44,600 people. Of these:

- Sixteen events focused on FP and reached over 5,900 people with messages on healthy timing and spacing of pregnancy.
- Forty-four events relayed WASH information to over 24,800 people to help mitigate the impact of floods, which occurred in a number of targeted communes.

- Twenty-seven events provided information on MCH, including the use of ORS for treatment of diarrhea and prevention of water-borne illnesses, to over 13,800 people.

MCSP additionally worked with 54 radio stations and four television stations to relay health messages. Over the life of the project, over 133,500 spots aired, including more than 90,900 (68%) health product-specific radio promotions (see below for information about the products) and 42,600 (32%) radio and television spots on generic health information.

Expanded Access to High-Quality MCH; WASH; and FP Products

MCSP conducted social marketing activities and expanded access to five health products: Pilplan (an oral contraceptive), Confiance (a 3-month injectable), Confiance Plus (a copper IUD), Sel Lavi (ORS), and Dlo Lavi (chlorine water treatment tabs). MCSP conducted promotional activities for each of the products, reaching an estimated 145,000 people with information about the FP methods and over 363,000 people with messages about Sel Lavi and Dlo Lavi. The project also produced 25 billboards to promote Pilplan and Confiance.

The five products were distributed nationally through MCSP's network of more than 6,000 sales points served by 142 wholesalers. MCSP also implemented a strategy to link wholesalers, retailers, sales force, and consumers to address issues with procurement or stocks. Sales of almost all of the products surpassed the program's targets, with the exception of Confiance Plus due to limited market penetration and the need for additional provider behavior change and training. In total, over six quarters, MCSP contributed to the sales of more than:

- 400 copper IUDs (25% of target)
- 327,000 3-month injectables (133% of target)
- 1,123,000 oral contraceptives (157% of target)
- 642,000 ORS treatments (206% of target)
- 2,772,000 chlorine water treatment tabs (143% of target)

In total, sales of these products constituted an estimated 158,672 couple years of protection and saved approximately 44,687 disability-adjusted life years in Haiti.

Recommendations for the Future

Based on the lessons learned from its social marketing project in Haiti, MCSP would like to make the following recommendations for future activities:

- **Coordinate with NGOs and community-based organizations that have deep community ties to help ensure the success of communications activities.** Programs should continue to recruit peers from existing networks of community leaders to conduct IPC activities, as they have existing deep community ties and respect from peers.
- **Use a total market approach and work across sectors—particularly targeting health providers—to improve recognition of IUDs as a reliable FP method.** MCSP did not meet projected targets in sales of IUDs, though initially these services were welcomed and communities showed interest. MCSP was unable to increase use of this method by women of reproductive age. There is a need for an intense marketing campaign of this long-term method and a greater need for social and behavior change communication activities focusing on FP, management of side effects, and emphasis on long-term methods.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	**Achievement (Target)**
Number of people receiving information about FP through IPC by support groups and model couples	105,557 (target: 125,000; 84% achieved)
Couple years of protection provided through contraceptive sales	158,672 (target: 117,041; target exceeded)
Number of people receiving information about WASH through IPC by support groups	90,092 (target: 110,000; 82% achieved)
Number of households visited with children under 5 receiving WASH information	8,586 (target: 6,500; target exceeded)
Number of branded clean water product units sold	2,772,000 (target: 1,940,400; target exceeded)
Number of branded ORS product units sold	642,240 (target: 311,500; target exceeded)
Number of persons reached through MCSP's promotional activities	508,866 (target: 350,000; target exceeded)
Number of mass activities/special events/Cinemobile conducted	109 (target: 115; 95% achieved)

For a list of technical products developed by MCSP related to this country, please click here.