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Maternal and Child
Survival Program

SSQH
SERVICES DE SANTÉ DE
QUALITÉ POUR HAÏTI

SSQH Program Brief

Government Support

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Goal

The USAID Maternal and Child Survival Program (MCSP)'s Services de Santé de Qualité pour Haïti (SSQH) project is working in close conjunction with the Ministry of Health (*Ministère de la Santé Publique et de la Population* or MSPP) and all 10 of the country's health departments (*Direction Départementale de la Santé* or DDS) with the overarching goal of facilitating a sustainable health system. SSQH provides technical, financial, and material support to the DDSs and 164 MSPP- and non-governmental organization (NGO)-supported sites to strengthen health provider capacity, increase utilization of health services, improve the quality of health services and referral networks, develop managerial capacity, and support the formulation and implementation of national and departmental health policies.



SSQH departmental staff lead a community mobilization session in the Northwest Department. Photo credit: David Pierre/SSQH

Program Approaches

- **Embedding staff in the DDS:** SSQH has embedded staff members in each of the 10 departments to enable the project to work in close coordination with the DDS on activities, including conducting supportive supervision in facilities and communities, building the financial, management, and monitoring and evaluation (M&E) capacity of DDS staff; and supporting integration of SSQH activities into the DDS action plans. Project staff in each DDS include:
 - One-to-three Facility Service Officers (FSOs), depending on the number of facilities in the department, who reinforce supportive supervision at the facility level
 - Two Community Mobilization Officers (CMOs), who conduct community outreach and mobilization, reinforce linkages to facilities, and strengthen the capacity of community health workers
 - A Departmental Program Officer, who serves as the primary link between the DDS and SSQH technical teams to coordinate activities
 - An M&E Officer, who supports facility and community data collection, review, analysis and reporting
 - An Accountant, who liaises with SSQH's finance department to ensure that appropriate spending justification is submitted for activities and governance in order to replenish the DDS bank account each month. Accountants also support the timely collection of MSPP health provider timesheets so their salaries can be paid through SSQH.
- **Facilitating joint work planning:** At MSPP's request, SSQH coordinates two-day work planning sessions twice a year with each DDS to outline six months of joint activities. These plans ensure that activities are both coordinated and integrated across technical areas and serve as the tool to track progress in reaching targets. SSQH and the DDS also jointly develop the project-supported DDS budget during these meetings to accompany the work plan and ensure the necessary support for DDS governance and activities in target zones.

- **Providing training:** SSQH offers training (often through trainings of trainers that are cascaded down) to DDS and health facility staff through the project's three National Training Centers, trainings in the departments and at health facilities, and on-the-job trainings done through supportive supervision visits. Trainings cover a wide range of reproductive, maternal, newborn, and child health (RMNCH) areas.
- **Providing joint supportive supervision, coaching, and technical assistance:** SSQH conducts joint supportive supervision visits together with DDS staff to reinforce the capacity of providers to better organize, monitor, and improve the quality of services. To address needs identified during supportive supervision visits, SSQH collaborates with the DDS to provide on-site technical assistance and training and also conducts coaching visits to provide ongoing mentorship and reinforce management best practices and the application of technical skills learned through SSQH trainings.
- **Aiding in reporting and documentation:** SSQH helps the DDS develop technical, financial, and administrative reports to document and track activities so that they can receive funding on a monthly basis. SSQH also provides M&E documentation support to ensure that the national health information system database (*Système d'Information Sanitaire National Unique* or SISNU) is accurate and updated and that data collected can be analyzed and used for decision making and proper allocation of resources. At the facility level, SSQH provides support to management teams to help reduce the frequency of stock-outs through proper tracking of medicine, supplies, and commodities and timely submission of new supply orders.
- **Managing payroll for facility-based service providers and community health workers (*Agents de Santé Communautaires Polyvalents* or ASCPs):** SSQH manages payments for 1,610 MSPP health providers based in facilities and communities in all 10 departments. The project's department-based accountants collect and validate individual timesheets so that SSQH can release salary payments each month. This process helps to ensure the continuity of services.

Key Results and Findings

Results

- **Empowered the DDS to plan and implement activities more effectively:** SSQH has built capacity within the DDS to better manage their health systems and evaluate data to make resource decisions. For example, after reviewing vaccination coverage rates, the DDS planned rally posts more strategically to improve coverage in under-reached areas. SSQH's interventions have significantly improved DDS leadership; the DDS 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.
- **Improved reporting on data essential to health system management:** Data collection from health facilities for input into the MSPP health information database has improved, in part because of SSQH's embedded M&E Officers at the departmental level. Support from these officers has helped data entry into the MSPP database to grow from a completion rate of 30% to 90-100%. These M&E system improvements at both the DDS and facility levels have streamlined data collection and rendered the data more complete and reliable, laying the foundation for an evidence-based decision-making process.
- **Built RMNCH capacity of health care providers:** Between October 2016 and September 2017, SSQH trained 514 providers through the project's three National Training Centers on various RMNCH topics and reinforced these trainings with coaching and post-training supportive supervision visits. Through this capacity building, providers have become more competent in health service delivery in their respective technical areas, applying MSPP standards and international best practices to improve quality of care in facilities and generate demand for services within the catchment areas of SSQH-supported facilities.

Findings and Lessons Learned

- **Support to governments is most effective when it consistently reinforces self-governance.** SSQH consistently underlines the government's authority and supports from within, providing the government with the capacity and resources to make its own decisions rather than look to outside groups for support.
- **Transparency is essential to ensuring trust between SSQH and government groups.** SSQH ensures transparency in its support to government through joint work planning; joint hiring of embedded staff; and transparent reporting, budgeting, and funding processes.
- **Bank accounts set up for SSQH funds to empower each DDS to make independent decisions.** SSQH allocates funds to each DDS through separate bank accounts for three purposes: governance, site support, and activity support.

The DDS is empowered to determine how governance and activity funds will be used. Embedded SSQH accountants help ensure that reporting processes are followed and that funds are allocated and released as agreed.

Recommendations

- **Future programs should embed staff at the national level as well as at the departmental level.** At least one person embedded at the national level could support coordination between national and departmental efforts and ensure that the program can work effectively at both levels. This intervention would also improve the timely exchange of information between both levels.
- **DDS should better integrate work with non-governmental organizations (NGOs) and other partners.** SSQH and other similar programs should continue aligning and harmonizing activities with the DDS work plans, rather than operating in parallel. The quarterly *Tables Sectorielles* meetings support these harmonization efforts, as they include a variety of government and non-government partners, reduce duplication of efforts, and increase MSPP ownership of health programming and implementation.
- **Future programs should maintain a results-based contract with departments.** SSQH's support is currently based on processes rather than results; future programs should develop contracts that are based on both processes and deliverables. Receipt of funds based on performance could increase the motivation of the staff to excel in their roles, thus building leadership at the departmental level.